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**Human Resources Office** 

Office: 410-588-5238 Fax: 410-588-5315

# **NEW HIRE PERSONAL INFORMATION**

Em	ployee ID or last 4 digits of Social S	Security No.:				
Firs	st Name:	Middle:	Last Name:			
Ma	iden Name (if applicable):		Preferred Name:			
Dat	te of Birth (optional):					
Em	ail Address:	Pri	mary Phone:			
GE	<i>NDER:</i> □ Male □ Female	☐ Non-Binary				
<u>ETF</u>	HNICITY: Are you Hispanic or Lating	o? 🗆 Yes 🗆 No				
RA	CE IDENTIFICATION:					
Usi	ing the descriptions below, please	select the race(s) that you r	most closely identify with. You must select at least one race			
	American Indian/Alaska Native: A (including Central America), and v		ny of the original peoples of North and South America ion or community attachment.			
	Asian: A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subconting including, for example Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.					
	Black or African American: A pers	son 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 original peoples of Hawaii, Guam, Samoa or other Pacific Islands. The term "Native Hawaiian" does not include individuals who are native to the state of Hawaii by virtue of being born there. In addition to Native Hawaiian, Guamanian, and Samoan, this category would include the following Pacific Islander groups reported in the 1990 census: Carolinian, Fijian. Kosraean, Melanesian, Micronesian, North Mariana Islander, Palauan, Papua New Guinean, Ponapean (Pohnpelan), Polynesian, Solomon Islander, Tahitian, Tarawa Islander, Tokelauan Tongan, Trukese (Chuukese), and Yapese.					
	White: A person having origins in	any of the original peoples	of Europe, the Middle East or North America.			
 <u>EM</u>	 IERGENCY CONTACT INFORMATION	<u>/</u>				
Firs	st Name:	Middle:	Last Name:			
Ado	dress:		Relationship:			
City	y/State/Zip Code:					
Но	me Phone:	Work Phone:	Cell Phone:			

# **Harford County Public Schools Direct Deposit Authorization Form**

You may complete this form Online using Employee Self Service. See reverse side for instructions.

Name	Employee I.D.#	Sch. or Dep	ot. Assignment						
I hereby authorize the HCPS Payroll Office to									
Start Direct Deposit- This is an initial request for direct deposit. Provide bank information below.  Change all -Replaces the direct deposit(s) currently on file. Fill in every line of the bank information below to show how your pay should now be deposited.  Add New Account(s) -Existing accounts will remain unchanged. List new account(s) only. Maximum number of accounts is four (5).  Close Account(s)- Other accounts will remain unchanged. You must have one default account. Show below only the account(s) you want removed from direct deposit.									
distribution of 15.389	employees who wish to set money aside f 6.	or summer savings, n	ist the bank of your choice and select a						
1.Bank Name	Routing# (Nine Digits)  Account#	Checking or Savings	Default or Balance Account ***						
2.Bank Name	Routing# (Nine Digits)  Account#	Checking or Savings	Fixed Amount: \$ %  Or Percentage %						
3.Bank Name	Routing# (Nine Digits)  Account#	Checking or Savings	Fixed Amount: \$ %  Or Percentage %						
4.Bank Name	Routing#(Nine Digits) Account#	Checking or Savings	Fixed Amount: \$ %						
5.Bank Name	Routing# (Nine Digits)  Account#	Checking or Savings	Fixed Amount: \$ %  Or Percentage %						
*** The default or balance account is that account to which 100% of all funds not otherwise allocated will be deposited.  I authorize Harford County Public Schools to deposit my net pay via direct deposit to my account(s) as indicated above. If funds to which I am not entitled are deposited to my account(s), I authorize HCPS to direct the financial institution(s) to return said funds.  I understand that it is my responsibility to verify that payments have been credited to my account(s) and that HCPS assumes no liability for overdrafts for any reason.									
I understand that in the event that my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, HCPS cannot issue the funds to me until the funds are returned to HCPS by the financial institution(s).  I understand this authorization will override any previous authorization and will remain in effect until revoked by my written request or changed online using									
effect.	). I understand that I must immediately notify the P		e any/all account(s) listed above while this authorization is in						
		1705400							

# Form **W-4**

**Employee's Withholding Certificate** 

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

2020

OMB No. 1545-0074

► Give Form W-4 to your employer. Department of the Treasury ► Your withholding is subject to review by the IRS. Internal Revenue Service (a) First name and middle initial Last name (b) Social security number Step 1: **Enter** Address ▶ Does your name match the Personal name on your social security card? If not, to ensure you get Information City or town, state, and ZIP code credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov. Single or Married filing separately Married filing jointly (or Qualifying widow(er)) Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy. Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse Step 2: also works. The correct amount of withholding depends on income earned from all of these jobs. **Multiple Jobs** or Spouse Do only one of the following. Works (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . . . . . . . TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator. Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.) Step 3: If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Claim Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ **Dependents** Multiply the number of other dependents by \$500 Add the amounts above and enter the total here . . . \$ 3 Step 4 (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may (optional): include interest, dividends, and retirement income . . . . . . . . . . . . . . . 4(a) \$ Other **Adjustments** (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . 4(b) |\$ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) |\$ Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Sign Here Employee's signature (This form is not valid unless you sign it.) Date **Employers** Employer's name and address First date of Employer identification employment number (EIN) Only

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

#### **General Instructions**

## **Future Developments**

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

#### **Purpose of Form**

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

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

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

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

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

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

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

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

# **Specific Instructions**

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

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

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

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



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

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

#### Step 4 (optional).

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

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

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

Form W-4 (2020)

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



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

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

1	<b>Two jobs.</b> If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, <b>skip</b> to line 3	1	\$
2	<b>Three jobs.</b> If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	<b>a</b> Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a	<b>2</b> a	\$
	<b>b</b> Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b	2b	\$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	<b>\$</b>
	7 And the amounts from lines 24 and 25 and enter the result of line 25	20	Ψ
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc	3	
4	<b>Divide</b> the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in <b>Step 4(c)</b> of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) – Deductions Worksheet (Keep for your records.)		
1	Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter:   • \$24,800 if you're married filing jointly or qualifying widow(er) • \$18,650 if you're head of household • \$12,400 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

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

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

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

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

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Hydrop Paying Joh   Amazina Taxable   Wage   Salama   S	FOITI VV-4 (2020)			Morri	od Filipo	Lointly	or Qualit	fuina Wia	dow(or)				Page 4
	Married Filing Jointly or Qualifying Widow(er)												
Section   Sect	Annual Taxable				\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -			
				· ·								-	
	•		1	1		1		1 ' '	1	1	1 ' '	1 ' '	1
\$\frac{830,000}{80,999}\$   900 \ \( \) 2,100 \ \( 2,200 \) 3,130 \ 3,250 \ 3,250 \ 3,370 \ 4,470 \ 5,570 \ 6,570 \ 6,570 \ 7,570 \ 8,570 \ 2,220 \ 3,220 \ 3,250 \ 3,250 \ 3,370 \ 4,370 \ 5,570 \ 6,570 \ 7,570 \ 8,570 \ 10,270 \ 10,220 \ 10,220 \ 2,220 \ 3,200 \			1	1	1	1	1	1	1	1		1	1
							<u> </u>	<b>+</b>	<del> </del>	<del>                                     </del>	<b>I</b>	<del>                                     </del>	
Section   Color   Section   Sectio	\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$80,000 - 99,999	\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
Section   Sect	\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$\frac{\text{\$\frac{1}{300000}}{\text{\$\frac{1}{4}\text{\$\frac{1}\text{\$\frac{1}{4}\text{\$\frac{1}{4}\text{\$\frac{1}{4}\text{\$\frac{1}{4}\text{\$\frac{1}{4}\text{\$\frac{1}{4}\text{\$\frac{1}{4}\	\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
S150,000 - 239,989   2,040		1,060		5,090	6,290		8,420	<b>+</b>	10,420	11,420		13,260	
			1	1	1	1	1	1	1			1	1
\$280,000 - 279,999		,	1	1	1	1	1	1	1	1	1	1	1
8280,000 - 299,999										<del>                                     </del>			
S200,000 - 319,999   2,040			1	1	1	1	1		1	1 '		1 '	1
S220,000 - 964,999		,	1	1	1	1	1	1	1		1	1	1
Section   Sect		· ·		1				<b>+</b>			<b>+</b>	<del>                                     </del>	
September   Se			1	1	1	1	1	1	1			1	1
Higher Paying Job   Lower Paying Job   Lower Paying Job Annual Taxable   Wage & Salary   Sa			1		1	1	1	1	1	1 '		1	1
Higher Paying Job   Sample   Subary	φορο,σου απα στοι	0,110	0,010							20,000	20,000	00,100	01,000
Name   Taxable   Name	Higher Paving Job									Salary			
Wage & Salary   9,999   19,999   29,999   39,999   49,999   59,999   59,999   59,999   89,999   99,999   120,000		\$0 -	\$10.000 -	\$20.000 -							\$90.000 -	\$100,000 -	\$110,000 -
\$10,000 - 19,999	Wage & Salary												
\$20,000 - 29,999	\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$30,000 - 39,999			1	1,610	1	1	3,460	1	1	3,640	3,830	3,830	1
\$40,000 - 59,999							<u> </u>	<b>+</b>		<del>                                     </del>	<del>                                     </del>		
\$60,000 - 79,999			1	1	1	1	1	1	1	1		1	1
\$80,000 - 99,999		,	1	1	1	1	1	1		1		1	1
\$100,000 - 124,999		•						<b>+</b>		<b>+</b>	<b>+</b>	<del>                                     </del>	
\$125,000 - 149,999			1	1	1	1	1	1	1	1	1	1	1
\$150,000 - 174,999			1	1	1	1	1	1	1	1	1 '	1	1
\$175,000 - 199,999	· · · · · ·	•					<u> </u>			<del>                                     </del>	<u> </u>	<del>                                     </del>	
\$\frac{\colon}			1	1	1	1	1	1	1	1	1	1	1
\$250,000 - 399,999			1	1 '	1	1	1	1	1	1	1	1	1
Higher Paying Job   Salary	\$250,000 - 399,999	2,970	5,860			12,840	14,540	15,840	17,140	18,440	19,730	20,830	
Head of Household    Higher Paying Job   Stood	\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
Higher Paying Job   Solution	\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300
Annual Taxable Wage & Salary         \$0 - 19,999         \$10,000 - 29,999         \$30,000 - 39,999         \$40,000 - 59,999         \$60,000 - 69,999         \$70,000 - 890,000 - 109,999         \$100,000 - 120,000         \$100,000 - 120,999         \$80,000 - 99,999         \$100,000 - 109,999         \$830         \$930         \$1,020         \$1,020         \$1,020         \$1,480         \$1,870         \$1,870         \$1,930         \$2,040         \$2,040           \$20,000 - 29,999         830         1,920         2,130         2,220         2,220         2,680         3,680         4,070         4,130         4,330         4,440         4,440           \$20,000 - 29,999         930         2,130         2,220         2,220         2,680         3,680         4,070         4,130         4,330         4,440         4,440           \$40,000 - 39,999         1,020         2,220         2,430         2,980         3,980         4,980         6,040         6,630         6,830         7,030         7,140         7,140           \$40,000 - 59,999         1,020         2,530         3,750         4,830         5,860         7,060         8,260         8,850         9,050         9,250         9,360         9,360         \$80,000 - 9,360         \$10,980         11,180													
Wage & Salary         9,999         19,999         29,999         39,999         49,999         59,999         69,999         79,999         89,999         99,999         109,999         120,000           \$0 -         9,999         \$0         \$830         \$930         \$1,020         \$1,020         \$1,480         \$1,870         \$1,870         \$1,930         \$2,040         \$2,040           \$10,000 - 19,999         830         1,920         2,130         2,220         2,220         2,680         3,680         4,070         4,130         4,330         4,440         4,440           \$20,000 - 29,999         930         2,130         2,350         2,430         2,900         3,900         4,900         5,340         5,540         5,740         5,850         5,850           \$30,000 - 39,999         1,020         2,220         2,430         2,980         3,980         4,980         6,040         6,630         6,830         7,030         7,140         7,140           \$40,000 - 59,999         1,020         2,530         3,750         4,830         5,860         7,060         8,260         8,850         9,050         9,250         9,360         9,360           \$80,000 - 99,999         1,990													
\$10,000 - 19,999					,								
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\$30,000 - 39,999			1	1	1	1		•	1	1	1	1	1
\$40,000 - 59,999							<del> </del>	<b>+</b>		<del>                                     </del>			
\$60,000 - 79,999			1	1	1	1	•	•	1	1	1	1	1
\$80,000 - 99,999         1,900         4,300         5,710         7,000         8,200         9,400         10,600         11,180         11,670         12,670         13,580         14,380           \$100,000 - 124,999         2,040         4,440         5,850         7,140         8,340         9,540         11,360         12,750         13,750         14,750         15,770         16,870           \$125,000 - 149,999         2,040         4,440         5,850         7,360         9,360         11,360         13,360         14,750         16,010         17,310         18,520         19,620           \$150,000 - 174,999         2,040         5,060         7,280         9,360         11,360         13,480         15,780         17,460         18,760         20,060         21,270         22,370           \$175,000 - 199,999         2,720         5,920         8,130         10,480         12,780         15,080         17,380         19,070         20,370         21,670         22,880         23,980           \$200,000 - 249,999         2,970         6,470         8,990         11,370         13,670         15,970         18,270         19,960         21,260         22,560         23,770         24,870			1	1	1	1	1	1	1	•		1	1
\$100,000 - 124,999								<b>+</b>					
\$125,000 - 149,999			1	1	1	1	•	•	1	1	1	1	1
\$150,000 - 174,999			1	1	1	1	•	•	1	1	1	1	1
\$175,000 - 199,999		· ·					<del> </del>	<b>+</b>		<del>                                     </del>			
\$200,000 - 249,999         2,970         6,470         8,990         11,370         13,670         15,970         18,270         19,960         21,260         22,560         23,770         24,870           \$250,000 - 349,999         2,970         6,470         8,990         11,370         13,670         15,970         18,270         19,960         21,260         22,560         23,770         24,870           \$350,000 - 449,999         2,970         6,470         8,990         11,370         13,670         15,970         18,270         19,960         21,260         22,560         23,770         24,870           \$350,000 - 449,999         2,970         6,470         8,990         11,370         13,670         15,970         18,270         19,960         21,260         22,560         23,770         24,870			1	1	1	1	1	•	1		1	1	1
\$250,000 - 349,999			1	1	1	1	1	1	1	1	1	1	1
\$350,000 - 449,999   2,970   6,470   8,990   11,370   13,670   15,970   18,270   19,960   21,260   22,560   23,900   25,200		•			<del> </del>								
			1	1	1	1	1	1	1	1	1	1	1
	\$450,000 and over		6,840	9,560	12,140	14,640	17,140	1	1	1	1	25,940	1



**Purpose.** Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

Basic Instructions. Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

**Exemption from withholding.** You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- a. Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,
- b. This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

**Certification of nonresidence in the State of Maryland.** Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.

Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from

their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. In addition, you must also complete and attach Form MW507M.

**Duties and responsibilities of employer.** Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201-2326, when received if:

- 1. You have any reason to believe this certificate is incorrect;
- 2. The employee claims more than 10 exemptions;
- The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
- The employee claims an exemption from withholding on the basis of nonresidence; or
- The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

**Duties and responsibilities of employee.** If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

FORM	•••••
MW507	Employee's Marylan

## **Employee's Maryland Withholding Exemption Certificate**

Print full name	Social Security Number
Street Address, City, State, ZIP code +4	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)
☐ Single ☐ Married (surviving spouse or unmarried Head of	Household) Rate
1. Total number of exemptions you are claiming not to exceed line f in Personal Ex	emption Worksheet on page 2
<ol> <li>Additional withholding per pay period under agreement with employer</li> <li>I claim exemption from withholding because I do not expect to owe Maryland ta</li> </ol>	
a. Last year I did not owe any Maryland income tax and had a right to a fu	II refund of all income tax withheld and
<ul> <li>b. This year I do not expect to owe any Maryland income tax and expect to (This includes seasonal and student employees whose annual income w</li> <li>If both a and b apply, enter year applicable</li></ul>	
<ol> <li>I claim exemption from withholding because I am domiciled in one of the following District of Columbia Virginia West Virginia West Virginia I further certify that I do not maintain a place of abode in Maryland as described</li> </ol>	
<ol> <li>I claim exemption from Maryland state withholding because I am domiciled in t maintain a place of abode in Maryland as described in the instructions on Form N</li> </ol>	he Commonwealth of Pennsylvania and I do not MW507. Enter "EXEMPT" here
	6
,	ž
<ol> <li>I certify that I am a legal resident of the state of and am not subments set forth under the Servicemembers Civil Relief Act, as amended by the N</li> </ol>	
<b>Under the penalty of perjury,</b> I further certify that I am entitled to the number from withholding, that I am entitled to claim the exempt status on whichever lines $I = I + I + I + I + I + I + I + I + I + $	
Employee's signature	Date
Employer's name and address including ZIP code +4 (For employer use only)	Federal Employer Identification Number

## **MW507**

#### **Personal Exemptions Worksheet**

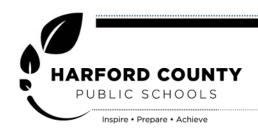
#### Line 1

	me 1	
a.	. Multiply the number of your personal exemptions by the value of each exemption from the table below. (Generally the value of your exemption will be \$3,200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced. <b>Do not claim any personal exemptions you currently claim at another job, or any exemptions being claimed by your spouse.</b> To qualify as your dependent, you must be entitled to the dependent on your federal income tax return for the corresponding tax year. <b>NOTE:</b> Dependent taxpayers may not claim themselves as an exemption a.	
b.	• Multiply the number of additional exemptions you are claiming for dependents age 65 or over by the value of each exemption from the table below	
c.	Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you currently claim at another job or any amounts being claimed by your spouse.  NOTE: Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,500 and a maximum of \$2,250	
d.	Enter \$1,000 for additional exemptions for taxpayer and/or spouse age 65 or over and/or blind d.	
e.	. Add total of lines <b>a</b> through <b>d</b>	
f.	Divide the amount on line e by \$3,200. <b>Drop any fraction. Do not round up.</b> This is the <b>maximum</b> number of exemptions you may claim for withholding tax purposes	

If your federal AGI is		If you will file your tax return			
		Single or Married Filing Separately Your Exemption is	Joint, Head of Household or Qualifying Widow(er) <b>Your Exemption is</b>		
\$100,000 or less		\$3,200	\$3,200		
Over	But not over				
\$100,000	\$125,000	\$1,600	\$3,200		
\$125,000	\$150,000	\$800	\$3,200		
\$150,000	\$175,000	\$0	\$1,600		
\$175,000	\$200,000	\$0	\$800		
In excess of \$200,000		<b>\$0</b>	<b>\$0</b>		

#### FEDERAL PRIVACY ACT INFORMATION

Social Security numbers must be included. The mandatory disclosure of your Social Security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.



# ANNUAL 403(b) PLAN NOTICE 2021 PLAN YEAR

The **Harford County Public Schools 403(b) Plan** ("Plan") has been adopted to help our employees save for retirement. As an employee, you may make Salary Deferrals if you are eligible to participate under the Plan. (Please refer to the Summary Plan Description (SPD) or other Plan information materials to determine whether you are eligible to participate in this Plan.) This Annual 403(b) Plan Notice provides important information relevant to your participation in the Plan.

# **Notice of Universal Availability**

This Annual Notice of Universal Availability describes your right to make Salary Deferrals (if you are eligible for the Plan), the procedures for electing to make Salary Deferrals Reduction Contributions and the tax advantages of making contributions to the Plan.

Eligibility to Participate. The Plan is a special type of retirement plan described under Section 403(b) of the Internal Revenue Code. A "403(b) Plan" is subject to the universal availability requirement which requires that all employees (with certain exceptions) are eligible to make voluntary contributions to the Plan. These contributions are called Salary Deferrals. To make Salary Deferrals, you must complete a Salary Reduction Agreement designating the amount you want to have withheld from your paycheck and deposited into the Plan. You will also need to complete additional enrollment forms provided by the approved investment provider that you elect to have hold and invest your contributions. Please contact the Plan Administrator to request a copy of the Salary Reduction Agreement and/or to receive a list of approved investment arrangements.

Salary Deferral Limits. You may make Salary Deferrals up to \$19,500 in 2020 (unless otherwise limited under the Plan). This annual Salary Deferral limit is subject to change each year, depending on Social Security Administration Cost of Living adjustments, if any. In addition, this limit may be increased if you are eligible to make "catch-up" contributions under the Plan. Please see the SPD or other Plan information materials or contact your Plan Administrator for more information concerning the availability of catch-up contributions under the Plan.

**Tax Advantages.** If you elect to make Salary Deferrals to the Plan, you may make these contributions on a pre-tax basis, or if available under the Plan, on an after-tax basis (also referred to as Roth contributions).

- Pre-tax contributions If you elect to make Salary Deferrals on a pre-tax basis, the amounts deferred (and any
  earnings on those amounts) generally will not be subject to income taxes until the amounts are distributed from
  the Plan. Upon distribution, such amounts are taxed as ordinary income.
- Roth contributions You may also elect to make Salary Deferrals on an after-tax basis (i.e., such contributions are subject to income tax at the time contributed to the Plan) as Roth contributions. Such contributions (and earnings) will not be subject to income taxes when distributed from the Plan, if certain conditions are satisfied. Generally, the conditions are that at least five (5) years have passed since you began to make Roth contributions and the distribution is a "qualified distribution". For this purpose, a qualified distribution is a distribution made due to your attainment of age 59½, death or disability.

**Notice of Required Contribution Aggregation If You Are "In Control" of Another Business** 

Under IRS rules, in certain situations, Plan participants must aggregate Salary Deferrals and other amounts contributed to this Plan and other "qualified retirement plans" to determine whether they are within the maximum annual contribution limits under the law. If you meet all of the conditions below, the Internal Revenue Service requires that you contact the Plan Administrator to review whether or not you have exceeded your maximum annual contribution limit. Failure to provide the Plan Administrator with certain necessary and correct information may result in adverse tax consequences, including your inability to exclude the amounts contributed to this Plan from your taxable income.

You must notify the Plan Administrator if you meet all the following conditions:

- You make contributions to this Plan,
- You are "in control" of another company, and
- The other company maintains a "qualified retirement plan" and makes contributions to your account.

#### What does it mean to be "in control" of another company?

For you to be considered "in control" of another business, you generally must have a significant ownership interest in the other business. For example, you own 100% of a business that is separate from Board of Education of Harford County. Determining whether you are 'in control" of another business is complicated. Your tax advisor can assist you in making this determination.

Example: You are a doctor or professor that participates in this Plan and you also own more than 50% of a private practice or consulting business. You are considered to be "in control" of the outside business.

#### What types of retirement plans fall within the meaning of a "qualified retirement plan?

For this purpose, a "qualified retirement plan" includes certain defined contribution plans that receive special tax benefits under the Internal Revenue Code. These include defined contribution plans that qualify under Code §401(a) (such as a profit sharing, 401(k) or money purchase plan), another 403(b) plan, or a simplified employee pension (SEP) plan.

#### What is the maximum annual contribution limit?

The maximum annual limit for 2020 generally is \$57,000. This annual contribution limit is subject to change each year, depending on Social Security Administration Cost of Living adjustments, if any. However, certain participants (such as those who are at least age 50) may have a higher limitation, if provided for under the Plan.

# What amounts are counted for purposes of determining whether you exceed the maximum annual contribution limit?

The following amounts are counted towards the maximum annual contribution limit:

- Employer contributions (including matching contributions and SEP contributions)
- Salary deferrals
- After-tax contributions
- Certain other amounts allocated to your account (this does not include earnings or rollover amounts)

**Additional information.** If you would like additional information regarding your right to make Salary Reduction Contributions under the Plan or the requirements for required contribution aggregation if you are "in control" of another business, please contact your plan administrator:

Eric G. Clark, Budget Director, <a href="mailto:Eric.Clark@hcps.org">Eric.Clark@hcps.org</a>
Board of Education of Harford County
102 South Hickory Avenue, Room 321
Bel Air, MD 21014-3731
410-588-5243





# HCPS Substitute Teacher Handbook/SmartFindExpress Training Acknowledgement Form

I acknowledge that I have received a copy of the Harford County Public Schools (HCPS) Substitute Teacher Handbook. I also acknowledge that I have read and understand the contents of this handbook and will act in accord with these policies and procedures as a condition of my employment with Harford County Public Schools.

Employment as a substitute with Harford County Public Schools is employment at-will. This means that a substitute employee's employment can be terminated at any time, with or without cause, by either the substitute employee or by HCPS. Nothing in any document or statement now in existence or hereafter created shall limit the right to terminate the employment at-will status. No other officer, agent or the employee of HCPS has the authority to revise, waive or alter this at-will employment policy. Please read the Handbook and the employee Standards of Conduct carefully to understand these conditions of employment before you sign this document.

Furthermore, I certify that I have completed the online SmartFindExpress training for substitute teachers.

Printed Substitute Teacher Name		
Substitute Teacher Signature	Date	