

# City of Earlham

## Employment Application

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_ *City State ZIP Code*

Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_

|   |     |    |  |       |    |
|---|-----|----|--|-------|----|
| Are you a citizen of the United States?   | YES | NO | If no, are you authorized to work in the U.S.? | YES   | NO |
| Have you ever worked for this company?    | YES | NO | If so, when?                                   | _____ |    |
| Have you ever been convicted of a felony? | YES | NO |  |       |    |

If yes, explain: \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES NO Degree: \_\_\_\_\_

### References

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_

# City of Earlham

## Previous Employment

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO

May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO

May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ From: \_\_\_\_\_  
YES NO

May we contact your previous supervisor for a reference?

## Military Service

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

## Other Skills & Qualifications

Summarize special job-related skills and qualifications:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# City of Earlham

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## Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; including a personal credit and background check.

By submitting this employment application, I acknowledge that all proceedings related to my application may be subject to the Iowa Open Meetings Law, Iowa Code Chapter 21.1 et seq.

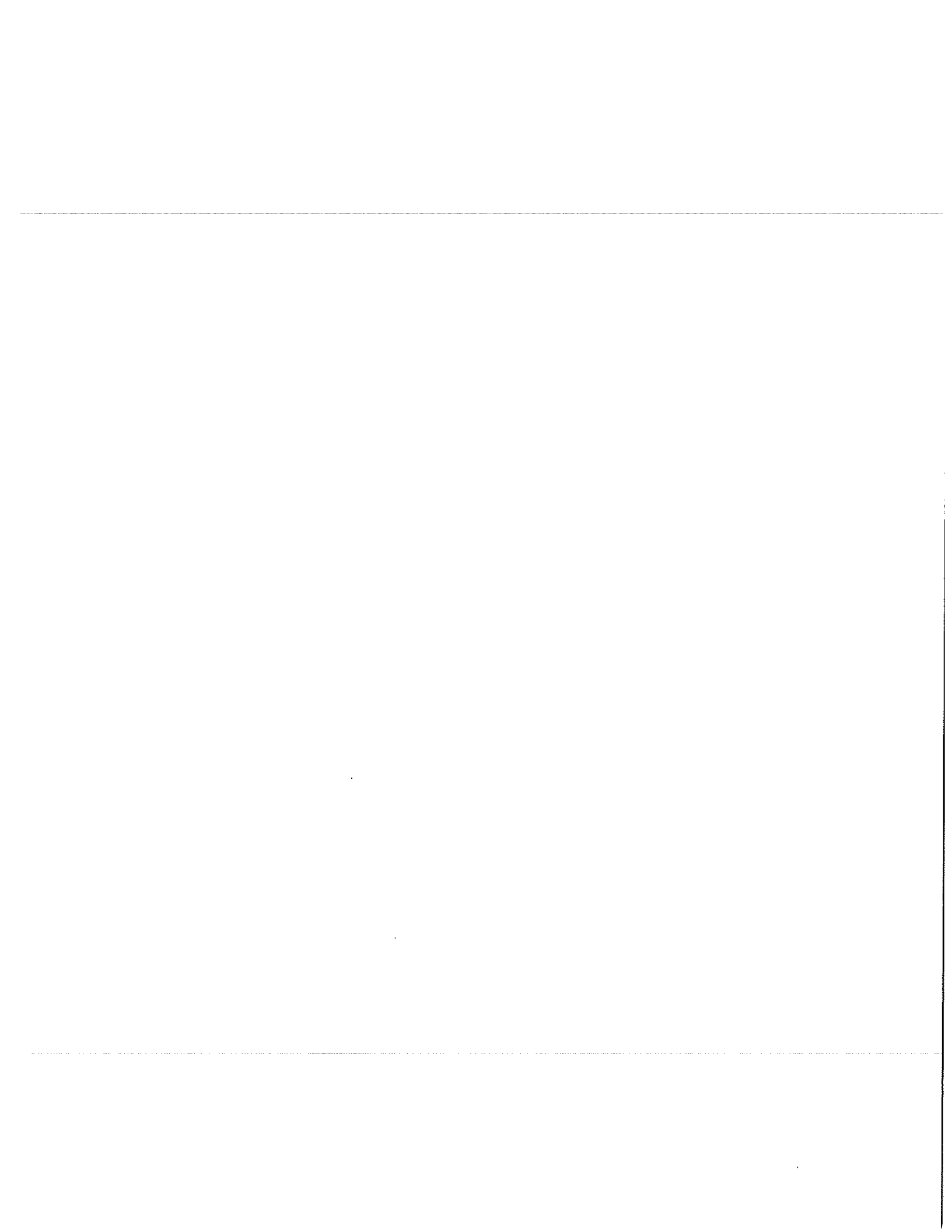
This application for employment shall be considered active for a period not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



**CITY OF EARLHAM**  
**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION**

**Print Full Name:** \_\_\_\_\_

**Employee No:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) as indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, my employer can not issue the funds to me until the funds are returned to my employer by my financial institution.

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please note that due to timing differences, new or changed direct deposits may receive one check after this form has been submitted. Please do not close account(s) without giving your payroll office two week's prior notice.

(You are not legally required to furnish the above information. This information is required if you wish to participate in the Direct Deposit Program)

**This section should be completed by your financial institution for new/additional accounts when directing funds into a savings account or into a checking account if a voided personal check is not attached. Deposit slips can NOT be used.**

**Print name of Financial Representative:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Signature of Financial Representative:** \_\_\_\_\_

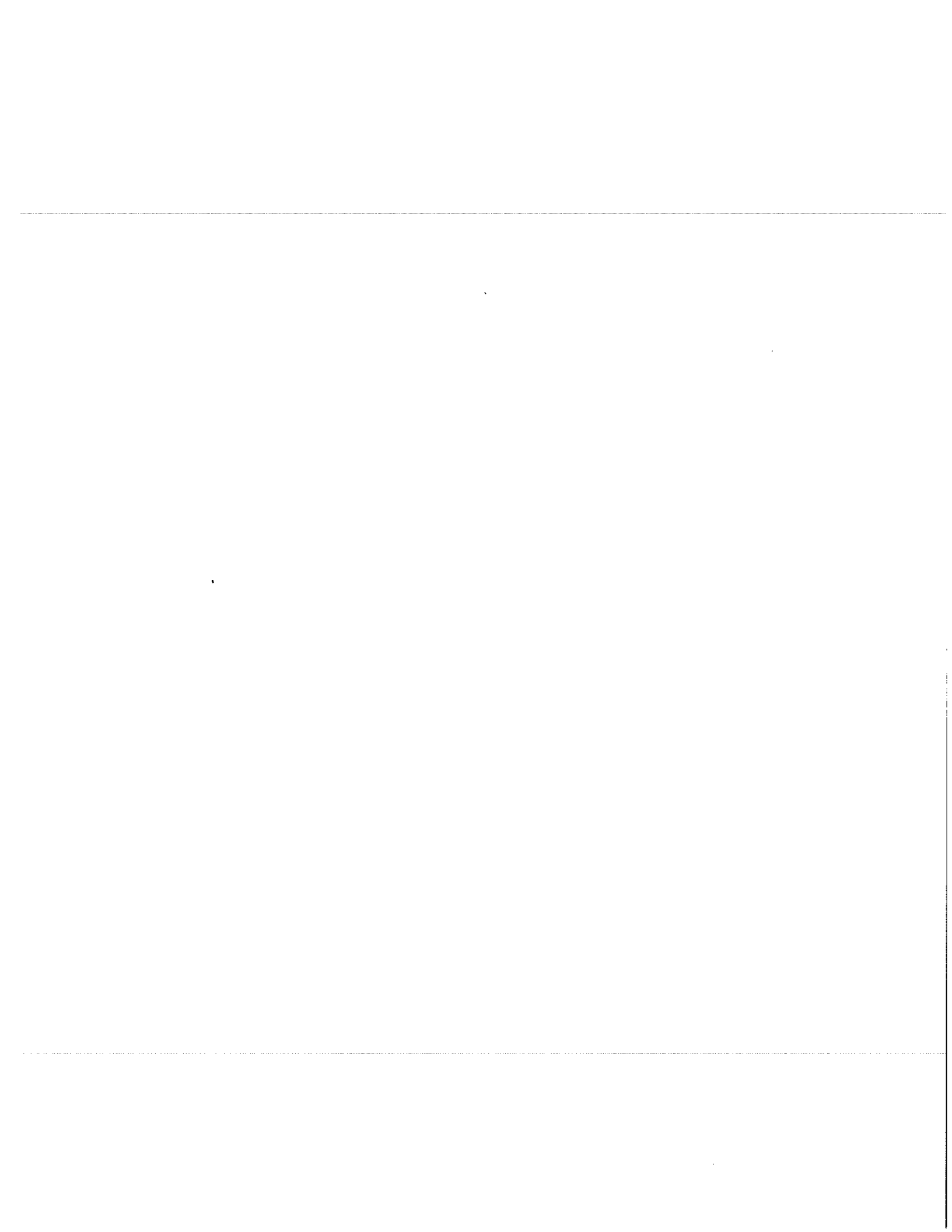
**Date:** \_\_\_\_\_

| Percent of Net or<br>Fixed Amount | Bank Name | Routing # | Account # | Checking/Savings |
|-----------------------------------|-----------|-----------|-----------|------------------|
|-----------------------------------|-----------|-----------|-----------|------------------|

**To be completed by the Payroll Clerk**

Your direct deposit will start on \_\_\_/\_\_\_/\_\_\_ pay day.

Reviewed by: \_\_\_\_\_ Date \_\_\_/\_\_\_/\_\_\_



# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.  
Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.

**2024**

|   |   |           |   |
|---|---|-----------|---|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | (a) First name and middle initial   | Last name | (b) Social security number  |
|   | Address   |           | Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|   | City or town, state, and ZIP code   |           |   |
|   | (c) <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying surviving spouse<br><input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |   |

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

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

**Multiple Jobs or Spouse Works** Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

**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

|                       |                             |                          |                                      |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>Employers Only</b> | Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

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

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

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

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

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



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

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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



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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3.
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a.
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.
c Add the amounts from lines 2a and 2b and enter the result on line 2c.
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld).

Step 4(b) - Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income.
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-".
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information.
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4.

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Table with 13 columns: Higher Paying Job Annual Taxable Wage & Salary, and 12 columns for Lower Paying Job Annual Taxable Wage & Salary ranges from \$0-9,999 to \$110,000-120,000.

Single or Married Filing Separately

Table with 13 columns: Higher Paying Job Annual Taxable Wage & Salary, and 12 columns for Lower Paying Job Annual Taxable Wage & Salary ranges from \$0-9,999 to \$110,000-120,000.

Head of Household

Table with 13 columns: Higher Paying Job Annual Taxable Wage & Salary, and 12 columns for Lower Paying Job Annual Taxable Wage & Salary ranges from \$0-9,999 to \$110,000-120,000.

Each employee must file this Iowa W-4 with their employer. Do not claim more in allowances than necessary or you will not have enough tax withheld. If the amount of allowances you are eligible to claim increases, you may file a new W-4 at any time. If the amount of allowances you are eligible to claim decreases, you must file a new W-4 within 10 days.

Penalties apply for willfully supplying false information or for willful failure to supply information. If you file as exempt from withholding and you incur an income tax liability, you may be subject to a penalty for underpayment of estimated tax.

Marital Status: Other [ ] Head of Household [ ] Married filing jointly [ ] If so, does your spouse also have earned income? Yes [ ] No [ ]

Print your full name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Home address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Exemption from withholding

If you do not expect to owe any Iowa income tax and have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here \_\_\_\_\_ and the year effective here \_\_\_\_\_.

Nonresidents may not claim this exemption.

Check this box if you are claiming an exemption from Iowa income tax as a military spouse based on the Military Spouses Residency Relief Act of 2009 or the Veterans Benefits and Transition Act of 2018 \_\_\_\_\_ [ ]

If claiming the military spouse exemption, enter your state of domicile or residence here \_\_\_\_\_

If you are not exempt, complete the following:

- 1. Personal allowances. See instructions ..... 1.\$ \_\_\_\_\_
2. Allowances for dependents. You may claim \$40 for each dependent you claim on your Iowa income tax return..... 2.\$ \_\_\_\_\_
3. Allowances for itemized deductions. See instructions..... 3.\$ \_\_\_\_\_
4. Allowances for adjustments to income. Estimate allowable adjustments to income for payments such as an IRA, Keogh, or SEP; penalty on early withdrawal of savings; and student loan interest, which are reflected on the IA 1040. Divide this amount by 15, round to the nearest whole dollar, and enter on line 4 ..... 4.\$ \_\_\_\_\_
5. Allowances for child and dependent care credit. See instructions ..... 5.\$ \_\_\_\_\_
6. Total allowances. Add lines 1 through 5..... 6.\$ \_\_\_\_\_
7. Additional amount, if any, you want deducted each pay period ..... 7.\$ \_\_\_\_\_

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this claim, and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employers: The employer must maintain records of the W-4s. If the employee is claiming exemption from withholding when wages are expected to exceed \$200 per week, complete the information below and within 90 days send a copy to: Compliance Services, Iowa Department of Revenue, PO Box 10456, Des Moines, Iowa 50306-0456.

Employer name: \_\_\_\_\_

Federal Employer Identification Number (FEIN): \_\_\_\_\_

Employer address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Questions about Iowa taxes: Call Taxpayer Services at 515-281-3114 or 800-367-3388 or email idr@iowa.gov.

# IA W-4 Instructions – Employee Withholding Allowance Certificate

## Exemption from withholding

Nonresidents may not claim this exemption.

Claim exemption from withholding if you are an Iowa resident and both of the following situations apply:

(1) for 2023 you had a right to a refund of all Iowa income tax withheld because you had no tax liability, and, (2) for 2024 you expect a refund of all Iowa income tax withheld because you expect to have no tax liability.

You must complete a new W-4 within 10 days from the day you anticipate you will incur an Iowa income tax liability for the calendar year (or your fiscal year). If you anticipate you will incur an Iowa income tax liability for the following year, then you must complete a new W-4 on or before December 31 of the current year. If you want to claim an exemption from withholding next year, you must file a new W-4 with your employer on or before February 15.

**Taxpayers 64 years of age or younger:** See your payroll officer to determine how much you expect to earn in a calendar year. You are exempt if:

- your filing status is single, your total income is less than \$5,000, and are claimed as a dependent on another person's Iowa return; or
- your filing status is single, your total income is less than \$9,000, and you are not claimed as a dependent on another person's Iowa return; or
- your filing status is other than single and your combined total income is \$13,500 or less.

**Taxpayers 65 years of age or older:** Only one spouse must be 65 or older to qualify for the exemption. Any federal standard or itemized deduction taken on the federal return, personal exemption allowed for federal purposes, or qualified business income deduction allowed for federal purposes, must be added to total income for purposes of determining the low-income exemption. You are exempt if:

- you are single and your total income is \$24,000 or less; or
- your filing status is other than single and your combined total income is \$32,000 or less.

Military personnel in active duty status, as defined in Title 10 of the U.S. Code, are exempt from withholding. Under the Military Spouses Residency Relief Act of 2009 and the Veterans Benefits and Transition Act of 2018, you may be exempt from Iowa income tax on your wages if: (1) your spouse is a member of the uniformed services present in Iowa in compliance with military orders; (2) you are present in Iowa solely to be with your spouse; and (3) you maintain your domicile or residence in another state; or (4) you have elected to use your servicemember spouse's domicile or residence in another state for income tax purposes. If you claim this exemption, check the appropriate box, enter the state other than Iowa you are claiming as your state of domicile or residence, and attach a copy of your spousal military identification card to the IA W-4 provided to your employer.

**Line 1. Personal allowances:** You can claim the following personal allowances:

- \$40 allowance for yourself or \$80 allowance if you are unmarried and eligible to claim head of household status. Add \$20 additional allowance if you are 65 or older, and \$20 additional allowance if you are blind.
- If you are married and your spouse either does not work or is not claiming allowances on a separate W-4, you may claim the following allowances for them: \$40 for your spouse, \$20 additional allowance if your spouse is 65 or older, and \$20 additional allowance if your spouse is blind.
- If you are single and hold more than one job, you may not claim the same allowances with more than one employer at the same time. If you are married and both you and your spouse are employed, you may not both claim the same allowances with both of your employers at the same time.
- To have the highest amount of tax withheld claim "\$0" on line 1.

**Line 3. Allowances for itemized deductions:**

- Enter total amount of estimated federal itemized deductions ..... (a) \$ \_\_\_\_\_
- Enter amount of your federal standard deduction using the following information ..... (b) \$ \_\_\_\_\_  
If single or married filing separate returns, enter \$14,600  
If unmarried head of household, enter \$21,900  
If married filing a joint return or qualifying widow(er), enter \$29,200
- Subtract line (b) from line (a) and enter the difference or zero, whichever is greater ..... (c) \$ \_\_\_\_\_
- Divide the amount on line (c) by 15, round to the nearest whole dollar and enter on line 3.

Note: If you are married and both you and your spouse are employed, you may not both claim the same allowances for itemized deductions. Each spouse should report their proportionate share of the estimated federal itemized deductions on line 3(a) and use the single federal standard deduction amount on line 3(b).

**Line 5. Allowances for child and dependent care credit:** Persons having child/dependent care expenses qualifying for the federal and Iowa child and dependent care credit may claim additional Iowa withholding allowance amounts based on their total incomes. Taxpayers with a total income of \$90,000 or more cannot claim withholding allowances for the child and dependent care credit. Married persons, regardless of their expected filing status, must calculate their withholding allowance amounts based on their combined total incomes. Total allowances for child and dependent care that you and your spouse may claim cannot exceed the total allowances shown below.

- Iowa total income between \$0 - \$19,999 Allowances: \$200
- Iowa total income between \$20,000 - \$34,999 Allowances: \$160
- Iowa total income between \$35,000 - \$44,999 Allowances: \$120
- Iowa total income between \$45,000 - \$89,999 Allowances: \$40

**Line 7. Additional amount of withholding deducted:** You may need to have additional tax withheld if you have two or more jobs are married and you both work, or have income other than wages. Income other than wages would include: interest and dividends, capital gains, rent, gambling winnings, etc. If you are not having enough tax withheld, you may request your employer to withhold more by filling in an additional amount on line 7. Estimate the amount you will be under-withheld, and divide that amount by the number of pay periods per year. If you reside in a school district that imposes school district surtax, consider reducing the amount of allowances shown on lines 1-5, or have additional tax withheld on line 7.

**New Hire Reporting**

An employer doing business in Iowa is required to report newly hired employees, rehires, and contractors to the Centralized Employee Registry. Use one of the following methods to report.

**Online Reporting-** Online reporting saves time and money and is the preferred method of reporting. Enter employee information or upload data at [iowachildsupport.gov](http://iowachildsupport.gov).

**Fax and Mail Reporting-** To report new hires and rehires, submit the following form or an equivalent form. To report contractors by fax or mail, use the Contractor Reporting form found at [iowachildsupport.gov](http://iowachildsupport.gov).

**Magnetic Media-** Record layout instructions and media types are available at [iowachildsupport.gov](http://iowachildsupport.gov).

**Employer Information**

1. Federal Employer Identification Number (FEIN): .....
2. Employer name: \_\_\_\_\_
3. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_
4. Employer contact and phone number: \_\_\_\_\_
5. Income provider name and address where income withholding and garnishment orders should be sent, if different from above.  
Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Employee Information**

6. Is dependent health care coverage available? ..... Yes  No
7. Approximate date this employee qualifies for coverage (MM/DD/YYYY):.....
8. Employee start date (MM/DD/YYYY):.....
9. Employee date of birth (MM/DD/YYYY):.....
10. Employee Social Security Number: .....
11. Last name: \_\_\_\_\_ First name: \_\_\_\_\_ Middle initial: \_\_\_\_\_
12. Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Mailing and contact information:**

Fax to: 800-759-5881 or 515-281-3749 (local)  
Phone: 877-274-2580

Mail to: Centralized Employee Registry  
PO Box 10322  
Des Moines, IA 50306-0322

## Centralized Employee Registry Reporting Form

### Employer Reporting Requirements

Federal and state law (42 U.S. Code § 653a and Iowa Code chapter 252G) requires that an employer doing business in Iowa who hires or rehires an employee or contractor to report the hire within 15 days of the start date. All items on this form must be completed.

Use one of the listed methods to report your new hires. Please include your FEIN. Fax this form (page 44-019c) to 800-759-5881 or mail it to Centralized Employee Registry, PO Box 10322, Des Moines, IA 50306-0322. If you have questions about employer reporting requirements, call the Employers Partnering in Child Support (EPICS) Unit at 877-274-2580.

Multistate employers have two reporting options: to report newly hired employees in the states in which they are working, or alternatively, to identify one state where all hires will be reported. If you choose to report to one state, your new hire reports must be submitted electronically or by magnetic media, and you must register to identify the state you will report to. To register, visit [ocsp.acf.hhs.gov](http://ocsp.acf.hhs.gov).

### Employer Information

1. **Federal Employer Identification Number (FEIN).** Provide the same 9-digit FEIN used on your quarterly wage reports, plus the 3-digit suffix used when filing Iowa withholding tax. For a business with only one location, the default suffix is 000.
2. **Employer name.** Provide the trade name or doing business as (DBA) name, if applicable, rather than the legal name of the employer.
3. **Employer address.** Include any applicable post office box, unit number, etc.
4. **Employer contact and phone number (optional).** Include any applicable phone and extension.
5. **Income Provider name and address for income withholding orders or garnishment, if different from the employer address above.** This may be the legal name of the business or other entity that handles withholding and garnishment. This information is needed for income withholding and garnishment purposes.

### Employee Information

6. **Is dependent health care coverage available?** This question does not relate to insurability of employee's dependents. Mark yes if the employer or union offers coverage.
7. **Approximate date this employee qualifies for coverage.** Example: Is dependent insurance coverage offered upon hire or after six months of employment? This question does not relate to insurability of employee's dependents. Enter in month, day, and year format.
8. **Employee start date.** Indicate the first day for which the employee is owed compensation. For a rehire, list the return date. Enter in month, day, and year format. (Required by 42 U.S. Code § 653a)
9. **Employee date of birth.** Enter in month, day, and year format.
10. **Employee Social Security Number (SSN).** SSN is required for all individuals, including minors.
11. **Employee name.** Provide the employee's full name including middle initial.
12. **Employee address.** Provide the employee's current home address.



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No. 1615-0047

Expires 07/31/2026

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

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

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

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

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

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

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

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

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

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity   | AND | LIST C<br>Documents that Establish Employment Authorization  |
|---|----|---|-----|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol> |
| <p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>  |    |   |     |  |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>  | OR | <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>  | AND | <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>   |

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





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

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

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

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from Section 1. | First Name ( <i>Given Name</i> ) from Section 1. | Middle Initial (if any) from Section 1. |
|--|--|---|

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

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

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

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

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

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

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

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



# Supplement B, Reverification and Rehire (formerly Section 3)

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

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

|   |   |   |
|---|---|---|
| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|---|---|---|

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

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

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

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



# Beneficiary Designation

Please print in blue or black ink.

Instead of using this form, you can designate your beneficiary online (by logging in to My Account on [www.ipers.org](http://www.ipers.org)) if you are unmarried, or if you are married and designate your spouse as your sole primary beneficiary.

## Section 1: Member Information

Social Security number: \_\_\_\_\_ Date of birth (mm/dd/yyyy): \_\_\_\_\_ Male  Female

First name: \_\_\_\_\_ MI: \_\_\_\_\_ Last name: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address (home): \_\_\_\_\_ Married  Single  Divorced  Widowed

## Section 2: Beneficiary Designation - Do not erase or change this section. All information is required for each beneficiary.

Any benefits payable by IPERS at my death will be paid EQUALLY to the following primary beneficiary(ies) who survive me.

|         | Beneficiary Name | Relationship to You | Sex (M/F) | Date of Birth (mm/dd/yyyy) |
|---------|------------------|---------------------|-----------|----------------------------|
| PRIMARY |                  |                     |           |                            |
|         |                  |                     |           |                            |
|         |                  |                     |           |                            |
|         |                  |                     |           |                            |
|         |                  |                     |           |                            |

If ALL the primary beneficiaries die before I die, any benefits payable by IPERS at my death will be paid EQUALLY to the following secondary beneficiary(ies) who survive me.

|           | Beneficiary Name | Relationship to You | Sex (M/F) | Date of Birth (mm/dd/yyyy) |
|-----------|------------------|---------------------|-----------|----------------------------|
| SECONDARY |                  |                     |           |                            |
|           |                  |                     |           |                            |
|           |                  |                     |           |                            |
|           |                  |                     |           |                            |
|           |                  |                     |           |                            |

## Section 3: Member's Signature

Signature of member: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness (Beneficiary may not act as witness.): \_\_\_\_\_

## Section 4: Spouse's Signature

Spouse's signature is required if you are married and you have not named your spouse as your sole primary beneficiary. If your spouse cannot be located, please contact IPERS for further instructions. As the spouse of the above-named IPERS member, I hereby consent to this beneficiary designation.

Signature of member's spouse: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of witness (Beneficiary may not act as witness.): \_\_\_\_\_

## Beneficiary Designation

Read all instructions carefully. Forms not properly completed will not be accepted by IPERS.

Instead of using this form, you can designate your beneficiary online, by logging in to My Account on [www.ipers.org](http://www.ipers.org). Online designations are accepted if you are single, or if you are married and designate your spouse as your sole primary beneficiary.

**Equal shares.** If you name two or more people as beneficiaries at one level (primary or secondary), IPERS will pay the same amount to those beneficiaries at your death.

**Who is eligible to be a beneficiary.** Any person (related to you or not), church, charity, or estate may be designated as a primary or secondary beneficiary. If you designate your estate as beneficiary, your benefits will be paid according to your testamentary will or according to state laws for intestate distribution. You may *not* designate a commercial entity, such as a funeral home, as your beneficiary.

**Naming beneficiaries (primary and secondary).** If you need more space to name your beneficiaries, complete and submit extra *Enrollment/Beneficiary Designation* forms and clearly mark them as *page 1 of 2*, etc. You, your spouse (if applicable), and a disinterested witness must sign and date each page. You are not required to designate secondary beneficiaries.

**Naming an estate as beneficiary.** You may name your estate as either primary or secondary beneficiary by writing *My estate* under Beneficiary Name. If you name your estate as a primary beneficiary, you cannot name a secondary beneficiary.

Example: Estate as beneficiary

| Beneficiary Name | Relationship to You | Sex (M/F) | Date of Birth (mm/dd/yyyy) |
|------------------|---------------------|-----------|----------------------------|
| <i>My estate</i> |                     |           |                            |

**Naming a trust or trustee as beneficiary.** You may name a living trust or a testamentary trust as a primary or secondary beneficiary. For a **living trust**, you must include: 1) the specific name of the trust, 2) the date the trust was created, 3) the name of the trustee followed by the word *trustee*, and 4) the trustee's address. We recommend you include a successor trustee in your designation of a living trust. At your death, the successor trustee will be contacted about the death benefits payable.

For a **testamentary trust**, you must include: 1) the specific name of the trust followed by the words *created under my last will and testament*, 2) the name of the trustee followed by the word *trustee*, and 3) the trustee's address.

Example: Living trust as beneficiary

| Beneficiary Name   | Relationship to You | Sex (M/F) | Date of Birth (mm/dd/yyyy) |
|--|---------------------|-----------|----------------------------|
| <i>The living trust of Jane J. Smith 01/01/2000</i>                      |                     |           |                            |
| <i>Jane J. Smith, trustee, 123 Main St., Anytown, WI 53001</i>           |                     |           |                            |
| <i>Albert J. Doe, successor trustee, 123 Main St., Anytown, WI 53001</i> |                     |           |                            |

Example: Testamentary trust as beneficiary

| Beneficiary Name   | Relationship to You | Sex (M/F) | Date of Birth (mm/dd/yyyy) |
|--|---------------------|-----------|----------------------------|
| <i>John L. Doe Trust, created under my last will and testament. Sue J. Smith, trustee, 123 Main St., Anytown, WI 53001</i> |                     |           |                            |

Naming a charity as beneficiary.

| Beneficiary Name                             | Relationship to You | Sex (M/F) | Date of Birth (mm/dd/yyyy) |
|--|---------------------|-----------|----------------------------|
| <i>Juvenile Diabetes Research Foundation</i> |                     |           |                            |
| <i>5444 NW 96th St.</i>                      |                     |           |                            |
| <i>Des Moines, IA 50000</i>                  |                     |           |                            |

### Remember when completing this form

Once your completed *Beneficiary Designation* form is received and approved by IPERS, it remains in effect until you file a new form or until no further benefits are payable.

**No beneficiary on file.** If you die and have not designated a beneficiary, your estate may become your beneficiary.

**Changing your designation.** You may change your beneficiary designation at any time before you begin receiving IPERS benefits by completing and filing a new form. New beneficiary forms filed will cancel all previous designations. Therefore, if you want to *add* or *delete* a beneficiary, for example a new child, you must include on the new form all beneficiaries you wish to designate.

**Retired reemployed members.** This designation will also change your retirement beneficiary, unless you retired under Option 4 or 6 (Joint and Survivor Annuity), for which certain exceptions apply.

**IPERS QDRO on file.** If you have an IPERS QDRO that names beneficiary(ies) for pre- or post-retirement death benefits, the QDRO beneficiary(ies) will receive the ordered share of death benefits, first. Any remainder *may* be payable to additional primary or secondary beneficiaries designated on this form.

**Other legal orders.** Other court orders or assignments of record (for example: tax levy, child support, etc.) may also affect payments to your other named beneficiaries.