

Please complete all forms using **black or blue ink** only.

Step 1: Complete the W4 form

- The Internal Revenue Service requires this form.
- Complete Step 1 and Step 5 of the form highlighted in **yellow**. Those are the **ONLY** areas that need completed.
- Verify your **local U.S. address** (28 N. College St., Carlisle, PA 17013).
- Verify that there is a check mark in Section 1 (c) designating "**Single or Married Filing Separately.**"
- Skip to Step 5
- Sign and date the form with the date you are completing the form.
- DO NOTHING ELSE ON THIS FORM. THIS FORM IS COMPLETE.

Employee's Withholding Certificate

OMB No. 1545-0074

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.

2025**Step 1:**
Enter
Personal
Information

(a) First name and middle initial

Last name

(b) Social security number

Address

28 North College St.

City or town, state, and ZIP code

Carlisle, PA 17007

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.(c) ☒ Single or Married filing separately

Non Resident Aliens are limited to Single or Married Filing Separately

☐ Married filing jointly or Qualifying surviving spouse☐ 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.)

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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

Step 2:
Multiple Jobs
or Spouse
WorksNon-Resident
Aliens
DO NOT
Complete
Steps 2-4

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

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

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

Step 3:**Claim**
Dependent
and Other
Credits

DO NOT COMPLETE

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$

Multiply the number of other dependents by \$500 \$

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$**Step 4**
(optional):**Other**
Adjustments

DO NOT COMPLETE

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income**4(a)** \$(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here**4(b)** \$(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period****4(c)** \$**Step 5:****Sign**
Here

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

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

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

Please complete all forms using **black or blue ink** only.

Step 2: Complete Residency Certification form

Residency Certification (COR) Form:

- Please verify your **local US address**.
- Complete all sections of the form highlighted in **yellow**. Those are the ONLY areas that need completed.
- Sign and date the form with the date you are completing the form.
- DO NOTHING ELSE ON THIS FORM. THIS FORM IS COMPLETE.



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change. Use the Address Search Application at www.newPA.com/Act32 to determine PSD codes, EIT rates and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		WORK LOCATION NON-RESIDENT EIT RATE	

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com/Act32

Please complete all forms using **black or blue ink** only.

Step 3: Complete the EXEMPTION CERTIFICATE FROM LOCAL SERVICES TAX (LST) form:

- This form gets completed online using the link below.
(***Please note:*** You must be logged into the Dickinson Gateway to complete this form.)
- Please use your **local US address. (28 N. College St., Carlisle, PA 17013)**
- Complete this form online: <https://www.dickinson.edu/xfp/form/350>
(***Please note:*** You must be logged into the Dickinson Gateway to complete this form.)

Please complete all forms using **black or blue ink** only.

Step 4: Complete the Direct Deposit Form:

- To be paid, Direct Deposit is required.
- Enter your name.
- Enter your Banner/Student ID# (this number begins with 900XXXXXX and is on your Dickinson Student ID Card)
- Sign and Date the form at the bottom.
- Take this form with you when you go to sign up for a new bank account. Give this form to the person assisting you in opening the account. They will either complete the Bank Information for you, or provide you with a Direct Deposit print out.

DIRECT DEPOSIT AUTHORIZATION For Payroll and Employee Expense Reimbursements

Name: _____

Banner ID: _____

Election for direct deposit requires full net pay to be distributed between the checking and savings accounts listed below. All direct deposit information will be verified with your bank before becoming active. You will receive paper checks until your accounts become active, which may take one or more pay periods. The primary account will also be used for direct deposit of employee expense reimbursements. Please attach a voided check or deposit slip for each account listed below and return all information to the Payroll Office on the 3rd floor of Old West.

Primary Account — For Payroll and Employee Expense Reimbursements

Financial Institution Name, Address and Phone Number:	Net payroll, after the partial deposits listed below, will be deposited to this account. This account will also receive all employee expense reimbursements.
Account Number:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Transit/Routing Number (9 digits):	Action to be Taken: <input checked="" type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change

Secondary Account #1 — Optional partial deposit for Payroll only

Financial Institution Name, Address and Phone Number:	Dollar Amount to be Deposited:
Account Number:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Transit/Routing Number (9 digits):	Action to be Taken: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change

Secondary Account #2 — Optional partial deposit for Payroll only

Financial Institution Name, Address and Phone Number:	Dollar Amount to be Deposited:
Account Number:	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Transit/Routing Number (9 digits):	Action to be Taken: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change

Authorization:

I hereby authorize Dickinson College (the "College") to initiate direct deposit into the account(s) and financial institution(s) listed above. Payroll direct deposits and direct deposits of employee expense reimbursements will be made to the accounts listed above until I choose to terminate or change this agreement by submission of a new Direct Deposit Authorization form, allowing a reasonable amount of time for the College to process such change. Furthermore, I understand that termination of employment with the College shall constitute sufficient authorization to terminate this agreement.

Should funds be erroneously deposited into my account(s), I authorize the College to debit my account(s) for an amount not to exceed the amount of the deposit.

Employee Signature: _____ Date: _____

Step 5: Scan all the following items and **either** email them to stuemp@dickinson.edu **OR** drop them off to the front desk in the HR Services Building located at 55 N. West St.:

1. Completed W4 form
2. Completed Residency Certification Form (COR)
3. Completed Direct Deposit form (with bank information)
4. Copy of Passport (The page with your photo/Passport Number. And Expiration Date.)
5. Copy of your Form I-20 or DS-2019
6. Copy of your Form I94.
 - a. You will need to complete your Form I 94 **after** you arrive in the United States.
 - b. Obtain your I94 by going to the following website
<https://i94.cbp.dhs.gov/>.
 - c. Click on 'Get Most Recent I94' at the top of the page.
 - d. Click 'Consent and Continue' and fill out your traveler information.
 - e. After you complete the traveler information, click 'Next, your I94 will appear.

Step 6: Complete Section 1 of the Form I-9 (please follow the specific instructions below to access and complete the Form I-9 online.)

YOU WILL NEED INFORMATION FROM YOUR PASSPORT, 1-20 OR DS-2019, AND/OR YOUR FORM I-94 TO COMPLETE SECTION 1 OF THIS FORM.

PLEASE NOTE THAT THIS FORM WILL BE COMPLETED ONLINE. YOU WILL RECEIVE A SEPARATE EMAIL FROM DickinsonCollegeOnboardingRedCarpetMailer@silkroad.com.

SUBJECT: Dickinson College Onboarding -Important Employment Information

Welcome XXX,

We have received notification of your appointment as a Dickinson College Student Employee.

We would like to introduce you to Dickinson's secure onboarding portal. Please note your login information (username & password) for future reference, then proceed to our Onboarding Portal by clicking the link provided.

Your first task is now available. Please login below to complete this task.

Username:XXX.XXX

Password:xxxxxx

Click [Form I-9 Only](#) to proceed.

After you click the link and Login, the following screen will appear:

Dickinson

HOME ABOUT US ORIENTATION ANNOUNCEMENTS DOCUMENT LIBRARY QUESTIONS TASK LIST Logout

Home

Message From Our President

Values

Our Culture

Why work for us?

Dickinson's Mission

Human Resource Services Mission


Task List

Completed 0 of 2

25 JUL 2019

Complete I9 Form (section 1)

Document



Congratulations and welcome Heather!

Welcome to Dickinson College!

As a new employee, you are now a member of our diverse community with renowned faculty and staff, inspired students, exceptional cultural programs, and successful athletic programs.

This section of our website is designed to help you navigate our campus and acclimate yourself to your new environment. We feel strongly that the more you know about Dickinson College, the more you will benefit from being a part of our community.

We are here to help if you have questions regarding the college. Please contact us at hrservices@dickinson.edu or call our office 717-245-1503. Dickinson student employees should contact Heather Dunn at dunnh@dickinson.edu or call her office at 717-254-8949.

We are pleased that you have chosen to be a part of Dickinson College and look forward to your contributions to its success.

Again Welcome and Best Wishes!

Click the link for Complete I9 Form (Section 1) under 'Task List'

The following screen will appear. Please scroll down until you see the button for 'Form I-9' Click the 'Form I-9 button.

Task: Complete I9 Form (section 1)
For: Heather Dunn / Form I-9 Only

Dickinson College participates in E-Verify

Newly hired employees must complete and sign Section 1 of **the Form I9** no later than the first day of employment.

Provide/verify the following information to complete Section 1:

- Name - provide your full legal last name, first name and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.
- Other names used - provide all other names used, if any (including maiden name). If you have no other legal names, write "N/A".
- Address - Please use your **home/permanent residence** (home address). Do not provide a post office box (PO Box).
- Date of Birth - provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950 should be written as 01/23/1950.
- US Social Security Number - provide your 9-digit social security number. If you do not have a Social Security Number, please leave it blank. Providing your social security number is voluntary.
- Email Address and Telephone Number (optional) - you may provide your email address and telephone number. If you choose not to provide your email address and phone number please write "N/A".

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes on the form: **If you are currently studying at Dickinson and are here on a F1 or J1 VISA, please select Box #4 designating 'Alien Authorized to Work'.**

1. A citizen of the United States
2. A non citizen national of the United States - non citizen national of the US are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of non citizen national born abroad.
3. A lawful permanent resident - a lawful permanent resident is any person who is not a US citizen and who resides in the US under legally recognized and lawfully recorded permanent residence as an immigrant.
4. An alien authorized to work - if you are not a citizen or national of the US or a lawful permanent resident, but are authorized to work in the US, check this box. If you check the box, record the date that your employment expires and enter the required information. (ie. **Alien Registration Number, Form I94 Admission Number, OR Foreign Passport Number and Country of Issuance.**
1. This employment expiration date refers to the program end date listed on your Form I-20 or DS-2019.

Sign your name in the signature box and record the date you completed and signed Section 1.

To fully complete this form, employees MUST present the Student Employment office with documentation, in person, that establishes your identity and employment authorization. Documentation must be brought in no later than the third day after beginning employment, although you may present the required documentation before this date. In order to complete this form, employees must bring the proper document(s) to the Student Employment Office located in the HR Services Building located at 55 N. West St.

For the Form I-9, you must present original, unexpired documents for employment verification. This is a Federal requirement.

- For Your Form I-9 you must provide proof of your identify and employment eligibility for Section 2 of the form. The documents that you present must be physically examined in order for that section to be completed. Please refer to the list of acceptable documents contained in the form that you may use for Section 2. You may present **either** (1) document from List A **or** if a List A document is not available, you may present (1) document from List B **AND** (1) document from List C. These documents must be original, unexpired documents (no photos/copies/scans/faxes).

The Student employment Office is located in the HR Services Building located at 55 N. West St.

Form I-9

Status: Incomplete
Due Date: 7/25/2019
Assigned To: Heather Dunn

You must use the 'Save & Complete Task' task.

Complete the form as follows:

- Please use your **local US Address.**
- Complete all fields in Section 1 of the form.
- Name - provide your full legal last name, first name and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any. If you have no middle initial, write "N/A".
- Other names used - provide all other names used, if any (including maiden name). If you have no other legal names, write "N/A".
- Address - Please use your **Dickinson College Address (28 North College St.)**.
- Apt. Number-Write N/A
- City or Town- Write Carlisle.
- State- Select PA (Pennsylvania)
- Zip Code-Write 17013.
- Date of Birth - provide your date of birth in the mm/dd/yyyy format. For example, January 23,1950 should be written as 01/23/1950.

- US Social Security Number - provide your 9-digit social security number. **If you do not have a Social Security Number, please leave it blank, and check the box underneath the Social Security Number field 'SSN Has been Applied for.'**
- Email Address and Telephone Number (optional) - you may provide your email address and telephone number. If you choose not to provide your email address and/or phone number, please write "N/A" in one or both fields.
- Under 'I attest, under penalty of perjury, that I am (check one of the following boxes):
- Select the appropriate box. **If you are currently studying at Dickinson and are here on a F1 or J1 VISA, please select Box #4 designating 'Alien Authorized to Work'.**
 - On that same line, enter your Authorized to work until Date. That date can be found on your DS-2019 or your Form I-20
 - On the DS-2019: Your Authorized to work until date is the same as your Program End Date. It is most likely something like 05/XX/20XX.
 - On the Form I20: Your Authorized to work until date is the same as your Program End Date in Program of Study Block of the form. It is most likely something like 05/XX/20XX.
 - Below that please complete the information that is required next to #1, 2 or 3. (enter the required information. (i.e. [Alien Registration Number](#), [Form I94 Admission Number](#), OR Foreign Passport Number and Country of Issuance.)
- Sign and date the form with the date you are completing the form.
- Under your signature, please check the box for 'I did not use a preparer or translator.'
- **DO NOTHING ELSE ON THIS FORM. Please go to the bottom of the page and select the button for 'Save and Complete Task.'**
- Dickinson will complete Section 2 of this form when you are on campus. For Section 2, please upload the required documents into the onboarding portal utilizing the Document Upload section on the left side of your home page, under your Task List. In addition, you will need to bring the original documents listed below for in-person verification.
 - Passport (page with your photo)
 - Form I-20 or DS-2019
 - Form I94. You may print a copy of your Form I94 using the following link: <https://i94.cbp.dhs.gov/>.
 - You will need to complete your Form I 94 **after** you arrive in the United States. You will need to go to the following site <https://i94.cbp.dhs.gov/> and click on 'Get Most Recent I94". Then click 'Consent and Continue' and fill out your traveler information. After you complete the information, click 'Next, your I94 will appear. Please print and maintain a copy for your records.
 - **This is a Federal Requirement.** You are not permitted to start working and until your paperwork has been received.

The Student Employment Office is in the HR Services Building at 55 N. West St.

Questions regarding the completion of these forms should be directed to stuemp@dickinson.edu.