

Margaretta Local Schools

305 S. Washington Street • Castalia, OH 44824 • 419-684-5322



To: _____

The following documents must be completed and filed with the administrative office prior to full time, part-time or substitute employment by the Margaretta Local Schools.

Links in the checklist open a new window. Some forms allow you to type into the document. You may also annotate and print fillable forms or print and handwrite the forms.

- ☐ Employment application
- ☐ *For Certified or Licensed non-teaching Candidates:* Certificate or license (i.e. Paraprofessional, Pupil Activity Permit)
- ☐ *For Certified or Licensed non-teaching Candidates:* Copy of transcript(s) of all college or university classes/credits. Full-time staff need to furnish original transcripts.
- ☐ BCI and FBI background check
 - Locations where Webchecks are available is included in this packet. Also included is a form that is helpful when you go to have your Webcheck completed.
 - This is a state requirement under House Bill 190. [FAQ's](#)
- ☐ Employment Eligibility USCIS [Form I-9](#)
- ☐ Acknowledgement of Receipt of Auditor of State Fraud-Reporting System Information Form.
 - Fighting Fraud & Ohio Ethics Law information is included in this packet
- ☐ Withholding forms:
 - [Form W-4](#)
 - [Employee's Withholding Exemption Certificate \(IT-4\)](#)
- ☐ Authorization for Automatic Deposit
- ☐ *For Classified Staff:* SERS (State Employees Retirement System) Membership Record
 - Information about is included as well as online at [SERS](#).
- ☐ [SSA-1945](#) Social Security Statement
- ☐ Internet Acceptable Use and Safety Agreement
- ☐ Pre-Employment Drug Testing Policy and Consent
- ☐ Alcohol & Drug Pre-screening completed
 - Firelands Corporate Health, 5420 Milan Rd., Sandusky, OH
 - Phone: 419-557-5052
- ☐ One Call Now Form
- ☐ [Completed Insurance forms](#) (if applicable)
 - Huron-Erie School Employee Insurance Association Application
 - VSP Vision Insurance Information
 - Life Insurance
 - Spouse Eligibility Certification

Request for a Background Check via Electronic Fingerprinting (Webcheck)

Part A Type of Background Check Requested

- Select appropriate box(es) for BCI , FBI (or) both
- One (1) "Authorized Reason Code" MUST be provided for check to be processed (refer to "authorized reason code" listing)

☒ BCI Reason Code: _____ (only 1)

☒ FBI Reason Code: _____ (only 1)

Part B Direct Copy (select only one):

- | | | |
|---|---|---|
| <input type="checkbox"/> NONE | <input type="checkbox"/> OH Board of Pharmacy | <input type="checkbox"/> OH Medical Board |
| <input type="checkbox"/> BMV Dealer Licensing | <input type="checkbox"/> OPOTA (OH Peace Officer) | <input type="checkbox"/> OH Dept. of Public Safety / PISG |
| <input type="checkbox"/> BMV Deputy Registrar | <input checked="" type="checkbox"/> OH Dept. of Education | <input type="checkbox"/> OH Racing Commission |
| <input type="checkbox"/> Child Care Center (Type A-ODJFS) | <input type="checkbox"/> OH Dept. of Liquor Control | <input type="checkbox"/> Orthotics Board |
| <input type="checkbox"/> Dietetic Board | <input type="checkbox"/> OH Dept. of Insurance | <input type="checkbox"/> Respiratory Care Board |
| <input type="checkbox"/> Lottery Commission | <input type="checkbox"/> OH Nursing Board | <input type="checkbox"/> Social Work Board |
| <input type="checkbox"/> Occupation/Physical Therapy, Athletic Training | | <input type="checkbox"/> OH Construction Board |

Part C Personal Information (please print):

Name _____ City/State _____
Date of Birth _____ SS# _____ Zip/Postal Code _____
Address _____ Phone # _____

Part D Address for results to be mailed to: **Margaretta Local Schools**
Attn: Secretary
305 S. Washington Street
Castalia, OH 44824

I certify that the personal identifiers provided on this form are accurate and I voluntarily and knowingly authorize the OH Bureau of Criminal Identification & Investigation to conduct a criminal records check for the information relating to me. I also voluntarily and knowingly authorize BCI&I to disseminate criminal arrest, conviction and juvenile delinquency adjudication records to (requesting agency) _____. I voluntarily and knowingly release and discharge the Webcheck processing agency (NPESC), the Ohio Attorney General's Office, BCI, FBI and their employees from all claims and liability related to this authorized criminal record review and dissemination.

Applicant's Signature

Date

Parent/Guardian Signature (Minor Applicants only)

**** By signing this form the applicant acknowledges that all information on this form is accurate. Any mistakes or errors on this form are the responsibility of the applicant.**

Webcheck Locations/General Information

The following locations offer Webcheck services which enables them to electronically fingerprint individuals and submit those prints to BCI/FBI labs for review via email. A written verification of a person's eligibility to serve in a position is returned within thirty (30) days of submission. The system also enables BCI/FBI to electronically forward the results of the check to ODE/Teacher Certification within five business days of a return. The completed "Request" form included in this packet tells them where you would like an electronic copy sent and gives them our Board Office's address for them to send a paper copy. You must possess a valid Ohio Driver's License or state ID and present it to the system processor at the time of being fingerprinted. Payment is cash or money order

North Point ESC – Erie County

4918 Milan Road

Sandusky, Ohio 44870

Tuesday & Thursday appointments

1:00 – 3:30 pm

419-627-3900 (option 3)

Sandusky License Bureau

1050 Cleveland Road

Sandusky, Ohio 44870

Monday-Friday 8:00 am – 5:00 pm

Saturday 8:00 am - Noon

419-625-1983

Firelands Corporate Health

5420 Milan Road

Sandusky, Ohio

Monday - Friday 7:00 – 4:30, no appointment

419-557-5052

Other locations for Webcheck can be found at [Ohio Attorney General Webcheck Locations](#)

BCI Codes:

3319.39B1 School Employees – non-teaching positions only, coaches

3319.39B3 School Employees – teachers only

3327.10 School Bus Driver

FBI Codes:

3319.291 School Employees – licensure with ODE

3319.39 Public School District Employees including school bus drivers, coaches



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.		First Day of Employment (mm/dd/yyyy):	
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code	

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. 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	1. 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
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. 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, gender, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: 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 individual's status or parole 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.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4 , document, not a List C document.
		8. Native American tribal document	
		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	
6. 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		12. Day-care or nursery school record	
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">• Receipt for a replacement of a lost, stolen, or damaged List A document.• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.• Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (<i>mm/dd/yyyy</i>)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (<i>mm/dd/yyyy</i>)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)		Expiration Date (if any) (<i>mm/dd/yyyy</i>)
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

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305 S. Washington Street • Castalia, OH 44824 • 419-684-5322



STATE OF OHIO FRAUD HOTLINE

In 2003, then Auditor of State Betty Montgomery created the Auditor of State's fraud hotline. The hotline was established as a way for all Ohioans to report potential fraud throughout government.

House Bill 66, effective May 4, 2012, made several changes to the Auditor of State's fraud hotline. The bill requires the Auditor of State to maintain a system for the reporting of fraud. The system allows all Ohio citizens the opportunity to make anonymous complaints through a toll-free telephone number, email, the Auditor of State's website, or through the United States' mail.

The legislation also extends the current whistle-blower protections contained in Ohio Rev. Code §124.341 to employees who file a complaint with the new fraud-reporting system. If an employee becomes aware of a situation and reports it to the Auditor of State's fraud-reporting system, the employee is protected against certain retaliatory or disciplinary actions. If retaliatory or disciplinary action is taken against the employee, the employee has the right to appeal with the State Personnel Board of Review.

The Auditor of State is required to keep a log of all complaints filed. The log is a public record under Ohio Revised Code §149.43 and must contain the following: the date the complaint was received, a general description of the nature of the complaint, the name of the public office or agency with regard to which the complaint is directed, and a general description of the status of the review by the Auditor's office. Information in the log may be redacted if Ohio Revised Code §149.43 or another statute provides an applicable exemption.

Ohio Rev. Code §117.103 requires the Auditor of State to confirm that public offices have notified new employees of the fraud reporting phone number, address, and website. Please review the following information before signing the acknowledgement form.

Phone: 1-866-FRAUD OH (1-866-372-8364)

Email: fraudohio@ohioauditor.gov

US Mail: Ohio Auditor of State's Office Special Investigations
 Unit 88 East Broad Street P.O. Box 1140
 Columbus, Ohio 43215

Website: <http://ohioauditor.gov/fraud.html> A mobile app can be downloaded at the website.

STATE OF OHIO ETHICS LAW

Ohio public employers are required to provide new employees with a copy of the Ohio Ethics Law and related statutes within 15 days of their start date. The new public employee must acknowledge receipt of the law in writing. The full law, and an overview of the law, can be found here:

<https://www.ethics.ohio.gov/education/overview.html>.

Please review the “Overview of the Ohio Ethics Law”:

<https://www.ethics.ohio.gov/education/factsheets/ethicslaw.pdf> before signing the acknowledgement form. This link includes Chapter 102, and Sections 2921.42, 2921.421, and 2921.43 of the Revised Code.

Acknowledgment of receipt of Auditor of State fraud-reporting system information

Pursuant to Ohio Revised Code 117.103(B)(1), a public office shall provide information about the Ohio fraud-reporting system and the means of reporting fraud to each new employee upon employment with the public office.

Each new employee has thirty days after beginning employment to confirm receipt of this information.

By signing below you are acknowledging _____
provided you information about the fraud-reporting system as described by Section 117.103(A) of the Revised Code, and that you read and understand the information provided. You are also acknowledging you have received and read the information regarding Section 124.341 of the Revised Code and the protections you are provided as a classified or unclassified employee if you use the fraud-reporting system.

I, _____, have read the information provided by my employer regarding the fraud-reporting system operated by the Ohio Auditor of State's office. I further state that the undersigned signature acknowledges receipt of this information.

NAME, TITLE, AND DEPARTMENT

PLEASE SIGN NAME

DATE

Employee's Withholding Certificate

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024**Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$ _____

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)**Date****Employers**
Only

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

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, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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.

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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. This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2024 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.

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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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 **2a** \$ _____
 - 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.)

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse	}	2	\$ _____
	• \$21,900 if you're head of household				
	• \$14,600 if you're single or married filing separately				

- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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 Part II of Schedule 1 (Form 1040)). 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 territories 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



Employee's Withholding Exemption Certificate

Submit form IT 4 to your employer on or before the start date of employment so your employer will withhold and remit Ohio income tax from your compensation. If applicable, your employer will also withhold school district income tax. You must file an updated IT 4 when any of the information listed below changes (including your marital status or number of dependents). You should contact your employer for instructions on how to complete an updated IT 4. **Your employer may require you to complete this form electronically.**

Section I: Personal Information

Employee Name:	Employee SSN:
Address, city, state, ZIP code:	
School district of residence (See <i>The Finder</i> at tax.ohio.gov):	School district number (####):

Section II: Claiming Withholding Exemptions

1. Enter "0" if you are a dependent on another individual's Ohio return; otherwise enter "1"
2. Enter "0" if single or if your spouse files a separate Ohio return; otherwise enter "1"
3. Number of dependents
4. Total withholding exemptions (sum of line 1, 2, and 3)
5. Additional Ohio income tax withholding per pay period (optional)\$

Section III: Withholding Waiver

I am **not** subject to Ohio or school district income tax withholding because (check all that apply):

- ☐ I am a full-year resident of Indiana, Kentucky, Michigan, Pennsylvania, or West Virginia.
- ☐ I am a resident military servicemember who is stationed outside Ohio on active duty military orders.
- ☐ I am a nonresident military servicemember who is stationed in Ohio due to military orders.
- ☐ I am a nonresident civilian spouse of a military servicemember and I am present in Ohio solely due to my spouse's military orders.
- ☐ I am exempt from Ohio withholding under R.C. 5747.06(A)(1) through (6).

Section IV: Signature (required)

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information is true, correct and complete.

Signature _____

Date _____

IT 4 Instructions

Most individuals are subject to Ohio income tax on their wages, salaries, or other compensation. To ensure this tax is paid, employers maintaining an office or transacting business in Ohio must withhold Ohio income tax, and school district income tax if applicable, from each individual who is an employee.

Such employees who are subject to Ohio income tax (and school district income tax, if applicable) should complete sections I, II, and IV of the IT 4 to have their employer withhold the appropriate Ohio taxes from their compensation. If the employee does not complete the IT 4 and return it to his/her employer, the employer:

- Will withhold Ohio tax based on the employee claiming **zero exemptions**, and
- **Will not** withhold school district income tax, even if the employee lives in a taxing school district.

An individual may be subject to an interest penalty for underpayment of estimated taxes (on form IT/SD 2210) based on under-withholding.

Certain employees may be **exempt** from Ohio withholding because their income is not subject to Ohio tax. Such employees should complete sections I, III, and IV of the IT 4 **only**.

The IT 4 does not need to be filed with the Department of Taxation. Your employer must maintain a copy as part of its records.

R.C. 5747.06(A) and Ohio Adm.Code 5703-7-10.

Section I

Enter the four-digit school district number of your primary address. If you do not know your school district of residence or its school district number, use *The Finder* at **tax.ohio.gov**. You can also verify your school district by contacting your county auditor or county board of elections.

If you move during the tax year, complete an updated IT 4 immediately reflecting your new address and/ or school district of residence.

Section II

Line 1: If you can be claimed on someone else's Ohio income tax return as a dependent, then you are to enter "0" on this line. Everyone else may enter "1".

Line 2: If you are single, enter "0" on this line. If you are married and you and your spouse file separate Ohio Income tax returns as "Married filing Separately" then enter "0" on this line.

Line 3: You are allowed one exemption for each dependent. Your dependents for Ohio income tax purposes are the same as your dependents for federal income tax purposes. See R.C. 5747.01(O).

Line 5: If you expect to owe more Ohio income tax than the amount withheld from your compensation, you can request that your employer withhold an additional amount of Ohio income tax. This amount should be reported in whole dollars.

Note: If you do not request additional withholding from your compensation, you may need to make estimated income tax payments using form IT 1040ES or estimated school district income tax payments using the SD 100ES. Individuals who commonly owe more in Ohio income taxes than what is withheld from their compensation include:

- Spouses who file a joint Ohio income tax return and both report income, and
- Individuals who have multiple jobs, all of which are subject to Ohio withholding.

Section III

This section is for individuals whose income is deductible or excludable from Ohio income tax, and thus employer withholding is not required. Such employee should check the appropriate box to indicate which exemption applies to him/her. Checking the box will cause your employer to not withhold Ohio income tax and/or school district income tax. The exemptions include:

- **Reciprocity Exemption:** If you are a resident of Indiana, Kentucky, Pennsylvania, Michigan or West Virginia and you work in Ohio, you do not owe Ohio income tax on your compensation. Instead, you should have your employer withhold income tax for your resident state. R.C. 5747.05(A)(2).
- **Resident Military Servicemember Exemption:** If you are an Ohio resident and a member of the United States Army, Air Force, Navy, Marine Corps, or Coast Guard (or the reserve components of these branches of the military) or a member of the National Guard, you do not owe Ohio income tax or school district income tax on your active duty military pay and allowances received while stationed outside of Ohio.

This exemption does not apply to compensation for nonactive duty status or received while you are stationed in Ohio.

R.C. 5747.01(A)(21).

- **Nonresident Military Servicemember Exemption:** If you are a nonresident of Ohio and a member of the uniformed services (as defined in 10 U.S.C. §101), you do not owe Ohio income tax or school district income tax on your military pay and allowances.
- **Nonresident Civilian Spouse of a Military Servicemember Exemption:** If you are the civilian spouse of a military servicemember, your pay may be exempt from Ohio income tax and school district income tax if all of the following are true:
 - Your spouse is stationed in Ohio on military orders; and
 - You are present in Ohio solely to be with your spouse.

You **must** provide a copy of the employee's spousal military identification card issued to the employee by the Department of Defense when completing the IT 4.

Note: For more information on taxation of military servicemembers and their civilian spouses, see 50 U.S.C.A. 4001 and tax.ohio.gov/military.

- Statutory Withholding Exemptions: Compensation earned in any of the following circumstances is not subject to Ohio income tax or school district income tax withholding:

- Agricultural labor (as defined in 26 U.S.C. §3121(g));
- Domestic service in a private home, local college club, or local chapter of a college fraternity or sorority;
- Services performed by an employee who is regularly employed by an employer to perform such service if she or he earns less than \$300 during a calendar quarter;

- Newspaper or shopping news delivery or distribution directly to a consumer, performed by an individual under the age of 18;
- Services performed for a foreign government or an international organization; and
- Services performed outside the employer's trade or business if paid in any medium other than cash.

*These exemptions are not common.

Note: While the employer is not required to withhold on these amounts, the income is still subject to Ohio income tax and school district income tax (if applicable). As such, you may need to make estimated income tax payments using form IT 1040ES and/or estimated school district income tax payments using form SD 100ES.

See R.C. 5747.06(A)(1) through (6).

Margaretta Local Schools
305 S. Washington St.
Castalia, OH 44824



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

I hereby authorize the Treasurer of the Margaretta Local Schools to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository names below, to credit and/or debit the same to such account.

Name and Address of
Financial Institution: _____

9-Digit Routing* # _____ Account #: _____

Type of Account: ☐ Checking ☐ Savings Amount: \$ _____ or _____ %**

Name and Address of
Financial Institution: _____

9-Digit Routing* # _____ Account #: _____

Type of Account: ☐ Checking ☐ Savings Amount: \$ _____ or _____ %**

This authority is to remain in full force until the Margaretta Local Schools has received written notification from me of its termination, in such a timely manner, as to afford the Margaretta Local Schools, and my financial institution a reasonable opportunity to act on it.

Employee Name: _____ SS# _____

Signature: _____ Date: _____

Signature: _____ Date: _____

*The 9-Digit routing number appears at the bottom of a check or deposit slip.

**Percentage must add up to 100%

Please submit a bank deposit slip with this completed form.

SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 EAST BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746 • 614-222-5853

Toll-Free 1-866-280-7377 • www.ohsers.org

Membership Record

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SOCIAL SECURITY NUMBER

PART A – TO BE COMPLETED BY MEMBER

LAST NAME	FIRST	MIDDLE	MAIDEN
<hr/>			
PERMANENT MAILING ADDRESS	STREET		MALE <input type="checkbox"/>
			FEMALE <input type="checkbox"/>
	CITY	STATE	ZIP
	<hr/>		
DATE OF BIRTH	MONTH	DAY	YEAR
	<hr/>		
PHONE NUMBER	EMAIL ADDRESS		
	<hr/>		
	SINGLE <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	
	MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/>	

FAMILY DATA

	LAST NAME	FIRST	MIDDLE OR MAIDEN	DATE OF BIRTH MONTH/DAY/YEAR
SPOUSE	<hr/>			
CHILDREN	<hr/>			
	<hr/>			
	<hr/>			
	<hr/>			
FATHER	<hr/>			
MOTHER	<hr/>			

JOB CLASSIFICATION *Mark one box only:*

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Educational Aide | <input type="checkbox"/> Supplemental (Coach, Advisor, etc) |
| <input type="checkbox"/> Clerical/Secretarial | <input type="checkbox"/> Food Service | <input type="checkbox"/> School Board Member |
| <input type="checkbox"/> Custodial/Maintenance | <input type="checkbox"/> Transportation | <input type="checkbox"/> Other _____ |

MEMBERSHIP IN OTHER OHIO SYSTEM

For all of the following, check "yes" or "no" if you ever were a member of or received benefits from:

	MEMBER		BENEFIT	
School Employees Retirement System of Ohio	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
State Teachers Retirement System of Ohio	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ohio Public Employees Retirement System	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ohio Police and Fire Pension Fund	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Ohio State Highway Patrol Retirement System	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO
Cincinnati Municipal Retirement System	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	<input type="checkbox"/> NO

MEMBER CERTIFICATION

I hereby certify the information given hereon to be true to the best of my knowledge.

SIGNATURE _____ DATE _____
DO NOT PRINT

PART B – TO BE COMPLETED BY EMPLOYER

Margaretta School District	ERIE	22-007
SCHOOL DISTRICT	COUNTY	COUNTY – DISTRICT NO.
MEMBER'S FIRST DATE OF SERVICE THIS SCHOOL YEAR (July 1 – June 30) _____		
I hereby certify that I have verified the employee's social security number, the job title and the first date of service for the current employment.		



SCHOOL EMPLOYEES RETIREMENT SYSTEM OF OHIO

300 E. BROAD ST., SUITE 100 • COLUMBUS, OHIO 43215-3746
614-222-5853 • Toll-Free 800-878-5853 • www.ohsers.org

MEMBER BENEFICIARY DESIGNATION

(Prior to age and service retirement)

Please complete the **Member Information**, **Family Data** and **Designation of Beneficiary** sections of this form. If you previously made a specific beneficiary designation, that designation remains in effect until a new designation is filed with our office. Valid beneficiary designations must be received by our office prior to your date of death.

Member Information

Name: [FirstName LastName]

Member ID: [Person ID]

Mailing Address: _____

City / State / Zip: _____

Home Phone: (_____) _____ Cell Phone: (_____) _____

E-mail: _____

Marital Status (check one): ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Family Data

It is important that you complete this section with full names and dates of birth for each family member listed. Completing this section does not reflect your beneficiary designation.

Name	Date of Birth (MM/DD/YY)	Social Security Number
Spouse:		
Children (List ALL natural or adopted children who are living – Attach additional paper if necessary)		
1.		
2.		
3.		
Parents (Who are living)		
Father:		
Mother:		

(OVER)

Prior to completing this page, please note that if, at the time of your death, you are survived by qualified children, they may receive monthly benefits regardless of your designation. A qualified child is any unmarried natural or legally adopted child under the age of 19, or regardless of age if adjudged physically or mentally incompetent.

Please select either Section 1—Statutory Order OR Section 2—Specific Designation. DO NOT COMPLETE BOTH.

Designation of Beneficiary

Section 1 – Designation by Statutory Order of Succession

☐ I wish to apply the Statutory Order of Succession.

I understand that by choosing this designation, my beneficiary will be determined in the following order of precedence:

- 1) Spouse
- 2) If no spouse, children (share and share alike)
- 3) If none of the above, parents
- 4) If none of the above, Estate

Member Signature

Date

IF YOU ELECTED STATUTORY ORDER OF SUCCESSION, DO NOT COMPLETE SECTION 2

Section 2 – Specific Designation of Beneficiary

To list additional beneficiaries, please attach a separate sheet of paper. You must also sign and date the additional page.

Primary Beneficiary(ies):

If more than one person is listed as Primary Beneficiary, benefit will be split equally between each or to the survivors to share and share and share alike.

- | | |
|----------------|----------------------|
| 1. Name: _____ | Relationship: _____ |
| SSN: _____ | Date of Birth: _____ |
| 2. Name: _____ | Relationship: _____ |
| SSN: _____ | Date of Birth: _____ |

First Contingent Beneficiary(ies):

Applies only in the event of the death of all Primary Beneficiaries.

- | | |
|----------------|----------------------|
| 1. Name: _____ | Relationship: _____ |
| SSN: _____ | Date of Birth: _____ |
| 2. Name: _____ | Relationship: _____ |
| SSN: _____ | Date of Birth: _____ |

Second Contingent Beneficiary(ies):

Applies only in the event of the death of all beneficiaries listed above.

- | | |
|----------------|----------------------|
| 1. Name: _____ | Relationship: _____ |
| SSN: _____ | Date of Birth: _____ |
| 2. Name: _____ | Relationship: _____ |
| SSN: _____ | Date of Birth: _____ |

Member Signature

Date



School Employees Retirement
System of Ohio
300 E. Broad St., Suite 100
Columbus, Ohio 43215

Call:
1-800-878-5853

Visit:
www.ohsers.org

Follow:
 www.facebook.com/sersofohio
 [@sersofohio](https://twitter.com/sersofohio)



To Do List:

- ☐ Visit our website
- ☐ Watch the Welcome to SERS video
- ☐ Create an online account
 - ☐ Give your current contact information
 - ☐ Designate your beneficiary
- ☐ Like us on Facebook
- ☐ Follow us on Twitter
- ☐ Visit www.ohio457.org to learn about Ohio Deferred Compensation
 - ☐ Enroll in Ohio Deferred Compensation

Working Together for Your Retirement



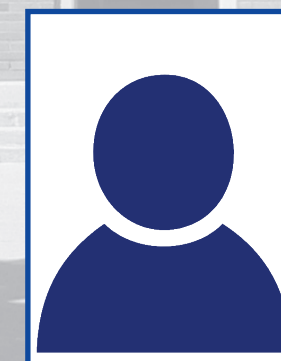
Bryan



Cynthia



Mary



You

School Employees Retirement System of Ohio
Serving the People Who Serve Our Schools®

SERS Invests for Your Future



10%
Your
Contribution
(from your
paycheck)

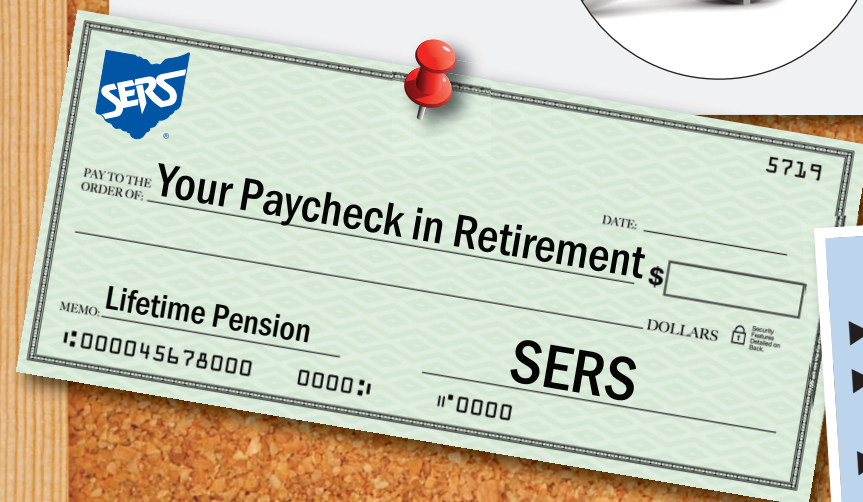


14%
Employer's
Contribution

Last year alone, contributions from SERS' members and employers totaled nearly **\$854** million. That's money that goes to fund pension payments, including yours.

Our investment staff has the expertise to manage your money and keep it safe for your future.

Over the last 34 years, SERS' investments have grown by an average of **9.12%** each year, providing more money for pensions.



What You Need to Know

- ▶ Retiring with SERS = lifetime pension.
- ▶ You can't borrow against or add to your SERS account.
- ▶ You no longer pay into Social Security. You could lose part of your Social Security benefits if you receive a SERS pension. Visit www.ohsers.org to learn about how the Offset and Windfall penalties could affect you.

You Should Invest for Your Future Too

From the desk of
Member Services

Visit the
New Member
page on our
website at
www.ohsers.org.

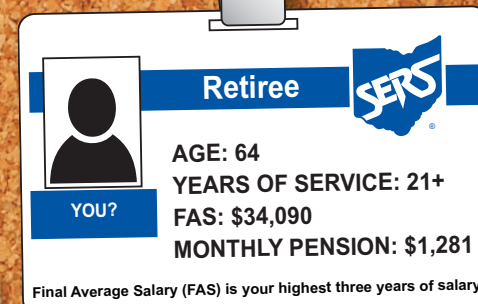
A SERS pension gives you a foundation for retirement, but more than one source of income is necessary for security.

Want to save
an additional
\$100,000 for
retirement?

Learn more about
Ohio Deferred
Compensation at
www.ohio457.org



- Start saving now.
- Pay off debt.
- Plan wisely.



Create Your
Online Account
with the
Account Login

Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name _____ Employee ID# _____

Employer Name _____ Employer ID# _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ Date _____

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] requires State and local government employers to provide a statement to employees hired January 1, 2005 or later in a job not covered under Social Security. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

Copies of the SSA-1945 are available online at the Social Security website, www.socialsecurity.gov/online/ssa-1945.pdf. Paper copies can be requested by email at ofsm.oswm.rqct.orders@ssa.gov or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.

Margaretta Local Schools

305 S. Washington Street • Castalia, OH 44824 • 419-684-5322



STAFF NETWORK AND INTERNET ACCEPTABLE USE AND SAFETY AGREEMENT

To access email and/or the internet at school, staff members must sign and return this form.

Use of the internet is a privilege, not a right. The Margaretta Board of Education's Internet connection is provided for business, professional and educational purposes only. Unauthorized or inappropriate use will result in a cancellation of this privilege.

The Margaretta Board of Education has implemented technology protection measures, which protect against (e.g. block/filter) Internet access to visual displays/depictions/materials that are obscene, constitute child pornography, or are harmful to minors. The Board also monitors online activity of staff members in an effort to restrict access to child pornography and other material that is obscene, objectionable, inappropriate and/or harmful to minors. The Superintendent may disable the technology protection measures to enable access for bona fide research or other lawful purposes.

The Superintendent is responsible for determining what is considered unauthorized or inappropriate use of the Internet, computer or network. The Superintendent may deny, revoke, or suspend access to the Network/Internet to individuals who violate the Board's Staff Network and Internet Acceptable Use and Safety Policy and related guidelines and take such other disciplinary action as is appropriate pursuant to the applicable collective bargaining agreement, State law, and/or Board policy.

Staff members accessing the Internet through the Board's computers/network assume personal responsibility and liability, both civil and criminal, for unauthorized use or inappropriate use of the Internet. The Board reserves the right, at any time, to access, monitor, review, and inspect any directories, files and/or messages residing on or sent using the Board's computer/network. Messages relating to or in support of illegal activities will be reported to the appropriate authorities.

To the extent that a staff member has the proprietary rights to the design of a website hosted on the Board's servers, the staff member agrees to license the use of the website by the Board without further compensation.

Please complete the following:

Staff Member's Full Name (print): _____

School Building: _____

I have read and agree to abide by the Staff Network and Internet Acceptable Use and Safety Policy and Guidelines. I understand that any violation of the terms and conditions set forth in the Policy is inappropriate and may constitute a criminal offense. As a user of the Board's computer/network and the Internet, I agree to communicate over the Internet and network in an appropriate manner, honoring all relevant laws, restrictions, and guidelines.

Staff Member's Signature: _____ Date: _____

Margaretta Local Schools

305 S. Washington Street • Castalia, OH 44824 • 419-684-5322



PRE-EMPLOYMENT DRUG TESTING: BY-LAWS AND POLICIES

Codes: po1462.01, po3162.01, po4162.01

Adopted: August 29, 2019

PURPOSE

The Margaretta Local School District Board of Education desires to ensure a workplace for employees and a learning environment for students which is free from the harmful effects of drugs. Therefore, the Board adopts the pre-employment drug testing policy outlined herein.

APPLICABILITY

This policy applies to all candidates who have received a conditional job offer of employment with the Board, including candidates for substitute positions and supplemental contracts ("candidate").

PROCEDURES AND CRITERIA

A. Consent

Each candidate shall be provided a copy of this policy. A candidate must consent to a pre-employment drug test in accordance with this Board policy to be considered for employment. An offer of employment by the Board shall be made conditional upon the candidate producing a negative result on such pre-employment drug test, in accordance with this Board policy.

B. Testing

A candidate will be provided a deadline by which time he or she must report to a drug testing facility collection site designated by the Board and provide a urine specimen, in accordance with the standard procedures for urine collection established by the entity in charge of the testing facility. The cost of testing shall be borne by the Board.

C. Criteria

For the purposes of this policy, the following actions constitute a violation of this Board policy and will render a candidate ineligible for employment: (1) failure to report to the drug testing facility collection site by the deadline established by the Board; (2) refusal to submit a sample for testing or inability to produce an adequate sample for testing; (3) tampering with the sample for testing or attempting to subvert the collection/identification process; (4) adulteration of a test sample; (5) confirmed positive result for drugs.

D. Definitions

Adulteration – Any attempt to alter the outcome of a test by adding a substance to the sample, attempting to switch the sample, or otherwise interfere with the detection of illicit or banned substances in the urine, or purposely over-hydrating oneself in an attempt to dilute the urine to decrease possible detection of illicit or banned substances.

Drug – Any substance, as included in schedules I through V of 21 USC 802(6), which an individual may not sell, offer to sell, exchange, give, possess, use, distribute, or purchase under State or Federal law. This definition also includes all prescription drugs obtained without authorization, and all prescribed and over-the-counter drugs being used in any way other than for medical purposes in accordance with the directions for use provided in the prescription or by the manufacturer. This definition includes prescription marijuana.

Negative – The absence of drugs.

Positive – The presence of drugs.

Specimen – Any urine sample provided by candidates for testing pursuant to this policy.



CONSENT TO PERFORM PRE-EMPLOYMENT DRUG TESTING

I hereby consent to undergo testing for the presence of drugs, in accordance with Margaretta Local School District Board of Education (“Board of Education”) policy po1462.01, po3162.01, and po4162.01 – “Pre-Employment Drug Testing.”

I understand that any offer of employment made to me by the Board of Education is conditional upon me producing a negative result on the pre-employment drug test.

I understand that any urine samples taken for such testing will be sent only to a certified medical laboratory for actual testing.

I hereby give my consent to the medical laboratory selected by the Board of Education, its doctors, employees, or agents, together with any clinic, hospital, or laboratory designated by the selected medical laboratory, to perform urinalysis testing on my urine sample for the detection of drugs.

I further give my permission to the medical laboratory selected by the Board of Education, its doctors, employees, or agents to release all results of these tests to the Board of Education or its designees. I understand that these results will also be made available to me.

I understand that any of the following will disqualify me from further consideration of employment and will make any offer of employment null and void: (1) failure to report to the drug testing facility collection site by the deadline established by the Board of Education; (2) refusal to submit a sample for testing or inability to produce an adequate sample for testing; (3) tampering with the sample for testing or attempting to subvert the collection/identification process; (4) adulteration of a test sample; (5) confirmed positive result for drugs.

I hereby release, waive, and discharge the Board of Education, its individual members, employees, agents, and anyone acting on its behalf, from any and all liability claims or causes of action arising from or related to such urinalysis testing and/or the release of related information.

I have read and understand Board Policy Pre-Employment Drug Testing Policy, po1462.01, po3162.01, and po4162.01, and the above statements and conditions of employment.

Employment Candidate Signature

Date

Margaretta Local Schools

305 S. Washington Street • Castalia, OH 44824 • 419-684-5322



ONE CALL NOW SYSTEM

Margaretta Schools uses an automated notification system via One Call Now. This system will enable the district to quickly notify our parents and staff of situations within the district including two-hour delays and school cancellations.

If you would like to be added to the One Call Now System, please complete the information below and return to the Board of Education office.

Please Print:

Employee Name: _____

School Building: _____

Department: _____

Position: _____

Phone Number(s): _____

