

Domestic Student Employment Packet

Check the box if you have accepted an offer of employment at CC
Student ID:
First Working Day:
Position Title:
Supervisor:



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information than the first day of employment, but not			ıst complete and	d sign Se	ection 1 of	Form I-9 no later
Last Name (Family Name)	First Name (Given Na	me)	Middle Initial	Other La	ast Names	Used (if any)
Address (Street Number and Name)	Apt. Number	City or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy) U.S. Social Sec	urity Number Emp	oloyee's E-mail Add	ress	Er	mployee's 1	elephone Number
I am aware that federal law provides for connection with the completion of this f		or fines for fals	e statements o	r use of	false do	cuments in
I attest, under penalty of perjury, that I a	am (<mark>check one of th</mark>	e following box	es):			
1. A citizen of the United States						
2. A noncitizen national of the United States	(See instructions)					
3. A lawful permanent resident (Alien Reg	gistration Number/USC	IS Number):				
4. An alien authorized to work until (expira Some aliens may write "N/A" in the expira	• • •			-		
Aliens authorized to work must provide only on An Alien Registration Number/USCIS Number						Code - Section 1 t Write In This Space
Alien Registration Number/USCIS Number: OR			_			
2. Form I-94 Admission Number: OR						
3. Foreign Passport Number:						
Country of Issuance:			_			
Signature of Employee			Today's Date	e (mm/dd/	(yyyy)	
Preparer and/or Translator Certif I did not use a preparer or translator. (Fields below must be completed and signed)	A preparer(s) and/or tr	ranslator(s) assisted		•	~	
I attest, under penalty of perjury, that I h	ave assisted in the		•	<u> </u>	<u> </u>	*
knowledge the information is true and c Signature of Preparer or Translator	orrect.			Today's D	ate (mm/d	d(mm)
oliginature of Freparet of Fransiator				Today 5 D	ale (IIIII) u	шуууу)
Last Name (Family Name)		First Nam	e (Given Name)			
Address (Street Number and Name)		City or Town			State	ZIP Code

ST0F

Employer Completes Next Page

STOP

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LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity AN	۱D	LIST C Documents that Establish Employment Authorization
3.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document		 Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, 	2.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's		gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document	5.	by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197)
6.	nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	7.	Resident Citizen in the United States (Form I-179) Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

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Form **W-4**

Employee's Withholding Certificate

► Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

OMB No. 1545-0074

Department of the Ti			orm W-4 to your employer. ing is subject to review by the I	De		2020
		First name and middle initial	Last name	ino.	(b) So	cial security number
Step 1:	(α,	istraire and made initial	Lastrano		(5)	ciai security mamber
Enter	Addre	ess ess			▶ Does	your name match the
Personal					name o	on your social security f not, to ensure you ge
Information	City c	or town, state, and ZIP code			credit fo	or your earnings, contac
					SSA at	800-772-1213 or go to <i>a.gov</i> .
	(c)	Single or Married filing separately				
		Married filing jointly (or Qualifying widow(er))				
		Head of household (Check only if you're unmar	ried and pay more than half the costs	of keeping up a home for yo	ourself an	d a qualifying individual.
		-4 ONLY if they apply to you; otherwing withholding, when to use the online of		2 for more information	on on e	ach step, who car
Step 2: Multiple Jobs	1	Complete this step if you (1) hold me also works. The correct amount of wire				
or Spouse		Do only one of the following.				
Works		(a) Use the estimator at www.irs.gov/	W4App for most accurate wi	thholdina for this ster	o (and S	Steps 3–4): or
		(b) Use the Multiple Jobs Worksheet on			•	
		(c) If there are only two jobs total, you	. •	,	•	•
		is accurate for jobs with similar pa				
		-4(b) on Form W-4 for only ONE of th you complete Steps 3-4(b) on the Form	ese jobs. Leave those steps	blank for the other jo	obs. (Yo	our withholding wil
Step 3:		If your income will be \$200,000 or les	s (\$400,000 or less if married	filing jointly):		
Claim Dependents	;	Multiply the number of qualifying ch	nildren under age 17 by \$2,000	\$	-	
		Multiply the number of other depe	endents by \$500	> \$	-	
		Add the amounts above and enter the	e total here		3	\$
Step 4 (optional): Other		(a) Other income (not from jobs). If this year that won't have withholdin include interest, dividends, and retired.	ng, enter the amount of other i	income here. This may		\$
Adjustments	•	(b) Deductions. If you expect to cla and want to reduce your withhold enter the result here				\$
		(c) Extra withholding. Enter any add	itional tax you want withhold	each nay period	4(c)	¢
		(c) Extra withholding. Effer any add	nional tax you want withheld	each pay periou .	-1 (C)	Ψ
 Step 5:	Unde	er penalties of perjury. I declare that this cert	ificate to the best of my knowled	dge and helief is true o	orrect a	nd complete
-	Cilde	5. policinos or porjary, i decidio triat tillo cert	mouto, to the boot of my knowled	290 and Donor, 10 true, 0	o., ooi, a	na complete.
Sign				L		
Here	E	mployee's signature (This form is not v	valid unless you sign it.)) _D	ate	
Employers Only	Emp	loyer's name and address			Employe number	er identification (EIN)

Only

Form W-4 (2020) Page **2**

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

- 1. Expect to work only part of the year;
- 2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
- 3. Have self-employment income (see below); or
- Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Form W-4 (2020)

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1	Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3	1	\$
2	Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a	2 a	\$
	b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b	2b	\$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	\$
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc	3	
4	Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) – Deductions Worksheet (Keep for your records.)		<i>!!</i> /
1	Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income	1	\$
2	Enter: • \$24,800 if you're married filing jointly or qualifying widow(er) • \$18,650 if you're head of household • \$12,400 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form W-4 (2020) Page **4**

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\$80,000 - 99,999	\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
180,000 - 99,999	\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$\frac{\text{\$10,000} - 149,999 \text{\$1,000} \text{\$20,000} \text{\$20,9999} \text{\$2,040} \text{\$4,440} \text{\$6,470} \text{\$7,870} \text{\$9,190} \text{\$1,0390} \text{\$11,590} \text{\$12,790} \text{\$13,990} \text{\$15,500} \text{\$15,770} \text{\$16,770} \text{\$18,770} \text{\$15,700} \text{\$15,000} \text{\$20,000} \text{\$20,9999} \text{\$2,040} \text{\$4,440} \text{\$6,470} \text{\$7,870} \text{\$9,190} \text{\$10,390} \text{\$11,590} \text{\$13,720} \text{\$15,720} \$	\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
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Head of Household Higher Paying Job Surphy	\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
Higher Paying Job Solution	\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300
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\$40,000 - 59,999							 	+		 			
\$60,000 - 79,999		•	1	1		1	•	•	1	1	1	1	1
\$80,000 - 99,999			1			1	1	1	1	•		1	1
\$100,000 - 124,999								+					
\$125,000 - 149,999		•		1		1	•	•	1	1	1	1	1
\$150,000 - 174,999		•				1	•	•	1	1	1	1	1
\$175,000 - 199,999		•					 	+		 			
\$200,000 - 249,999 2,970 6,470 8,990 11,370 13,670 15,970 18,270 19,960 21,260 22,560 23,770 24,870 \$250,000 - 349,999 2,970 6,470 8,990 11,370 13,670 15,970 18,270 19,960 21,260 22,560 23,770 24,870 \$350,000 - 449,999 2,970 6,470 8,990 11,370 13,670 15,970 18,270 19,960 21,260 22,560 23,770 24,870 \$350,000 - 449,999 2,970 6,470 8,990 11,370 13,670 15,970 18,270 19,960 21,260 22,560 23,700 25,200		•	1	1		1	1	•	1		1	1	1
\$250,000 - 349,999			1			1	1	•	1	1	1	1	1
\$350,000 - 449,999 2,970 6,470 8,990 11,370 13,670 15,970 18,270 19,960 21,260 22,560 23,900 25,200		•			· ·								
			1		1	1	1	1	1	1	1	1	1
	\$450,000 and over		6,840	9,560	12,140	14,640	17,140	1	1	1	1	25,940	1



Student Signature

Direct Deposit Authorization Form

*Note: This is not debit or credit card information. Please contact your bank for the information below if unknown or refer to a personal check. Checking Checking Saving		Student Name:	
information below if unknown or refer to a personal check. ancial Institution: (Name of Bank) □ Checking □ Saving uting # (9 digits) Account # Enroll in Direct Deposit Replace Current Account Cancel my existing Direct Deposit (close account)			
			nk for the
Enroll in Direct DepositReplace Current AccountCancel my existing Direct Deposit (close account)	ancial Institution: (Name of Bank)		
Enroll in Direct DepositReplace Current AccountCancel my existing Direct Deposit (close account)			
Enroll in Direct DepositReplace Current AccountCancel my existing Direct Deposit (close account)	uting # (9 digits)	Account #	
Please include an e-mail address for the direct deposit advice to be e-mailed:	Replace Co	urrent Account	
	Please include an e-mail address	for the direct deposit advice to be e-mailed	:

Date