West Virginia University
Remote New Hire Process

Dear New Employee,

West Virginia University’s Department of Payroll and Employee Processing Services (EPS) has been notified by the hiring Business Office that you will need to be processed as a new employee of the University. Due to time constraints or your location, the following remote new hire process packet will need completed.

Please take a few moments to read through the following steps. If you have any questions about this process, please call a member of the EPS team at 304.293.3379 ext. 2 or email us at EPS@mail.wvu.edu.

Payroll and Employee Processing Services welcomes you to West Virginia University and looks forward to hearing from you.

Required Forms

You will find a number of required forms in your new hire packet. Please feel free to contact a member of the EPS team if you have any questions.

- Form I-9, Employment Eligibility Verification
- Employee Information Form
- Federal Tax Form (W-4)
- West Virginia State Tax Form **
- Direct Deposit Form (Attach a voided check)
- WVU Policies and Procedures/Drug Free Workplace Certification/403(b) Retirement Savings
- Employee Acknowledgement for Notice of Marketplace

The Form I-9, Employment Eligibility Verification, must be completed in the presence of a Notary Public. Prior to leaving the office of the Notary, contact the EPS Unit at 304.293.3379 ext. 2 to make arrangements for the I-9 to be faxed for review. Please fax both pages of the I-9 form and copies of the front and back of the identification documents used to 304.293.4587.

**Residents of PA, MD, VA, KY and OH may complete tax forms from those states, along with a WV Certificate of Non-Residence. These tax forms can be found at [http://taxservices.wvu.edu/home/tax-forms/payroll-tax-withholding-forms](http://taxservices.wvu.edu/home/tax-forms/payroll-tax-withholding-forms).

Once you have completed all required forms, please place all original forms in an envelope and mail it to:
West Virginia University
One Waterfront Place
PO Box 6005
Morgantown, WV 26506-6005
Attn: Employee Processing Services
West Virginia University New Employee Processing

Dear New Employee:

West Virginia University’s Employee Processing Services (EPS) would like to welcome you as a new employee of the University. Payroll and Employee Processing Services will make your hiring process as quick and convenient as possible. Attached are the forms that need to be completed and brought with you to finalize your employee processing. In addition, there are a few things you need to remember to bring with you so we may verify your employment eligibility and authorize you to be placed on payroll. Below are explanations for each form and the associated requirements.

International Employees

International employees will need to bring all of their immigration documents (i.e. passport, visa, I-94 card, I-20, DS-2015, I-797A, Employment Authorization Document-EAD card). Also, they will need to have a social security card or a receipt from the Social Security Administration showing that they have applied for a social security card.

Due to the time needed to complete all paperwork, an appointment is required by calling 304.293.3379 ext. 3 or by sending an e-mail to TAX@mail.wvu.edu.

I-9 Employment Eligibility Verification

The US immigration and Naturalization Service (INS) requires that EPS verify your eligibility for employment. Form I-9 is used for this purpose and employment cannot begin until this has been completed along with the hiring information packet from the hiring department.

Please note that there is a page in this packet titled, LISTS OF ACCEPTABLE DOCUMENTS. In order to verify that you are eligible to work in the United States, you will need to bring with you either an original document from LIST A or a combination of one original document from LIST B and one original document from LIST C. ONLY ORIGINAL UNEXPIRED DOCUMENTS WITH MATCHING NAMES WILL BE ACCEPTED, NO COPIES!

This process must be completed with a member of the Employment Processing Service Team or an authorized Representative of WVU.

If processing remotely, the I-9 form must be completed in the presence of a Notary Public. Prior to leaving the office of the Notary, contact the EPS Unit at 304.293.3379 ext. 2 to make arrangements for the I-9 to be faxed for review. Please fax both pages of the I-9 form and copies of the front and back of the identification documents used to 304.293.4587.

If you have any questions regarding processing procedures, please call 304.293.3379 ext. 2 for assistance.

Payroll Authorization
IRS requires all earnings be reported for an employee annually. A Social Security Number is needed to fulfill that requirement. A team member of Employee Processing Services will need to see an “official document” that lists your Social Security Number (SSN). Documents that will satisfy this requirement are:

- Your Social Security Card
- OR
- W-9 (Available at the processing center location and completed by the new hire)

**Personal Information and Emergency Contact**

The personal information and emergency contact form addresses two requirements:
1. The personal information allows us to input your information into the WVU Payroll System.
2. The Emergency Contact section is used to indicate your primary contact in the event of an emergency.

**IRS Form W-4**

The IRS requires that you complete Form W-4 so that the correct federal taxes are withheld from your pay. A worksheet and instructions prepared by the IRS are included with the form.

**State Tax Withholding**

If you are a resident of the State of West Virginia or any non-bordering state, you need to complete the West Virginia Employee’s Withholding Exemption Certificate.

Resident of PA, MD, VA, KY and OH may complete tax forms from those states, along with a WV Certificate of Non-Residence. These tax forms can be found at [taxservices.wvu.edu/home/tax-forms/payroll-tax-withholding-forms](http://taxservices.wvu.edu/home/tax-forms/payroll-tax-withholding-forms).

**Direct Deposit Authorization Form**

As a service to our employees, West Virginia University requires direct deposit to a checking or savings account, at a banking institution chosen by the employee. You need to attach a voided check for funds deposited directly into a checking account, or a deposit slip for funds deposited into a savings account. The deposit slip is used for saving accounts only. If you do not have any of the above, a memo from your banking institution on their letterhead providing WVU with the routing number, account number and signature of the bank representative completing the memo will suffice.

**Electronic Notice of Deposit (ENOD)**

To enroll in ENOD and receive payroll information on-line and not receive a paper statement, the employee should log onto the State Auditor’s Office website: [www.wvyseo.gov](http://www.wvyseo.gov)

Click on “MyApps“
Click on “Sign Up” and complete the requested information
Click the “Tree” icon not to receive a Paper Statement

Employees with ENOD have the ability to view pay statements 5—7 days prior to a payday. With enrollment into ENOD, the employee can obtain W-2’s weeks prior to receiving the paper W-2. By enrolling into ENOD, employees have access to current and past payroll information and W-2’s.
# Employee Information Form

## Personal Information (Please Print)

**Gender:** (check one)  □ Male  □ Female

**Today's Date:** __________________________

**First Name and Middle Initial:** __________________________

**Last Name:** __________________________

**Local Address:** __________________________

**WVU ID#:** __________________________

**City:** __________________________

**State:** __________________________

**Zip code:** __________________________

**Birth date:** __________________________

**Home Phone:** __________________________

**WVU Email:** __________________________

**Educational (If none please leave blank):**

- **Highest college degree attained:** __________________________
- **Year:** __________________________

**Marital Status: (check one)**
- □ Single
- □ Married
- □ Common Law
- □ Divorced
- □ Separated
- □ Widowed

**Nationality: (check one)**
- □ U.S. Citizen
- □ Resident Alien
- □ Non-Resident Alien

## Employment Information

**What is your ethnicity?**

- □ Hispanic or Latino
- □ Not Hispanic or Latino

**Select one or more races to indicate what you consider yourself to be.**

- □ American Indian or Alaska Native
- □ Asian
- □ Black or African American
- □ Native Hawaiian / Other Pacific Islander
- □ White

**Veterans Status: (check one)**

- □ Not a veteran
- □ Disabled Veteran
- □ Disabled Vietnam and other Protected Veterans
- □ Newly Separated Veteran
- □ Newly Separated and Disabled
- □ Newly Separated and Other Protected
- □ Vietnam Veteran
- □ Vietnam Veteran, Newly Separated
- □ Vietnam Veteran, Newly Separated and Disabled
- □ Vietnam Veteran, Newly Separated and Other Protected
- □ Vietnam Veteran, Other Protected Veteran

**Current Military Service:**

- □ Military Reserves
- □ National Guard

**Place of Employment/Department Name:** __________________________

**Scheduled Start Date:** __________________________

## Emergency Contact Information--IN U.S.A.

**Contact First Name and Middle Initial:** __________________________

**Contact Last Name:** __________________________

**Gender:** (check one)  □ Male  □ Female

**Contact Home Address:** __________________________

**City:** __________________________

**State:** __________________________

**Zip code:** __________________________

**Contact Home Phone:** __________________________

**Contact Work Phone:** __________________________
START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- [ ] A citizen of the United States
- [ ] A noncitizen national of the United States (See instructions)
- [ ] A lawful permanent resident ( Alien Registration Number/USCIS Number): __________________________
- [ ] An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) ________________ . Some aliens may write "N/A" in this field. (See instructions)
  
  For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:
  
  1. Alien Registration Number/USCIS Number: __________________________

  OR

  2. Form I-94 Admission Number: __________________________

  If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

  Foreign Passport Number: __________________________

  Country of Issuance: __________________________

  Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: __________________________

Date (mm/dd/yyyy): __________________________

Preparer and/orTranslator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator: __________________________

Date (mm/dd/yyyy): __________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

STOP  Employer Completes Next Page  STOP

Form I-9 03/08/13 N Page 7 of 9
Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td>Issuing Authority:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Document Number:</td>
<td>Document Number:</td>
<td>Document Number:</td>
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<tr>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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<td>Document Title:</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td></td>
</tr>
</tbody>
</table>

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.

The employee's first day of employment (mm/dd/yyyy): ____________________________

(See instructions for exemptions.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td>West Virginia University</td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>Morgantown</td>
</tr>
<tr>
<td>One Waterfront Place</td>
<td>State</td>
<td>WV</td>
</tr>
<tr>
<td></td>
<td>Zip Code</td>
<td>26506</td>
</tr>
</tbody>
</table>

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial

B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (if any)(mm/dd/yyyy):</th>
</tr>
</thead>
</table>

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 document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative: ____________________________

Date (mm/dd/yyyy): ____________________________

Print Name of Employer or Authorized Representative: ____________________________
# 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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
<td></td>
<td>1.</td>
<td>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</td>
<td></td>
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</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
<td>2.</td>
<td>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</td>
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</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
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<td>3.</td>
<td>School ID card with a photograph</td>
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<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
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<td>4.</td>
<td>Voter's registration card</td>
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</tr>
<tr>
<td>5.</td>
<td>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 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.</td>
<td></td>
<td>5.</td>
<td>U.S. Military card or draft record</td>
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<tr>
<td>6.</td>
<td>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</td>
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<td>6.</td>
<td>Military dependent's ID card</td>
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<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
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<td>8.</td>
<td>Native American tribal document</td>
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<td>9.</td>
<td>Driver's license issued by a Canadian government authority</td>
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<td>For persons under age 18 who are unable to present a document listed above:</td>
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<td>10. School record or report card</td>
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<td></td>
<td>11. Clinic, doctor, or hospital record</td>
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<td></td>
<td>12. Day-care or nursery school record</td>
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<td></td>
<td>1. Social Security Account Number card; unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT</td>
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<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
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<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
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<td></td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
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<td>3. Certification of Report of Birth issued by the Department of State (Form DS-150)</td>
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<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
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<td>5. Native American tribal document</td>
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<td></td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
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<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
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<td>8. Employment authorization document issued by the Department of Homeland Security</td>
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</tbody>
</table>

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:
- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individual Taxpayers. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

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Personal Allowances Worksheet (Keep for your records.)

<table>
<thead>
<tr>
<th>A</th>
<th>Enter &quot;1&quot; for yourself if no one else can claim you as a dependent.</th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>Enter &quot;1&quot; if:</td>
</tr>
<tr>
<td></td>
<td>· You are single and have only one job; or</td>
</tr>
<tr>
<td></td>
<td>· You are married, have only one job, and your spouse does not work; or</td>
</tr>
<tr>
<td></td>
<td>· Your wages from a second job or your spouse's wages (or the total of both) are $1,500 or less.</td>
</tr>
<tr>
<td>C</td>
<td>Enter &quot;1&quot; for your spouse. But, you may choose to enter &quot;0-0-&quot; if you are married and have either a working spouse or more than one job. (Entering &quot;0-0-&quot; may help you avoid having too little tax withheld.)</td>
</tr>
<tr>
<td>D</td>
<td>Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.</td>
</tr>
<tr>
<td>E</td>
<td>Enter &quot;1&quot; if you will file as head of household on your tax return (see conditions under Head of household above)</td>
</tr>
<tr>
<td>F</td>
<td>Enter &quot;1&quot; if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit. (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</td>
</tr>
<tr>
<td>G</td>
<td>Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</td>
</tr>
<tr>
<td></td>
<td>· If your total income will be less than $70,000 ($100,000 if married), enter &quot;2&quot; for each eligible child; then less &quot;1&quot; if you have two or four eligible children or less &quot;2&quot; if you have five or more eligible children.</td>
</tr>
<tr>
<td></td>
<td>· If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter &quot;1&quot; for each eligible child.</td>
</tr>
<tr>
<td>H</td>
<td>Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.)</td>
</tr>
</tbody>
</table>

---

Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

<table>
<thead>
<tr>
<th>1</th>
<th>Your first name and middle initial</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Your social security number</td>
</tr>
</tbody>
</table>

Form W-4

Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

Form W-4 (2016)
WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE
FORM WV/IT-104

Complete this form and present it to your employer to avoid any delay in adjusting the amount of state income tax to be withheld from your wages.

If you do not complete this form, the amount of tax that is now being withheld from your pay may not be sufficient to cover the total amount of tax due the state when filing your personal income tax return after the close of the year. You may be subject to a penalty on tax owed the state.

Individuals are permitted a maximum of one exemption for themselves, plus an additional exemption for their spouse and any dependent other than their spouse that they expect to claim on their tax return.

If you are married and both you and your spouse work and you file a joint income tax return, or if you are working two or more jobs, the revised withholding tables should result in a more accurate amount of tax being withheld.

If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, you must check the box on line 5.

When requesting withholding from pension and annuity payments you must present this completed form to the payor. Enter the amount you want withheld on line 6.

If you determine the amount of tax being withheld is insufficient, you may reduce the number of exemptions you are claiming or request additional taxes be withheld from each payroll period. Enter the additional amount you want to have withheld on line 6.

----------------------------------------------------------------------
cut here--
----------------------------------------------------------------------

WEST VIRGINIA EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Name_________________________________________ Social Security Number____________________________________

Address_______________________________________

Cty________________________ State________ Zip Code____________________

1. If SINGLE, and you claim an exemption, enter "1", if you do not, enter "0"________________________

2. If MARRIED, one exemption each for husband and wife if not claimed on another certificate.
   (a) If you claim both of these exemptions, enter "2"
   (b) If you claim one of these exemptions, enter "1"
   (c) If you claim neither of these exemptions, enter "0"

3. If you claim exemptions for one or more dependents, enter the number of such exemptions _________

4. Add the number of exemptions which you have claimed above and enter the total____________________

5. If you are Single, Head of Household, or Married and your spouse does not work, and you are receiving wages from only one job, and you wish to have your tax withheld at a lower rate, check here _________

6. Additional withholding per pay period under agreement with employer, enter amount here $________

Note that special withholding allowances provided on Federal Form W-4 may not be claimed on your West Virginia Form WV/IT-104. I CERTIFY, under penalties provided by law, that the number of exemptions claimed in this certificate is not in excess of those to which I am entitled.

Date________________________ Signature________________________

NONRESIDENTS-SEE REVERSE SIDE
# W-9

**Form W-9**

**Department of the Treasury**

**Internal Revenue Service**

**Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

1. Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2. Business name/disregarded entity name, if different from above

3. Check appropriate box for federal tax classification; check only one of the following seven boxes:
   - Individual/sole proprietor
   - C Corporation
   - S Corporation
   - Partnership
   - Trust/estate
   - Single-member LLC
   - Limited liability company. Enter the tax classification (C-C corporation, S-S corporation, P-partnership).

4. Exemptions (choose apply only to certain entities, not individuals; see instructions on page 3):
   - Exempt payee code (if any)
   - Exemption from FATCA reporting code (if any)

   (Applies to accounts maintained outside the U.S.)

5. Address (number, street, and apt. or suite no.)

6. City, state, and ZIP code

7. List account number(s) here (optional)

## Part I

**Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<table>
<thead>
<tr>
<th>Social security number</th>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## Part II

**Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

### Sign Here

<table>
<thead>
<tr>
<th>Signature of U.S. person</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/w9.

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adaption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1099-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.
- By signing the filled-out form, you:
  1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
  2. Certify that you are not subject to backup withholding, or
  3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
  4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.

Cat. No. 10231X  Form W-9 (Rev. 12-2014)
# Payroll Direct Deposit Form

**West Virginia State Auditor's Office, ePayments Division - 1900 Kanawha Blvd., E., Bldg. 1, Room W-121, Charleston, WV 25305**  
**Telephone: 1-800-500-4079  Fax: (304) 340-5084  www.wvcon.gov**

- PLEASE FORWARD TO YOUR STATE AGENCY PAYROLL DEPARTMENT ONCE COMPLETED -

<table>
<thead>
<tr>
<th>First Name:</th>
<th>Ml:</th>
<th>Last Name:</th>
</tr>
</thead>
<tbody>
<tr>
<td>EPICS #:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSN:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PAYROLL PRIMARY ACCOUNT:

<table>
<thead>
<tr>
<th>Bank Name:</th>
<th>Start Direct Deposit</th>
<th>Change</th>
<th>No Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routing #:</td>
<td>Checking - Attach a voided check.</td>
<td>Saving</td>
<td></td>
</tr>
<tr>
<td>Account #:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

## PAYROLL SECONDARY ACCOUNT(S): If you have more than two secondary accounts, please complete an additional form.

<table>
<thead>
<tr>
<th>Bank Name:</th>
<th>Start Direct Deposit</th>
<th>Change</th>
<th>Cancel</th>
<th>No Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routing #:</td>
<td>Checking - Attach a voided check.</td>
<td>Saving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Account #:</td>
<td>Dollar Amount:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Bank Name:</th>
<th>Start Direct Deposit</th>
<th>Change</th>
<th>Cancel</th>
<th>No Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routing #:</td>
<td>Checking - Attach a voided check.</td>
<td>Saving</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Account #:</td>
<td>Dollar Amount:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I hereby authorize the State of West Virginia, hereinafter called STATE, to initiate credit entries to the account(s) as indicated above and to initiate debit entries as adjustments for credit entries made in error. The STATE will not be responsible for any loss that may arise solely by reason of error, mistake or fraud regarding information provided on this form. This authority is to remain in full force and effect until I have filed a new payroll form in a timely manner so as to afford the STATE a reasonable opportunity to act. I further acknowledge that my employee pay stub will be made available to me through a secure internet web site.

**Employee's Signature:**  
**Date:**

---

**To be completed by the State Agency Payroll Department.**

**State Agency:** West Virginia University  
**Phone #:** 304.293.3379 Opt. 1

I hereby certify I am a payroll representative of the herein named State Agency and that being so authorized I do certify the information listed and attached with this authorization has been received from the employee indicated above.

**Payroll Representative's Signature:**  
**Date:**

---

Pursuant to Section 7 of the Privacy Act of 1974, the disclosure of your Social Security Number is mandatory. Social Security Numbers are necessary to properly maintain records concerning your direct deposit payments as is required and authorized by the federal government for tax administration purposes. See generally, 42 U.S.C. § 405(c). Failure to provide a Social Security Number will prevent us from processing your direct deposit request.
West Virginia University
Division of Human Resources

Employee Name: __________________________
Please Print (Last, First)

WVU Human Resources Policies & Procedures

By signing below, I acknowledge that I have received the website addresses for the WVU Board of Governors’ Policies (bog.wvu.edu), as well as the WVU Division of Human Resources Policies and Procedures (www.hr.wvu.edu). I agree, as a condition of my employment, that I am responsible for reviewing, understanding, and adhering to these policies and procedures, and that failure to adhere to these policies and procedures may be grounds for disciplinary action, up to and including termination of my employment. I also understand that if I do not have access to a computer, that I am responsible for informing my department or the Division of Human Resources, so that a solution may be determined.

Should I have any questions or concerns regarding the policies or procedures, I understand that I am advised to contact the Division of Human Resources using the contact information listed below.

WVU Drug-Free Schools & Communities Act Booklet
Employee Certification

By signing below, I acknowledge that I have received a written copy of the WVU Drug-Free Schools & Communities Act booklet regarding the requirements to maintain a drug-free workplace, as required by federal law. I understand that any employee found in violation of the provisions of this booklet may be subject to disciplinary action, up to and including termination of employment, and may be required to participate in a drug abuse assistance or drug rehabilitation program.

403(b) Retirement Savings Plan Available to All Employees

By signing below, I acknowledge that I understand a 403(b) Tax Deferred Retirement Savings Plan is available to employees, including those employees not otherwise entitled to benefits. Student teachers or independent contractors are not eligible to participate in the plan. Should I wish to enroll an “Enrollment Form” for my selected retirement vendor, either TIAA-CREF or Great West, is required. In addition a “Non-Benefit Eligible Salary Reduction Agreement,” where I indicate the amount to be contributed each pay, is required. Both forms are available on the Human Resources website (www.hr.wvu.edu). I also understand that if I do not have access to a computer, that I am responsible for informing my department or the Division of Human Resources, so that a solution may be determined.

Should I have any questions or concerns regarding the policies or procedures, I understand that I am advised to contact the Division of Human Resources using the contact information listed below.

______________________________
Employee’s Signature

______________________________
Date

(Over --->)

Division of Human Resources
P.O. Box 6640
Morgantown, WV 26506
Telephone: (304) 293-5700
Fax: (304) 293-7532
E-mail: EmployeeRelations@mail.wvu.edu
Benefits@mail.wvu.edu

v092613
Employee Acknowledgement for Notice of Marketplace

The Patient Protection and Affordable Care Act (ACA, or the federal law known as Health Care Reform) requires that you must be informed of the following information:

- About the existence of the Marketplace;
- That you may be eligible for a premium tax credit if the employer’s plan does not meet certain requirements or you are not offered employer sponsored health coverage;
- That if you purchase coverage through the Marketplace, that you may lose the employer contribution toward the employer-sponsored coverage and that all or a portion of the employer’s contribution may be excludable for federal income tax purposes;
- Include contact information for the Marketplace and an explanation of appeals rights.

The Marketplace Notice must be given to ALL employees.

You are hereby provided with a completed Marketplace Notice and support information to further your understanding of the existence of the Marketplace.

If you have any questions or concerns about your WVU employee benefits, please contact your benefits coordinator or email ACABenefits@mail.wvu.edu. If you have questions about the Marketplace, please visit HealthCare.gov.

By providing your signature below, you hereby accept the receipt of the Marketplace Notice and acknowledge awareness of the existence of the Marketplace as an alternative option for health care coverage.

__________________________________________  __________________________
Employee Signature                          Date

(Rev. Sep 2013)
NOTICE of WV Health Insurance Marketplace

This notice does not require any additional action on your part.

The Patient Protection and Affordable Care Act (commonly known as "ACA" or "Obamacare") requires employers to provide information to all employees regarding the availability of the new Health Insurance Marketplace. Enclosed is a formal notice that follows the recommended federal model. We have tailored the second page of the document to include specific information about the availability of health insurance coverage to employees of this institution.

If you are interested in pursuing additional information about the Health Insurance Marketplace, you should follow the directions in the enclosed notice and go to HealthCare.gov. If you visit this website, additional information may be needed to determine your eligibility to participate in the Marketplace, including the following:

- There is no waiting period for health insurance in our system, so if you are not eligible now, you will not be eligible within the next three months unless your employment status changes to meet the definition of “eligible employee” contained in the notice.
- WV Public Employees’ Insurance Agency (PEIA) insurance plans do meet the minimum value standard.
- Premiums to participate in the PEIA health insurance plans are based on salary levels, and information regarding the cost is available in the WV PEIA Shopper’s Guide for Plan Year 2015 at www.wypeia.com.
- We are not aware of any major changes affecting eligibility anticipated in the coming plan year.

For more information regarding the new Health Insurance Marketplace, please visit HealthCare.gov.

For questions regarding your current WVU employee benefits, please contact the WVU Benefits Administration unit at ACABenefits@mail.wvu.edu or (304) 293-5700 ext. 4.

This notice does not require any additional action on your part.
New Health Insurance Marketplace Coverage Options and Your Health Coverage

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn’t meet certain standards. The savings on your premium that you’re eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes, if you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer’s health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the “minimum value” standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution— as well as your employee contribution to employer-offered coverage— is often included in income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact WVU Administration at ACABenefits@mail.wvu.edu

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsord health plan meets the “minimum value standard” if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application:

<table>
<thead>
<tr>
<th>Employer name</th>
<th>Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Virginia University</td>
<td>55-6000842</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer address</th>
<th>Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>One Waterfront Place, P.O. Box 6640</td>
<td>304.293.5700 ext. 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morgantown</td>
<td>WV</td>
<td>26504-6640</td>
</tr>
</tbody>
</table>

What is the employer's phone number?

- WVU Benefits Administration

<table>
<thead>
<tr>
<th>Phone number (if different from above)</th>
<th>Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td>304.293.5700 ext. 4</td>
<td><a href="mailto:ACABenefits@mail.wvu.edu">ACABenefits@mail.wvu.edu</a></td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - All employees. Eligible employees are:
    - Some employees. Eligible employees are:

- With respect to dependents:
  - We do offer coverage. Eligible dependents are:

- We do not offer coverage.

- If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

- Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.