



Non Benefited Employee Pre-Employment Paperwork

ePAF#

All new employees appointed to the University must complete the attached pre-employment paperwork within two weeks of receipt in order to be placed on the University's payroll system by their start date. Return all properly completed forms to the Office of Human Resources, Third Floor Quinn Administration Building.

Section I. Completed by appointee:

1. Personal Data Questionnaire (PDQ)

You must complete, sign and date the bottom of the form.

2. University of Massachusetts Boston, Self-Identification Form

It is the policy of the University of Massachusetts to collect, maintain, and report certain ethnicity, race, disability, and Vietnam Era Veteran status information as required by federal and state entities. **Completion of any part of this form is strictly voluntary but will enable the University to accurately report the diversity of its faculty and staff and to monitor the effectiveness of its affirmative action programs.** Any data collected as part of this process will not be used to make employment-related decisions. The University's policy on the collection, maintenance, and reporting of such information is available at: www.umb.edu/odei

3. Voluntary Self-Identification of Disability

Completion of any part of this form is strictly voluntary but will enable the University to accurately report the diversity of its faculty and staff and to monitor the effectiveness of its affirmative action programs. Any data collected as part of this process will not be used to make employment-related decisions. The University's policy on the collection, maintenance, and reporting of such information is available at: www.umb.edu/odei

4. Retirement Savings Plan (Massachusetts Deferred Compensation SMART Plan)

The federal government requires that every employee contribute to some form of retirement savings plan. Types of Employees who are NOT required to contribute to the SMART Plan are: participating members of the State Board of Retirement; employees retired from State service; employees age 70 or older who have elected to stop contributions to the State Retirement System; and active UMass Boston students enrolled in and regularly attending six or more credit courses. NOTE: Employees who participate in the Massachusetts Teachers' Retirement System are **NOT** exempt from paying into this plan.

5. Mandatory Direct Deposit

Your payroll check will be deposited directly into your account: checking, savings, credit union, etc. The University offers the ability to have your check deposited into a combination of up to four accounts.

6. Conflict of Interest Law Requirements

Annual conflict of interest law education and training is mandated by the University of Massachusetts Boston and the Commonwealth of Massachusetts.

7. State Tax Form (M-4)

The appointee must complete, sign and date the bottom of the form.

8. Federal Tax Form (W-4) *

The majority of the form is a worksheet for determining the appropriate number of exemptions. The appointee must complete, sign, and date the bottom half of the first page of this form. *Due to federal law mandates, Non-Resident Aliens must contact Human Resources by emailing HRDirect@umb.edu for additional information. For non-resident aliens, there may be tax implications if you do not complete and submit the form. This may result in additional withholdings and/or penalties from the Internal Revenue Service. The university will not adjust your tax forms if you do not complete them nor is the university financially responsible to refund any tax penalties.

The University of Massachusetts Boston is not responsible for determining your withholding allowance. If you have questions on exemptions, withholdings and/or any other tax related questions please contact the Internal Revenue Service directly at www.irs.gov.

❑ 9. Massachusetts Disclosure Form

If applicable, complete the form by including the name(s) of family members who are currently employed by the state.

❑ 10. Computer Awareness and Data Security Compliance Statement

You must sign and date the bottom of the form.

Section II. Completed by appointee and university representative:

❑ Employment Eligibility Verification Form (Form I9) *Please read instructions thoroughly*****

Newly hired employees must complete **Section 1** of this form no later than their first day of employment. The hiring department must complete **Section 2** of Form I9 within three (3) business days of the first day of employment after reviewing the original documents presented. An appointee must provide documents within three days of their date of hire that will verify identity as well as U.S. employment eligibility.

Section III. Received by appointee:

By signing below, appointee acknowledges receipt and understanding of the University policies listed below. The policies can be downloaded as a packet from the Forms page on the HR website:

<https://hr.umb.edu/policies>

- Data Security, Electronic Mail, and Computer Policy Development (Doc. T097-010)
- Drug-Free Workplace Policy
- Federal Affordable Care Act (ACA) notification/information
- Guide to the Conflict of Interest Law
- Guide to Political Activity (Public Employees and Fundraising)
- Massachusetts Pregnant Workers Fairness Act
- Non-Discrimination and Harassment Policy (Doc. T16-040)
- Sexual Harassment Policy (Doc. T92-037)
- University of Massachusetts Boston Background Check Policy
- University of Massachusetts Policy on Fraudulent Financial Activities (Doc. T00-051)
- University of Massachusetts Principles of Employee Conduct (Doc T96-136)

I have received, completed, and understand the forms and information listed above. I also understand that my name will not be added to the University's payroll until all of the appropriate paperwork is properly completed and submitted to the Office of Human Resources.

(Appointee) Print Name

Date

(Appointee) Signature

University representative (department) contact information:

Name: _____

Department: _____

Email: _____ Extension: _____



UNIVERSITY OF MASSACHUSETTS BOSTON
DEPARTMENT OF HUMAN RESOURCES

PERSONAL DATA QUESTIONNAIRE

Social Security Number

| | | | |
|----------------|----------------|-----------|---------------------------------------|
| First Name | Middle Name | Last Name | |
| Street Address | | | Telephone |
| City | State/Country | Zip Code | Marital Status Single Married |
| Birth Date** | Place of Birth | | Gender Male Female |

**If you are currently age 60 or over and starting a benefited position, you will be affected by Section 5 of Chapter 32 of the M.G.L. Please bring this fact to the attention of the Benefits Office Staff when you attend the New Employee Orientation.

<https://malegislature.gov/Laws/GeneralLaws/PartI/TitleIV/Chapter32/Section5>

| Educational Data | | | | |
|------------------------|--------|-------|-------------|--------------|
| Educational Level | Degree | Major | School Name | Year Awarded |
| High School/Equivalent | | | | |
| Technical Certificate | | | | |
| College/University | | | | |
| Master's Level Degree | | | | |
| Doctorate | | | | |

EMERGENCY CONTACTS

| | Name | Address | Telephone | Relationship |
|------------------|------|---------|-----------|--------------|
| PRIMARY | | | | |
| SECONDARY | | | | |

PRIOR SERVICE IN ANY MASSACHUSETTS GOVERNMENT AGENCY

If retired from any government agency: (CHECK)

| Name of Agency | From | To |
|----------------|------|----|
| | | |
| | | |

"I attest that I have read and understood all of the contents of this form and that all of the information provided on this form is correct and complete to the best of my knowledge."

Signature: _____

Date: _____



University of Massachusetts Boston - ODEI Self-Identification Form

The University of Massachusetts Boston is an equal opportunity employer and is required by law to periodically collect and report certain data (including data on citizenship, gender and race/ethnicity, as well as disability and veteran status) regarding our faculty and staff. The information collected via this form will be entered in the University of Massachusetts Boston’s Human Resources’ information system and may be used in accordance with the applicable laws and regulations concerning equal employment opportunity.

Instructions: New hires and re-hires, please complete this form in its entirety. Current employees requesting changes, please complete all of Sections I and II and only the information you wish to update on Section III. Upon completion please return this form to the Office of Diversity, Equity and Inclusion (ODEI.) This Form will be filed separately from your personnel file.

Section I: Name and Status

Select One: [] New Hire/Rehire - Start Date or Effective Date of Change: _____
[] Current Employee - ID#: _____

Name: _____
(Last, First, Middle)

Section II: Department and Position Information

Department: _____

Position Title: _____

Position Classification: [] Faculty [] Professional [] Classified

Section III: Personal Information and Self-Identification (Completion of the following information is voluntary.)

Sex: [] Female [] Male

Race/Ethnicity (Please provide both):

1. Hispanic Ethnicity: [] Hispanic or Latino [] Not Hispanic or Latino

2. Racial Identity: (Please select one or more of the following racial categories)

- [] American Indian or Alaska Native [] Asian
[] Black or African American [] White
[] Native Hawaiian or Other Pacific Islander

Military Status (Select one): [] No Protected Military Service [] Active Duty or Wartime or Camp Badge
[] Armed Forces Service Medal Veteran [] Recently Separated Veteran
[] National Guard/Reserves

Disability Status: [] Individual with a Disability [] I Do Not Have a Disability
[] Disabled Veteran

NOTE: For accommodations, please contact the Office of Diversity, Equity and Inclusion at 617.287.4818.

Section IV: Signature and Date

SIGNATURE: _____ Date: _____ [] I do not wish to self-Identify.

SELF-IDENTIFICATION DEFINITIONS: Completion of this information is voluntary. All information is confidential and will be reported in aggregate form only. Declining to provide this information will not subject you to any adverse treatment.

Ethnicity and Race – This two-part question is requested for statistical reporting purposes to government agencies, including the U.S. Department of Education.

- Hispanic Ethnicity- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin (including Spain) regardless of race.
- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

MILITARY STATUS AND DISABILITY STATUS SELF-IDENTIFICATION

- This information is requested for statistical reporting purposes to government agencies, including the U.S. Department of Labor. Completion of this information is voluntary. All information is confidential and will be reported in statistical form only. Declining to provide this information will not subject you to any adverse treatment. Information regarding your disability may be disclosed to the extent that (1) your supervisor(s) may be informed of any work restrictions or reasonable accommodations needed, and (2) first aid personnel may be informed when and if you require emergency medical treatment. Protected Veteran Categories:
- A **Disabled Veteran** is one of the following:
 - a. A veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
 - b. A person who was discharged or released from active duty because of a service connected disability.
- **A Recently Separated Veteran:** Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground naval or air service.
- **An Active Duty Wartime or Campaign Badge Veteran:** A veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- **An Armed Forces Service Medal Veteran:** A veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985
- **Military Discharge Date:** The date on which a person was discharged or released from military service.

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Your Name

Today's Date

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 2 of 2

Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

ⁱ Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.



Participant Enrollment Governmental 457(b) Plan

Massachusetts Deferred Compensation SMART Plan - Mandatory OBRA

98966-02

Participant Information

| | | |
|---|------------|----------|
| _____ | _____ | _____ |
| Last Name | First Name | MI |
| <i>(The name provided MUST match the name on file with Service Provider.)</i> | | |
| _____ | | |
| Mailing Address | | |
| _____ | _____ | _____ |
| City | State | Zip Code |
| () | () | |
| _____ | _____ | |
| Home Phone | Work Phone | |

Check box if you prefer to receive quarterly account statements in Spanish.

| | | | | | |
|--|-------|-------|--------------|-------|-------|
| _____ | | | | | |
| Social Security Number | | | | | |
| _____ | | | | | |
| E-Mail Address | | | | | |
| <input type="checkbox"/> Married <input type="checkbox"/> Unmarried <input type="checkbox"/> Female <input type="checkbox"/> Male | | | | | |
| Mo | Day | Year | Mo | Day | Year |
| _____ | _____ | _____ | _____ | _____ | _____ |
| Date of Birth | | | Date of Hire | | |
| Do you have a retirement savings account with a previous employer or an IRA? <input type="checkbox"/> Yes or <input type="checkbox"/> No | | | | | |

Important Notice: Employees participating in the Massachusetts Deferred Compensation SMART Plan - OBRA Mandatory Plan (the Plan) must complete Social Security Form SSA-1945. The Plan has been designated as an alternative retirement system for part time employees not covered by their employers retirement system. The SSA-1945 explains the potential effects of the Windfall Elimination Provision and Government Pension Offset Provision under the Social Security law which may reduce the amount of your Social Security retirement or disability benefits, and/or benefits received by you as a spouse or an ex-spouse. If you have any questions regarding SSA-1945 or if you have not completed SSA-1945, please contact your employer.

Payroll Information

| | |
|---------------|---|
| _____ | To be completed by Representative: _____ |
| Division Name | Division Number |

Investment Option Information (applies to all contributions) - Please refer to your communication materials for information regarding each investment option.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

| <u>INVESTMENT OPTION NAME</u> | <u>INVESTMENT OPTION CODE</u> (Internal Use Only) | |
|--------------------------------------|--|------|
| SMART Capital Preservation Fund..... | MELINC..... | 100% |

Plan Beneficiary Designation

This designation is effective upon execution and delivery to Service Provider at the address below. I have the right to change the beneficiary. If any information is missing, additional information may be required prior to recording my beneficiary designation. If my primary and contingent beneficiaries predecease me or I fail to designate beneficiaries, amounts will be paid pursuant to the terms of the Plan Document or applicable law.

You may only designate one primary and one contingent beneficiary on this form. However, the number of primary or contingent beneficiaries you name is not limited. If you wish to designate more than one primary and/or contingent beneficiary, do not complete the section below. Instead, complete and forward the Beneficiary Designation form.

Primary Beneficiary**100.00%**

| % of Account Balance | Social Security Number | Primary Beneficiary Name | Date of Birth |
|--------------------------------|------------------------|--|---------------|
| () | | Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> | |
| Phone Number <i>(Optional)</i> | | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other | |
| | | <input type="checkbox"/> Domestic Partner | |

Contingent Beneficiary**100.00%**

| % of Account Balance | Social Security Number | Contingent Beneficiary Name | Date of Birth |
|--------------------------------|------------------------|--|---------------|
| () | | Relationship <i>(Required - If Relationship is not provided, request will be rejected and sent back for clarification.)</i> | |
| Phone Number <i>(Optional)</i> | | <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Grandchild <input type="checkbox"/> Sibling <input type="checkbox"/> My Estate <input type="checkbox"/> A Trust <input type="checkbox"/> Other | |
| | | <input type="checkbox"/> Domestic Partner | |

Participation Agreement

Withdrawal Restrictions - I understand that the Internal Revenue Code (the "Code") and/or my employer's Plan Document may impose restrictions on transfers and/or distributions. I understand that I must contact the Plan Administrator/Trustee to determine when and/or under what circumstances I am eligible to receive distributions or make transfers.

Compliance With Plan Document and/or the Code - Participation in this Plan is mandatory. A deduction will be taken from your wages and invested on your behalf based on your employer's Plan Document. I agree that my employer or Plan Administrator/Trustee may take any action that may be necessary to ensure that my participation in the Plan is in compliance with any applicable requirement of the Plan Document and/or the Code. I understand that the maximum annual limit on contributions is determined under the Plan Document and/or the Code. I understand that it is my responsibility to monitor my total annual contributions to ensure that I do not exceed the amount permitted. If I exceed the contribution limit, I assume sole liability for any tax, penalty, or costs that may be incurred.

Incomplete Forms - I understand that in the event my Participant Enrollment form is incomplete or is not received by Service Provider at the address below prior to the receipt of any deposits, I specifically consent to Service Provider retaining all monies received and allocating them to the default investment option.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Signature(s) and Consent**Participant Consent**

I have completed, understand and agree to all pages of this Participant Enrollment form. I understand that Service Provider is required to comply with the regulations and requirements of the Office of Foreign Assets Control, Department of the Treasury ("OFAC"). As a result, Service Provider cannot conduct business with persons in a blocked country or any person designated by OFAC as a specially designated national or blocked person. For more information, please access the OFAC Web site at: <http://www.treasury.gov/about/organizational-structure/offices/Pages/Office-of-Foreign-Assets-Control.aspx>. Deferral agreements must be entered into prior to the first day of the month that the deferral will be made.

Participant Signature**Date**

A handwritten signature is required on this form. An electronic signature will not be accepted and will result in a significant delay.

Participant forward to Service Provider at:

Great-West Retirement Services®

P.O. Box 173764

Denver, CO 80217-3764

Phone #: 1-877-457-1900

Fax #: 1-866-745-5766

Web site: www.mass-smart.com

Securities offered through GWFS Equities, Inc., Member FINRA/SIPC, and/or other broker-dealers. Retirement products and services provided by Great-West Life & Annuity Insurance Company, Corporate Headquarters: Greenwood Village, CO; Great-West Life & Annuity Insurance Company of New York, Home Office: New York, NY, and their subsidiaries and affiliates, including GWFS and registered investment advisers Advised Assets Group, LLC and Great-West Capital Management, LLC.

DIRECT DEPOSIT

How to Enroll:

On the bottom of your personal check, to the left side, you will locate a nine- digit Bank ID number (transit routing number) alongside these series of numbers will be your account number, WRITE CLEARLY and place these EXACT numbers on the direct deposit form. If the appointee wishes to have his/her check deposited into a savings account, he/she should contact the bank to get the Bank ID number (transit routing number) and account number

Your earnings will be electronically deposited into the bank(s) or credit union you designate (up to a maximum of four accounts) after you complete the Direct Deposit form. A pay statement detailing your earnings and deductions is available online in HR Direct.

OR

GLOBAL CASH CARD PROGRAM

Employees who are experiencing hardship and/or does not submit the direct deposit form will be automatically placed on a "Global Cash Card"



How it Works:

1. Your wages will be deposited onto the Global Cash Card Visa paycard each pay period for immediate use
2. Set up paycard alerts and two-way texting:
 - Receive email and text message alerts when your paycard is loaded on payday
 - Text and receive your paycard balance, activity, and payroll loads within seconds
3. Access your money in many ways:
 - Make signature purchases with No Fee at any merchant that accepts a Visa paycard
 - Receive cash back after making a debit purchase at many locations
 - Withdraw funds at Allpoint Network surcharge-free ATM locations

The World's Largest Surcharge-Free ATM Network. Over 60,000 surcharge-free ATM locations worldwide. Find a location near you at www.allpointnetwork.com

If you have any questions about using your Global Cash Card Paycard contact customer service at 1-949-751-0360

GCC "No Hidden Fees" Detail

PAYCARD PROGRAM

| | |
|---|--------|
| ENROLLMENT FEE | NO FEE |
| ANNUAL FEE/MONTHLY FEE | NO FEE |
| REWARDS PROGRAM | NO FEE |
| CARD REPLACEMENT | NO FEE |
| PIN CHANGE | NO FEE |
| AUTOMATED TELEPHONE | NO FEE |
| OPERATOR ASSISTED TELEPHONE | NO FEE |
| WEB SITE LOGIN | NO FEE |
| INACTIVITY FEE / MONTHLY | \$3.00 |
| <small>(AFTER NINETY (90) DAYS OF NO TRANSACTIONS – LOADS ARE TRANSACTIONS)</small> | |

| | |
|----------------------------------|--------|
| FIRST TRANSACTION PER PAY PERIOD | NO FEE |
|----------------------------------|--------|

POINT OF SALE – UNITED STATES

| | |
|---------------------|--------|
| SIGNATURE PURCHASE | NO FEE |
| PIN PURCHASE | NO FEE |
| DECLINE – SIGNATURE | \$0.80 |
| DECLINE – PIN | \$0.50 |

POINT OF SALE – OUTSIDE UNITED STATES

| | |
|---------------------|---------|
| SIGNATURE PURCHASE | NO FEE* |
| PIN PURCHASE | \$1.75 |
| DECLINE – SIGNATURE | \$1.50 |
| DECLINE – PIN | \$1.25 |

*CURRENCY CONVERSION FEE MAY APPLY

ATM – UNITED STATES

| | |
|--|--------|
| WITHDRAWAL (ALLPOINT) | NO FEE |
| WITHDRAWAL (OUTSIDE OF ALLPOINT NETWORK) | \$1.75 |

| | |
|--------------------|--------|
| OTHER TRANSACTIONS | \$1.00 |
|--------------------|--------|

ATM – OUTSIDE UNITED STATES

| | |
|--------------------|---------|
| WITHDRAWAL | \$3.50* |
| OTHER TRANSACTIONS | \$3.25 |

BALANCE INQUIRY

| | |
|----------------------------------|--------|
| ONLINE/IVR/LIVE CUSTOMER SERVICE | NO FEE |
|----------------------------------|--------|

MONEY TRANSFER WORLDWIDE (CARD TO CARD)

| | |
|---------------------------------------|--------|
| \$1 – \$2500 (DAILY LIMIT IS \$2,500) | NO FEE |
|---------------------------------------|--------|

BILL PAY

| | |
|-------------------------------|--------|
| CARDHOLDER DIRECT TO MERCHANT | NO FEE |
| ONLINE | NO FEE |
| CONVENIENCE CHECK | NO FEE |



University of Massachusetts

AMHERST • BOSTON • DARTMOUTH • LOWELL • WORCESTER

AUTHORIZATION AGREEMENT FOR EMPLOYEE DIRECT PAYROLL DEPOSIT(S)

Employee Name: _____

Effective Date: _____

Employee ID: _____

Phone: _____

BANK INFORMATION

| | | |
|---|-----------------------------------|----------------------------------|
| Deposit Priority (1) – Deducts this amount 1st | <u>Full/Deposit/Balance</u> | <input type="checkbox"/> |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change <u>New/Amount \$</u> _____ | Percentage % _____ | <input type="checkbox"/> |
| Bank Transit/Routing# (9 digits): _____ | Account Number: _____ | |
| Bank Name: _____ | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |

If depositing more than one (1) bank, you must choose one Balance Account



| | | |
|---|-----------------------------------|----------------------------------|
| Deposit Priority (2) – Deducts this amount 2nd | <u>Full/Deposit/Balance</u> | <input type="checkbox"/> |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change <u>New/Amount \$</u> _____ | Percentage % _____ | <input type="checkbox"/> |
| Bank Transit/Routing # (9 digits): _____ | Account Number: _____ | |
| Bank Name: _____ | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |

| | | |
|---|-----------------------------------|----------------------------------|
| Deposit Priority (3) – Deducts this amount 3rd | <u>Full/Deposit/Balance</u> | <input type="checkbox"/> |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change <u>New/Amount \$</u> _____ | Percentage % _____ | <input type="checkbox"/> |
| Bank Transit/Routing # (9 digits): _____ | Account Number: _____ | |
| Bank Name: _____ | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |

| | | |
|---|-----------------------------------|----------------------------------|
| Deposit Priority (4) – Deducts this amount 4th | <u>Full/Deposit/Balance</u> | <input type="checkbox"/> |
| <input type="checkbox"/> New <input type="checkbox"/> Delete <input type="checkbox"/> Change <u>New/Amount \$</u> _____ | Percentage % _____ | <input type="checkbox"/> |
| Bank Transit/Routing # (9 digits): _____ | Account Number: _____ | |
| Bank Name: _____ | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |

I hereby authorize the University of Massachusetts to deposit my net pay as indicated above at the financial institution(s) named above. I understand the University of Massachusetts may cause my account to be adjusted to the extent necessary to correct any over deposit and I agree to hold the above named financial institution(s) harmless for any erroneous deposits or adjustments not caused by the financial institution. It is understood that I may terminate this agreement at any time by written notification to the University of Massachusetts. Any such notification to the University of Massachusetts shall be effective only with respect to entries initiated by the University after receipt of such notification and reasonable opportunity to act upon it. Any such notification to the bank by the employee is unacceptable. The bank may terminate this agreement by written notice to the employee for just cause.

EMPLOYEE SIGNATURE: _____ DATE: _____

HUMAN RESOURCES USE ONLY:



MEMORANDUM

To: UMass Boston Staff and Faculty
From: Marie H. Bowen, Vice Chancellor for Human Resources
Date: April 27, 2017
Subject: **Annual Notice - Conflict of Interest Law Education Requirements**

The conflict of interest law seeks to prevent conflicts between private interests and public duties, foster integrity in public service, and promote the public's trust and confidence in that service by placing restrictions on what employees of the university may do on the job, after hours, and after leaving public service.

Annual conflict of interest law education and training is mandated by the University of Massachusetts Boston and the Commonwealth of Massachusetts, which requires that all employees complete the training every two (2) years. New employees should complete the training within thirty (30) days of the date of hire.

To ensure compliance with the Conflict of Interest requirements, please complete the following steps.

1. Acknowledge Receipt of the Summary of the Conflict of Interest Law for State Employees:

The summary of the conflict of interest law, General Laws chapter 268A, is intended to help employees understand how that law applies to them. The summary is not a substitute for legal advice, nor does it mention every aspect of the law that may apply in a particular situation.

The law requires that this form, which may be accessed at <http://www.mass.gov/ethics/education-and-training-resources/required-education-and-training/state-employees-summary.html> be submitted annually.

Please print and sign the form and return it to Human Resources.

2. Complete the Conflict of Interest Law Online Training Program:

The training program covers various issues you may encounter as a public employee and provides examples and reference information to help you recognize conflicts of interest. Recognizing and properly responding to a conflict of interest is a key element to maintaining the public's confidence in government and in the integrity of the work we do as public employees.

The training program can be found at: www.stateprog.eth.state.ma.us. It should take approximately one (1) hour to complete.

Upon completion of the training you will have the ability to print a Certificate of Completion. Please do so, make a copy for your records and send the certificate to

Human Resources. **You must complete the entire training in order to receive a certificate.**

NOTE: The online training program is not compatible with the Google Chrome web browser and make sure to disable pop-up blockers.

If you have questions, please review the [Education and Training Guidelines](#) available on the State Ethics Commission's website, www.mass.gov/ethics. The guidelines provide helpful information about who is required to comply with these statutory requirements, record-keeping requirements, and the process.

Thank you for your time and attention to this important matter. If you have any questions, please contact Human Resources at hr@umb.edu.

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 1/12



Print full name
Print home address

Social Security no.
City..... State Zip

Employee:

File this form or Form W-4 with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.....
3. Write the number of your qualified dependents. See Instruction D.....
4. Add the number of exemptions which you have claimed above and write the total.....
5. Additional withholding per pay period under agreement with employer \$ _____
 - A. Check if you will file as head of household on your tax return.
 - B. Check if you are blind.
 - C. Check if spouse is blind and not subject to withholding.
 - D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date..... Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. If you claim **more** than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions **increases**. You **must** file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases**. For example, if during the year your dependent son's income indicates that you will not provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "4" in line 2. Using "4" is the withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

IF THE ALLOWABLE MASSACHUSETTS WITHHOLDING EXEMPTIONS ARE THE SAME AS YOU ARE CLAIMING FOR U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.

Form W-4 (2019)

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

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of all federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of all federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

| | | | | | |
|--|--|---|--|---|---|
| Form W-4 Department of the Treasury Internal Revenue Service | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0074 2019 | |
| ▶ Whether you're 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. | | | | | |
| 1 Your first name and middle initial | | Last name | | 2 Your social security number | |
| Home address (number and street or rural route) | | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate." | | |
| City or town, state, and ZIP code | | | 4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/> | | |
| 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) | | | | 5 | |
| 6 Additional amount, if any, you want withheld from each paycheck | | | | 6 \$ | |
| 7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. | | | | | |
| • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. | | | | | |
| If you meet both conditions, write "Exempt" here ▶ | | | | 7 | |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. | | | | | |
| Employee's signature (This form is not valid unless you sign it.) ▶ | | | | | |
| Date ▶ | | | | | |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) | | | 9 First date of employment | | 10 Employer identification number (EIN) |

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for yourself **A** _____
- B Enter "1" if you will file as married filing jointly **B** _____
- C Enter "1" if you will file as head of household **C** _____
- D Enter "1" if:
 - You're single, or married filing separately, and have only one job; or
 - You're married filing jointly, have only one job, and your spouse doesn't work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.**D** _____
- E **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.
 - If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F **Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
 - If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" **F** _____
- G **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F **G** _____
- H Add lines A through G and enter the total here **H** _____

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have **more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- 1 Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details **1** \$ _____
- 2 Enter:
 - \$24,400 if you're married filing jointly or qualifying widow(er)
 - \$18,350 if you're head of household
 - \$12,200 if you're single or married filing separately**2** \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total **5** \$ _____
- 6 Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) **6** \$ _____
- 7 **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses **7** \$ _____
- 8 **Divide** the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, above **9** _____
- 10 **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 of that worksheet on page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

| Table 1 | | | | Table 2 | | | |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| Married Filing Jointly | | All Others | | Married Filing Jointly | | All Others | |
| If wages from LOWEST paying job are— | Enter on line 2 above | If wages from LOWEST paying job are— | Enter on line 2 above | If wages from HIGHEST paying job are— | Enter on line 7 above | If wages from HIGHEST paying job are— | Enter on line 7 above |
| \$0 - \$5,000 | 0 | \$0 - \$7,000 | 0 | \$0 - \$24,900 | \$420 | \$0 - \$7,200 | \$420 |
| 5,001 - 9,500 | 1 | 7,001 - 13,000 | 1 | 24,901 - 84,450 | 500 | 7,201 - 36,975 | 500 |
| 9,501 - 19,500 | 2 | 13,001 - 27,500 | 2 | 84,451 - 173,900 | 910 | 36,976 - 81,700 | 910 |
| 19,501 - 35,000 | 3 | 27,501 - 32,000 | 3 | 173,901 - 326,950 | 1,000 | 81,701 - 158,225 | 1,000 |
| 35,001 - 40,000 | 4 | 32,001 - 40,000 | 4 | 326,951 - 413,700 | 1,330 | 158,226 - 201,600 | 1,330 |
| 40,001 - 46,000 | 5 | 40,001 - 60,000 | 5 | 413,701 - 617,850 | 1,450 | 201,601 - 507,800 | 1,450 |
| 46,001 - 55,000 | 6 | 60,001 - 75,000 | 6 | 617,851 and over | 1,540 | 507,801 and over | 1,540 |
| 55,001 - 60,000 | 7 | 75,001 - 85,000 | 7 | | | | |
| 60,001 - 70,000 | 8 | 85,001 - 95,000 | 8 | | | | |
| 70,001 - 75,000 | 9 | 95,001 - 100,000 | 9 | | | | |
| 75,001 - 85,000 | 10 | 100,001 - 110,000 | 10 | | | | |
| 85,001 - 95,000 | 11 | 110,001 - 115,000 | 11 | | | | |
| 95,001 - 125,000 | 12 | 115,001 - 125,000 | 12 | | | | |
| 125,001 - 155,000 | 13 | 125,001 - 135,000 | 13 | | | | |
| 155,001 - 165,000 | 14 | 135,001 - 145,000 | 14 | | | | |
| 165,001 - 175,000 | 15 | 145,001 - 160,000 | 15 | | | | |
| 175,001 - 180,000 | 16 | 160,001 - 180,000 | 16 | | | | |
| 180,001 - 195,000 | 17 | 180,001 and over | 17 | | | | |
| 195,001 - 205,000 | 18 | | | | | | |
| 205,001 and over | 19 | | | | | | |

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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to

cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You aren't required to provide the information requested on a form that's 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.



Computer and System Usage

As an employee of the University of Massachusetts (the University), I understand that the unauthorized use or misuse of University computer facilities, computer applications, computer systems, and/or electronic communications systems (including e-mail) constitutes an infraction of the University's data and computing policies/guidelines.

I will not share or release any logon, operator id or password used to access University data, computer systems, or electronic communications systems. I will keep my password(s) confidential, will change my password as required by the computer system and will select a password that is difficult to guess. I will not store access passwords in batch files, in automatic login scripts, in terminal function keys, in computers without access control or in other locations where another person might discover them.

I will not intentionally write, produce, generate, copy, propagate or attempt to introduce a computer virus, worm, Trojan horse, etc. into any University computer system or any computers linked to the University computer system.

I further acknowledge that I will not use University data or computing systems (e.g. software, hardware, network components, etc.) in any illegal, unethical or unauthorized commercial activities.

Data Confidentiality

I recognize my individual responsibility for safeguarding the integrity, accuracy and confidentiality of data that I access as dictated by state and federal law, and University policies and procedures.

I will not improperly release any information obtained as a result of my authorized access.

I will properly create, access, use and dispose of University data based on the data's classification.

Software Usage

I will not knowingly violate the terms of University license agreements for software. I recognize that the University licenses the use of commercial software and does not own this software or its related documentation or instructional material, and except to the extent authorized by the software developer, does not have the right to copy computer software. I will use documentation only as allowed by the vendor and federal Copyright law.

I will not use personally owned software in University computers unless I have a proper license for the software and the license authorizes such use. I will only use such personally owned software in University computers after I have first obtained clearance from appropriate systems personnel as to its compatibility with University computers and systems.

I will not illegally distribute copyrighted software within or outside the University through any mechanism, electronic or otherwise. I will not use my e-mail access to unlawfully solicit or exchange copies of copyrighted software.

(1) As directed by Board of Trustees' Policy Statements on Electronic Data Security, Electronic Mail and Computer Policy Development (Doc. T97-010, adopted February 5, 1997), and Policy Statement on Record Management, Retention and Disposition (Doc. T99-061 adopted August 4, 1999). Full text of these Policies and related Guidelines and all University Data and Computing Guidelines can be found at: <https://www.umassp.edu/bot/policies>





Electronic Communications

I will use e-mail and any other electronic communications tool in a responsible manner consistent with other business communications (e.g., phone, correspondence). I will safeguard the integrity and confidentiality of University electronic mail; only use mail IDs assigned to me and will remove mail from my mailbox consistent with University, campus, departmental or electronic mail administrator message retention procedures.

I will not "rebroadcast"/send to a third party information obtained from another individual that the individual reasonably expects to be confidential, except as required by my job responsibilities, University policies and procedures, and applicable law.

I will not post materials that violate existing laws or University policies/codes of conduct. For example, materials that are of a fraudulent, defamatory, harassing, or threatening nature. I will not unnecessarily or inappropriately use computer resources by sending chain e-mails, spamming, mail bombing, generating unnecessary excessive print, etc.

My Responsibilities

I have agreed and will attend a workshop that includes information regarding my computer security and data confidentiality responsibilities as an employee of the University. I understand these responsibilities both as an authorized user and an employee.

I recognize my overall responsibility to exercise the degree of care required to maintain control of University computing systems and resources (e.g., data, software, hardware, network components, etc.) and agree to abide by established University policies/guidelines and Campus procedures. I acknowledge that failure to comply with University data and computing related policies/guidelines/procedures might result in: the loss or restriction of my computer access; reprimand; suspension; dismissal, or other disciplinary or legal action.

Print Name

Signature

Date

