

PERSONNEL FILE CHECK OFF SHEET (January 17, 2020)

NAME _____

| | | |
|--|---|--|
| | 01. Application for Employment | |
| | 02. School Bus Criminal Records Check Authorization | |
| | 03a. W-4 Federal IRS | |
| | 03b. W-4 Minnesota DOR | |
| | 04. Authorization for Direct Deposit | |
| | 05. Minnesota New Hire Reporting Form | (www.mn-newhire.com) |
| | 06. Employment Eligibility Verification | |
| | 07. School Bus Driver Applicant Affidavit | |
| | 08. Policy Acknowledgment and Confidentiality Form | Signed Yearly at Kick-Off Meeting |
| | 09. Acknowledgment of Employee Handbook | Last Page of Guide |
| | 10. Acknowledgment of Driver Reference Guide | Last Page of Guide |
| | 11. Acknowledgment of Full Time Employee Guide | Last Page of Guide |
| | 12. Employee Wage Form | Updated Anytime Wage Changes |
| | 13. Emergency Contact Form | |
| | 14. Check of Sex Offender Database | www.nsopw.gov/en-us/search/verification |
| | 15. MN Department of Labor Wage Information Form | If Hired After July 1, 2019 |



Surpassing Your Greatest Expectations

4.0 school services

Rev 02/12/2019

Driver Employment Application

Date: _____

4.0 School Services of Tracy

Note to applicant: Please advise us in advance if you require an accommodation to complete this application.

| General Information | | | | | |
|---|------|--------|----------------|--------------------------|--|
| Last Name | | First | Middle | Date of Birth: / / | |
| Address: Street | | City | State | Zip | Required by FMCSR Part 391.21 (b) (2) How Long? |
| Phone Numbers: | | | Email address: | | SS# |
| Home | | Cell | | | Required by FMCSR Part 391.21 (b) (2) |
| List all addresses for the past 5 years | | | | | |
| Street | City | County | State | Zip | How Long? |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

| | | | | | |
|--|--|--|---|--------------------------|--|
| How were you referred to us: | | Salary Requirements: | | Date available to start: | |
| Have you ever worked for 4.0 School Services? | | Where? | | When? | |
| Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | | |
| Are you a citizen of the US? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | If not, are you legally allowed to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Have you ever pleaded guilty, no contest or been convicted of a crime? | | Yes <input type="checkbox"/> No <input type="checkbox"/> | If yes, give details: | | |

Employment History

All employment for the past 10 years must be noted below, including jobs held while in school or in the military starting with most recent.

| | | |
|---|---|---|
| Employer Name: | Dates employed:(mo/yr) From: / To: / | Salary/pay rate: Beginning: Ending: |
| Employer address: | Phone # | Supervisors name: |
| Position(s) held: | Briefly explain your job duties and responsibilities: | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | Reason for leaving: | |
| Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Was this position safety sensitive subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Employer Name: | Dates employed:(mo/yr) From: / To: / | Salary/pay rate: Beginning: Ending: |
| Employer address: | Phone # | Supervisors name: |
| Position(s) held: | Briefly explain your job duties and responsibilities: | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | Reason for leaving: | |
| Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| Was this position safety sensitive subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |

Employment History (continued)

| | | |
|---|---|--|
| Employer Name: | Dates employed:(mo/yr) From: / To: / | Salary/pay rate: Beginning: Ending: |
| Employer address: | Phone # | Supervisors name: |
| Position(s) held: | Briefly explain your job duties and responsibilities: | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | Reason for leaving: | |

Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)? Yes ☐ No ☐Was this position safety sensitive subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ☐ No ☐

| | | |
|---|---|--|
| Employer Name: | Dates employed:(mo/yr) From: / To: / | Salary/pay rate: Beginning: Ending: |
| Employer address: | Phone # | Supervisors name: |
| Position(s) held: | Briefly explain your job duties and responsibilities: | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | Reason for leaving: | |

Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)? Yes ☐ No ☐Was this position safety sensitive subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ☐ No ☐

| | | |
|---|---|--|
| Employer Name: | Dates employed:(mo/yr) From: / To: / | Salary/pay rate: Beginning: Ending: |
| Employer address: | Phone # | Supervisors name: |
| Position(s) held: | Briefly explain your job duties and responsibilities: | |
| May we contact this employer? Yes <input type="checkbox"/> No <input type="checkbox"/> | Reason for leaving: | |

Was this position covered under the Federal Motor Carrier Safety Regulations (FMCSR)? Yes ☐ No ☐Was this position safety sensitive subject to drug and alcohol testing requirements of 49 CFR Part 40? Yes ☐ No ☐**License Information**

List all drivers licenses or permits held in the past 3 years.

| State | License # | Type | Expiration Date |
|-------|-----------|------|-----------------|
| | | | |
| | | | |
| | | | |

1. Have you ever been denied a license, permit or privilege to operate a motor vehicle?

Yes ☐ No ☐

2. Has any license, permit or privilege ever been suspended or revoked?

Yes ☐ No ☐

If "yes" to any of the above, explain:

Driving Experience

| | Class of Equipment | Type of equipment (van, tank, flat, etc.) | Dates | | Approximate number of miles |
|-----------------|--------------------|---|-------|----|-----------------------------|
| | | | From | To | |
| Auto or Van | | | | | |
| Straight Truck | | | | | |
| Bus/Motor coach | | | | | |
| Tractor Trailer | | | | | |

List all states where you have held a CDL in the last five years:

List special driving courses or training you have received:

How many years of driving experience do you have? ☐ Less than 3 years ☐ 3 years or more

| Accident Record for past 3 years | | | | |
|----------------------------------|------|--------------------|------------|--------------------------------|
| | Date | Nature of accident | Fatalities | Injuries (other than yourself) |
| Last Accident | | | | |
| Next previous | | | | |
| Next previous | | | | |

| Traffic Convictions and Forfeitures for the past 3 years (other than parking violations) If none, write none. | | | |
|---|------|--------|---------|
| Location | Date | Charge | Penalty |
| | | | |
| | | | |
| | | | |
| | | | |

| Applicants Statement and Release | |
|----------------------------------|--|
|----------------------------------|--|

I authorize 4.0 School Services to make investigations and inquiries of my personal, employment , educational, financial and other related matters as may be necessary for an employment decision. I hereby release employers, schools or individuals from all liability when responding to inquiries with my application.

I understand that information I provide regarding current and previous employers may be used, and that those employers will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23 (d) and (e). I understand that I have the right to:

1. Review information provided by previous employers;
2. Have errors in the information corrected by previous employers and for those previous employers to resend the corrected information to the prospective employer; and
3. Have a rebuttal statement attached to the alleged erroneous information, if the previous employers and I cannot agree on the accuracy of the information.

THIS APPLICATION IS NOT INTENDED TO CREATE A CONTRACT BETWEEN 4 POINT 0 SCHOOL SERVICES, AND/OR THE BUS SERVICE LISTED ABOVE, AND ANY APPLICANT. ANY EMPLOYMENT WITH THE COMPANY IS EMPLOYMENT AT WILL AND CAN BE TERMINATED AT ANY TIME, WITH OR WITHOUT NOTICE, FOR ANY LAWFUL REASON.

I acknowledge that any offer of employment is conditioned upon my taking a pre-employment drug test, receipt of satisfactory results of such a test, receipt of satisfactory background checks and passing the DOT physical.

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. In the event I am employed, I understand that false or misleading information given on my application or interview may result in discharge at any time.

Applicants signature _____

Date _____



STATE OF MINNESOTA
MINNESOTA DEPARTMENT OF PUBLIC SAFETY

SCHOOL BUS CRIMINAL RECORDS CHECK AUTHORIZATION

Before issuing a school bus endorsement, the Commissioner of Public Safety is required to conduct a criminal records check of the applicant (Minnesota Statutes, § 171.321, Subd. 3). The criminal records check will be conducted by the Minnesota Bureau of Criminal Apprehension (BCA).

If you have resided in Minnesota for less than five years, the check will also include a national criminal records check conducted by the FBI. The criminal records check by the FBI will take additional time, which could delay the application process. You must contact the Department of Public Safety to obtain the procedures to begin the FBI national criminal records check and the current price for the check. There is no additional fee associated with the BCA check; however, there is an additional fee to conduct the FBI check.

The Department of Public Safety will notify you in writing of the results of the criminal records check(s). The Department will use the criminal background criteria set forth in Minnesota Statutes, §171.3215, when issuing or denying an application for a school bus driver's endorsement. The results of the criminal records check will not be released to anyone but the Department of Public Safety and you. The failure to cooperate with the department in conducting the criminal records check is reasonable cause to deny your application.

If you have any questions please call (651) 297-5029, or TDD (651) 282-6555 or write to:
Department of Public Safety, Commercial Driver License Unit, 445 Minnesota St., Suite 180, St. Paul, MN 55101-5180.

Please email this form to: dvs.sb.pre-app@state.mn.us

Or, fax to: (651) 282-2110 or mail to the above address

"I, the applicant, authorize the Department of Public Safety to conduct a check of my criminal history as required by Minnesota Statutes, §171.321, Subd. 3."

APPLICANT

PROSPECTIVE EMPLOYER

Applicant's Full Name (please print or type)

Applicant's Maiden Name, Previous Name(s) Used

Applicant's Street Address

Applicant's City, State, Zip code

Applicant's Driver's License Number

Applicant's Date of Birth

Applicant's Signature

Tracy Bus Service

Name of Prospective Employer

525 South Fourth Street

Prospective Employer's Street Address

Tracy, MN 56175

Prospective Employer's City, State, Zip code

John Brandt

Contact Person of Prospective Employer

(507) 629-5526

Contact Person's Phone Number

Authorized Signature of Prospective Employer

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.**

2020**Step 1:
Enter
Personal
Information**

| | | |
|--|-----------|---|
| (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 www.ssa.gov . |
| City or town, state, and ZIP code | | |
| (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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, when to use the online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

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 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: Claim Dependents | If your 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 and enter the total here | 3 | \$ |
| Step 4 (optional): Other Adjustments | (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
employment

Employer identification
number (EIN)

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
4. 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.

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 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 **1** \$ _____
- 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 **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 **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **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. **3** _____
- 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) **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: $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$ **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.

Married Filing Jointly or Qualifying Widow(er)

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$220 | \$850 | \$900 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,210 | \$1,870 | \$1,870 |
| \$10,000 - 19,999 | 220 | 1,220 | 1,900 | 2,100 | 2,220 | 2,220 | 2,220 | 2,220 | 2,410 | 3,410 | 4,070 | 4,070 |
| \$20,000 - 29,999 | 850 | 1,900 | 2,730 | 2,930 | 3,050 | 3,050 | 3,050 | 3,240 | 4,240 | 5,240 | 5,900 | 5,900 |
| \$30,000 - 39,999 | 900 | 2,100 | 2,930 | 3,130 | 3,250 | 3,250 | 3,440 | 4,440 | 5,440 | 6,440 | 7,100 | 7,100 |
| \$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 |
| \$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 |
| \$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 |
| \$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 |
| \$80,000 - 99,999 | 1,060 | 3,260 | 5,090 | 6,290 | 7,420 | 8,420 | 9,420 | 10,420 | 11,420 | 12,420 | 13,260 | 13,460 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 5,900 | 7,100 | 8,220 | 9,320 | 10,520 | 11,720 | 12,920 | 14,120 | 14,980 | 15,180 |
| \$150,000 - 239,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,390 | 11,590 | 12,790 | 13,990 | 15,190 | 16,050 | 16,250 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,390 | 11,590 | 12,790 | 13,990 | 15,520 | 17,170 | 18,170 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,390 | 11,590 | 13,120 | 15,120 | 17,120 | 18,770 | 19,770 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,470 | 7,870 | 9,190 | 10,720 | 12,720 | 14,720 | 16,720 | 18,720 | 20,370 | 21,370 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,470 | 8,200 | 10,320 | 12,320 | 14,320 | 16,320 | 18,320 | 20,320 | 21,970 | 22,970 |
| \$320,000 - 364,999 | 2,720 | 5,920 | 8,750 | 10,950 | 13,070 | 15,070 | 17,070 | 19,070 | 21,290 | 23,590 | 25,540 | 26,840 |
| \$365,000 - 524,999 | 2,970 | 6,470 | 9,600 | 12,100 | 14,530 | 16,830 | 19,130 | 21,430 | 23,730 | 26,030 | 27,980 | 29,280 |
| \$525,000 and over | 3,140 | 6,840 | 10,170 | 12,870 | 15,500 | 18,000 | 20,500 | 23,000 | 25,500 | 28,000 | 30,150 | 31,650 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$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 |
| \$10,000 - 19,999 | 940 | 1,530 | 1,610 | 2,060 | 3,060 | 3,460 | 3,460 | 3,460 | 3,640 | 3,830 | 3,830 | 3,830 |
| \$20,000 - 29,999 | 1,020 | 1,610 | 2,130 | 3,130 | 4,130 | 4,540 | 4,540 | 4,720 | 4,920 | 5,110 | 5,110 | 5,110 |
| \$30,000 - 39,999 | 1,020 | 2,060 | 3,130 | 4,130 | 5,130 | 5,540 | 5,720 | 5,920 | 6,120 | 6,310 | 6,310 | 6,310 |
| \$40,000 - 59,999 | 1,870 | 3,460 | 4,540 | 5,540 | 6,690 | 7,290 | 7,490 | 7,690 | 7,890 | 8,080 | 8,080 | 8,080 |
| \$60,000 - 79,999 | 1,870 | 3,460 | 4,690 | 5,890 | 7,090 | 7,690 | 7,890 | 8,090 | 8,290 | 8,480 | 9,260 | 10,060 |
| \$80,000 - 99,999 | 2,020 | 3,810 | 5,090 | 6,290 | 7,490 | 8,090 | 8,290 | 8,490 | 9,470 | 10,460 | 11,260 | 12,060 |
| \$100,000 - 124,999 | 2,040 | 3,830 | 5,110 | 6,310 | 7,510 | 8,430 | 9,430 | 10,430 | 11,430 | 12,420 | 13,520 | 14,620 |
| \$125,000 - 149,999 | 2,040 | 3,830 | 5,110 | 7,030 | 9,030 | 10,430 | 11,430 | 12,580 | 13,880 | 15,170 | 16,270 | 17,370 |
| \$150,000 - 174,999 | 2,360 | 4,950 | 7,030 | 9,030 | 11,030 | 12,730 | 14,030 | 15,330 | 16,630 | 17,920 | 19,020 | 20,120 |
| \$175,000 - 199,999 | 2,720 | 5,310 | 7,540 | 9,840 | 12,140 | 13,840 | 15,140 | 16,440 | 17,740 | 19,030 | 20,130 | 21,230 |
| \$200,000 - 249,999 | 2,970 | 5,860 | 8,240 | 10,540 | 12,840 | 14,540 | 15,840 | 17,140 | 18,440 | 19,730 | 20,830 | 21,930 |
| \$250,000 - 399,999 | 2,970 | 5,860 | 8,240 | 10,540 | 12,840 | 14,540 | 15,840 | 17,140 | 18,440 | 19,730 | 20,830 | 21,930 |
| \$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 |
| \$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 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$830 | \$930 | \$1,020 | \$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 |
| \$60,000 - 79,999 | 1,870 | 4,070 | 5,310 | 6,600 | 7,800 | 9,000 | 10,200 | 10,780 | 10,980 | 11,180 | 11,580 | 12,380 |
| \$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 |
| \$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 | 23,900 | 25,200 |
| \$450,000 and over | 3,140 | 6,840 | 9,560 | 12,140 | 14,640 | 17,140 | 19,640 | 21,530 | 23,030 | 24,530 | 25,940 | 27,240 |



2020 W4-MN, Minnesota Employee Withholding Allowance/Exemption Certificate

Employees

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

| | | | | |
|-----------------------------------|--|-----------|--|--|
| Employee's First Name and Initial | | Last Name | Employee's Social Security Number | |
| Permanent Address | | | Marital Status (Check one): | |
| City | | | <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien | |
| State | | | <input type="checkbox"/> Married | |
| ZIP Code | | | <input type="checkbox"/> Married, but withhold at higher Single rate | |

Read instructions on back. Complete Section 1 OR Section 2, then sign and give the completed form to your employer.
Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.

☐ Section 1 — Determining Minnesota Allowances

- A Enter "1" for yourself if no one else can claim you as a dependent A _____
- B Enter "1" if any of the following apply: B _____
- You are single and have only one job
 - You are married, have only one job, and your spouse does not work
 - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" for your spouse. You may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) C _____
- D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. ... D _____
- E Enter "1" if you will file as Head of Household (see instructions for qualifying as Head of Household)..... E _____
- F Total number of allowances claimed. Add steps A through E.
If you plan to itemize deductions on your 2020 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F _____

☐ Section 2 — Exemption From Minnesota Withholding

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

- ☐ A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.
- ☐ B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because of all of the following:
- I had no Minnesota income tax liability last year
 - I received a refund of all Minnesota income tax withheld
 - I expect to have no Minnesota income tax liability this year
- ☐ C All of the following are true:
- My spouse is a military service member assigned to a military location in Minnesota
 - My domicile (legal residence) is in another state
 - I am in Minnesota solely to be with my spouse. My state of domicile is _____
- ☐ D I am an American Indian that resides and works on a reservation.
- ☐ E I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay.
- ☐ F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733 and I claim exempt from Minnesota withholding on this retirement pay.

Minnesota Allowances and Additional Withholding

- 1 Minnesota Allowances. Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet .. 1 _____
- 2 Additional Minnesota withholding you want deducted each pay period (see instructions) 2 _____

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

Employee's Signature _____ Date _____ Daytime Phone _____

Employees: Give the completed form to your employer.

Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

| | | |
|------------------|-----------------------------------|-------------------------|
| Name of Employer | Federal Employer ID Number (FEIN) | Minnesota Tax ID Number |
| Address | City | State ZIP Code |



Form W-4MN Employee Instructions

Complete this form for your employer to calculate the amount of Minnesota income tax to be withheld from your pay.

What's New?

Beginning in 2020, federal Form W-4 does not use withholding allowances. If you complete a 2020 Form W-4, you must complete Minnesota Form W-4MN to determine your allowances for Minnesota income tax withholding.

When should I complete Form W-4MN?

Complete Form W-4MN if any of the following apply:

- You begin employment
- You change your filing status
- You reasonably expect to change your filing status in the next calendar year
- Your personal or financial situation changes
- You claim exempt from Minnesota withholding (see Section 2 instructions for qualifications)
- You request an additional amount of tax deducted each pay period

If you have not had sufficient Minnesota income tax withheld from your wages, we may assess penalty and interest when you file your state income tax return.

Your employer may be required to submit copies of your Form W-4MN to the Minnesota Department of Revenue.

Note: You may be subject to a \$500 penalty if you submit a false Form W-4MN.

What if I have completed federal Form W-4?

If you completed a Form W-4 from 2019 or in prior years, you may complete Form W-4MN to determine your allowances for Minnesota withholding purposes. If you completed a 2020 Form W-4, you **must** complete Form W-4MN to determine your allowances for Minnesota withholding.

Your Minnesota allowances must not be greater than your federal allowances.

What if I am exempt from Minnesota withholding?

If you claim exempt from Minnesota withholding, complete only Section 2 of Form W-4MN and sign the form to validate it. You must provide your employer with a new Form W-4MN by February 15 of each year if you claim exempt.

You cannot claim exempt from withholding if all of the following apply:

- Another person can claim you as a dependent on their federal tax return
- Your annual income exceeds \$1,100
- Your annual income includes more than \$350 of unearned income

What if I am a nonresident alien for U.S. income taxes?

If you are a nonresident alien, you are not allowed to claim exempt from withholding. You will check the single box for marital status regardless of your actual marital status and may enter one personal allowance on Step A. Enter zero on steps B, C, and E.

If you are resident of Canada, Mexico, South Korea or India and allowed to claim dependents, you may enter the number of dependents on Step D.

Section 1 — Minnesota Allowances Worksheet

Complete Section 1 to find your allowances for Minnesota withholding tax. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

If you expect to owe more income tax for the year than will be withheld, you can claim fewer allowances or request additional Minnesota withholding from your wages. Enter the amount of additional Minnesota income tax you want withheld on line 2 of Section 1

Nonwage Income

Consider making estimated payments if you have a large amount of "nonwage income." Nonwage income (other than tax-exempt income) includes interest, dividends, net rental income, unemployment compensation, gambling winnings, prizes and awards, hobby income, capital gains, royalties, and partnership income.

Two Earners or Multiple Jobs

If your spouse works or you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4MN. Usually, your withholding will be more accurate when all allowances are claimed on the Form W-4MN for the highest paying job and zero allowances are claimed on the others.

Head of Household

You may claim Head of Household as your filing status if you are unmarried and pay more than 50 percent of the costs of keeping up a home for yourself, your dependents, and other qualifying individuals. Enter "1" on Step E if you may claim Head of Household as your filing status on your tax return.

Continued

Itemized Deductions and Additional Income Worksheet

- 1 Enter an estimate of your 2020 Minnesota itemized deductions. For 2020, you may have to reduce your itemized deductions if your income is over \$197,850 (\$98,925) if you are married filing separately).
- 2 Enter one of the following based on your filing status:
 - a. \$24,800 if Married Filing Jointly
 - b. \$18,650 if Head of Household
 - c. \$12,400 if Single or Married Filing Separately
- 3 Subtract step 2 from step 1. If zero or less, enter 0
- 4 Enter an estimate of your 2020 additional standard deduction (from page XX of the Form M1 instructions)
- 5 Add steps 3 and 4
- 6 Enter an estimate of your 2020 taxable nonwage income
- 7 Subtract step 6 from step 5. If zero, enter 0. If less than zero, enter the amount in parentheses.
- 8 Divide the amount on step 7 by \$4,300. If a negative amount, enter in parentheses. Do not include fractions
- 9 Enter the number on step F of Section 1 on page 1
- 10 Add step 8 and 9 and enter the total here. If zero or less, enter 0. Enter this amount on line 1 of page 1.

What if I itemize deductions on my Minnesota return or have other nonwage income?

Use the Itemized Deductions and Additional Income Worksheet to find your Minnesota withholding allowances. Complete Section 1 on page 1, then follow the steps in the worksheet on the next page to find additional allowances.

Section 2 — Minnesota Exemption

Your employer will not withhold Minnesota taxes from your pay if you are exempt from Minnesota withholding. You cannot claim exempt from withholding if all of the following apply:

- Another person can claim you as a dependent on their federal tax return
- Your annual income exceeds \$1,100
- Your annual income includes more than \$350 of unearned income

Box A

Check box A of Section 2 to claim exempt if all of the following apply:

- You meet the requirements to be exempt from federal withholding
- You had no Minnesota income tax liability in the prior year and received a full refund of Minnesota tax withheld
- You expect to have no Minnesota income tax liability for the current year

Box B

Check box B of Section 2 if you are not claiming exempt from federal withholding, but meet the second and third requirements for box A.

Box C

Check box C in Section 2 to claim exempt if all of the following apply:

- You are the spouse of a military member assigned to duty in Minnesota
- You and your spouse are domiciled in another state
- You are in Minnesota solely to be with your active duty military spouse member

Boxes D-F

If you receive income from the following sources, it is exempt from Minnesota withholding. Your employer will not withhold Minnesota tax from that income when you check the appropriate box in Section 2.

- **Box D:** You receive wages as a member of an American Indian tribe living and working on the reservation of which you are an enrolled member.
- **Box E:** You receive wages for Minnesota National Guard (MNG) pay or for active duty U.S. military pay. MNG and active duty U.S. military members can claim exempt from Minnesota withholding on these wages, even if taxable federally. For more information, see Income Tax Fact Sheet 5, Military Personnel.
- **Box F:** You receive a military pension or other military retirement pay calculated under U.S. Code title 10, sections 1401 through 1414, 1447 through 1455, and 12733. You may claim exempt from Minnesota withholding on this income even if it is taxable federally.

Note: You may not want to claim exempt if you (or your spouse if filing a joint return) expect to have other forms of income subject to Minnesota tax and you want to avoid owing tax at the end of the year.

If you claim exempt from Minnesota withholding, you must provide your employer with a new Form W-4MN by February 15 of each year.

Nonresident Alien

If you are a nonresident alien for federal tax purposes, do not complete Section 2.

Use of Information

All information on Form W-4MN is private by state law. It cannot be given to others without your consent, except to the Internal Revenue Service, to other states that guarantee the same privacy, and by court order. Your name, address, and Social Security number are required for identification. Information about your allowances is required to determine your correct tax. We ask for your phone number so we can call if we have a question.

Questions?

- Website: www.revenue.state.mn.us
- Email: withholding.tax@state.mn.us
- Phone: 651-282-9999 or 1-800-657-3594 (toll-free)

Employer instructions are on the next page.

Form W-4MN Employer Instructions

What's New?

Beginning in 2020, federal Form W-4 will not determine withholding allowances used to determine the amount of Minnesota withholding. Employees completing a 2020 Form W-4 will need to complete 2020 Form W-4MN to determine the appropriate amount of Minnesota withholding.

Use the amount on line 1 of page 1 for calculating the withholding tax for your employees.

When does an employee complete Form W-4MN?

Employees complete Form W-4MN when they begin employment or when their personal or financial situation changes.

How should I determine Minnesota withholding for an employee that does not complete Form W-4MN?

If an employee does not complete Form W-4MN and they have a federal Form W-4 (from 2019 or prior years) on file, use the allowances on their federal Form W-4. If the employee does not complete a Form W-4MN, withhold Minnesota tax as if the employee is single with zero withholding allowances.

What if my employee claims to be exempt from Minnesota withholding?

If your employee claims exempt from Minnesota withholding, they must complete Section 2 of Form W-4MN. They must provide you with a new Form W-4MN by February 15 of each year.

When do I need to submit copies of a Form W-4MN to the department?

You must send copies of Form W-4MN to us if any of the following apply:

- The employee claims more than 10 Minnesota withholding allowances
- The employee checked box A or B under Section 2, and you reasonably expect the employee's wages to exceed \$200 per week
- You believe the employee is not entitled to the number of allowances claimed

You do not need to submit Form W-4MN to us if the employee is asking to have additional Minnesota withholding deducted from their pay.

We may assess a \$50 penalty for each Form W-4MN you do not file with us when required.

Mail Forms W-4MN to:
Minnesota Department of Revenue
Mail Station 6501
600 N. Robert St.
St. Paul, MN 55146-6501

What if my employee is a resident of a reciprocity state?

If your employee is a resident of North Dakota or Michigan and they do not want you to withhold Minnesota tax from their wages, they must complete Form MWR, *Reciprocity Exemption/Affidavit of Residency*. They must complete a Form MWR by February 28 of each year, or within 30 days after they begin working or change their permanent residence. See Withholding Fact Sheet 20, *Reciprocity - Employee Withholding*, for more information.

What is an invalid Form W-4MN?

A Form W-4MN is considered invalid if any of the following apply:

- There is any unauthorized change or addition to the form, including any change to the language certifying the form is correct
- The employee indicates in any way the form is false by the date they provide you with the form
- The form is incomplete or lacks the necessary signatures
- Both Section 1 and Section 2 were completed
- The employer information is incomplete

What if I receive an invalid form?

Do not use the invalid form to calculate Minnesota income tax withholding. Have the employee complete and submit a new Form W-4MN. If the employee does not give you a valid form, and you have an earlier Form W-4MN or Form W-4 (from 2019 or prior years) from them, use the earlier form to calculate their withholding. Otherwise, withhold taxes as if the employee is single and claiming zero withholding allowances.

What if my employee is a nonresident alien of the United States?

If the wages to this employee are subject to income tax withholding, you will use Table 1 and the procedure under **Withholding Adjustment for Nonresident Alien Employees** in IRS Publication 15-T to determine the correct Minnesota withholding tax. Do not use this procedure for nonresident alien students from India and business apprentices from India.



Surpassing Your Greatest Expectations

4.0 School Services of TRACY

Employee Authorization for Direct Deposit

This Authorizes 4.0 School Services of **Tracy** to send credit entries (and appropriate debit and adjustments entries), electronically or by any other commercially accepted method, to my account indicated below and to other accounts I identify in the future.

This authorizes the financial institution holding the account to post all such entries.

Account #1

Account Type _____ Checking _____ Savings _____ Amount

Bank Name _____

Bank City, State _____

Account Number _____

Bank Routing Number _____

Account #2

Account Type _____ Checking _____ Savings _____ Amount

Bank Name _____

Bank City, State _____

Account Number _____

Bank Routing Number _____

This authorization will be in effect until 4.0 School Services of **Tracy** receives a written termination notice from myself and has a reasonable opportunity to act on it

Employee Printed Name _____

Employee SS# _____

Employee Signature _____ Date _____

1936

DATE

PAY TO THE ORDER OF _____ \$

DOLLARS

FOR

000000186 000000529 1000

Bank Routing Number

Account Number



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

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

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

| | | | | | | | |
|----------------------------------|---|-------------------------|----------------|----------------|---------------------------|------------------|----------|
| Last Name (Family Name) | | First Name (Given Name) | | Middle Initial | Other Names Used (if any) | | |
| Address (Street Number and Name) | | | Apt. Number | City or Town | | State | Zip Code |
| Date of Birth (mm/dd/yyyy) | U.S. Social Security Number | | E-mail Address | | | Telephone Number | |
| | <div><div></div><div></div><div></div><div></div><div></div><div></div></div> | | | | | | |

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

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

- ☐ A citizen of the United States
- ☐ A noncitizen national of the United States (See instructions)
- ☐ A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- ☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

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

Foreign Passport Number: _____

Country of Issuance: _____

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

3-D Barcode
Do Not Write in This Space

| | |
|------------------------|--------------------|
| Signature of Employee: | Date (mm/dd/yyyy): |
|------------------------|--------------------|

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

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

| | | | | |
|--------------------------------------|--|-------------------------|-------|----------|
| Signature of Preparer or Translator: | | Date (mm/dd/yyyy): | | |
| Last Name (Family Name) | | First Name (Given Name) | | |
| Address (Street Number and Name) | | City or Town | State | Zip Code |



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

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

Employee Last Name, First Name and Middle Initial from Section 1:

| List A Identity and Employment Authorization | OR | List B Identity | AND | List C Employment Authorization |
|---|----|---------------------------------------|-----|---------------------------------------|
| Document Title: | | Document Title: | | Document Title: |
| Issuing Authority: | | Issuing Authority: | | Issuing Authority: |
| Document Number: | | Document Number: | | Document Number: |
| Expiration Date (if any)(mm/dd/yyyy): | | Expiration Date (if any)(mm/dd/yyyy): | | Expiration Date (if any)(mm/dd/yyyy): |
| Document Title: | | | | |
| Issuing Authority: | | | | |
| Document Number: | | | | |
| Expiration Date (if any)(mm/dd/yyyy): | | | | |
| Document Title: | | | | |
| Issuing Authority: | | | | |
| Document Number: | | | | |
| Expiration Date (if any)(mm/dd/yyyy): | | | | |

3-D Barcode
Do Not Write in This Space

Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

| | | | | |
|--|--|-------------------------|--|----------|
| Signature of Employer or Authorized Representative | | Date (mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name (Family Name) | | First Name (Given Name) | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | City or Town | State | Zip Code |

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

| | |
|--|---|
| A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial | B. Date of Rehire (if applicable) (mm/dd/yyyy): |
|--|---|

| | | |
|---|------------------|---------------------------------------|
| C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below. | | |
| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

| | | |
|---|--------------------|--|
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|---|--------------------|--|

SCHOOL BUS DRIVER APPLICANT AFFIDAVIT

[illegible]

I, _____, _____
Applicant's full name date of birth

Having been duly sworn, state under oath that I have not been convicted of any felony offense, any controlled substance offense, any criminal sexual conduct offense, and surreptitious intrusion offense, any indecent exposure offense, any driving while under the influence offense, and/or four of more moving traffic violations within the past three years, in Minnesota or any other state.

I further state that I have resided in the state(s) of _____
In the past five (5) years prior to the date of this affidavit.

I do swear under penalty of perjury.

Affiant

Subscribed and sworn to before
me this _____ day of _____, 20 _____

Notary Public

CONTRACTOR/SCHOOL DISTRICT SCHOOL BUS DRIVER APPLICANT AFFIDAVIT

[illegible]

I, _____, _____
individual name title

_____ having been duly sworn, state under oath that
company name/school district

I have caused to be conducted a criminal records check by _____
name of source

with respect to _____, _____
name date of birth

Based on that check, it is my belief that this individual has not been convicted of any felony offense, any controlled substance offense, any criminal sexual conduct offense, and surreptitious intrusion offense, any indecent exposure offense, any driving while under the influence offense, and/or four of more moving traffic violations within the past three years, in Minnesota or any other state in which the driver resided in the past five (5) years prior to the date of this affidavit.

I do swear under penalty of perjury.

Affiant

Subscribed and sworn to before
me this _____ day of _____, 20____

Notary Public

Driver Applicant: Present the original or a photocopy of this affidavit to the examiner before you apply for the school bus endorsement. Your employer must retain the original in your driver file.



Policy Acknowledgement

I will not allow a student to exit the bus except at their designated destination. I understand that is my responsibility as a driver to completely check my bus after every route for children, lost items and vandalism.

Date: _____

Employee Signature

As the result of your employment, you will have access to confidential information belonging to the company of a special and unique nature and value, relating to such matters as the company's personnel and compensation information; accounts; trade secrets; procedures; manuals; financial information, data, records, reports and resources; contracts; price lists; accounting and bookkeeping practices; office policies and practices; expense information; business opportunities; confidential reports; customer lists and contracts; litigation and other legal matters, as well as information specific to the company's course of business.

As a condition of employment, you must agree that all such information is the exclusive property of the company, and that you will not at any time divulge or disclose to anyone, except in the responsible exercise of your job, any such information, whether or not it has been designated specifically as "confidential."

Date: _____

Employee Signature

ACKNOWLEDGMENT

By signing below, I acknowledge that it is my responsibility to have read and understood the policies outlined in this employee Handbook. I understand that the Handbook is intended only as a general reference, and not as a full statement of company procedure or a legal contract. Further, I understand and agree that my employment with 4 Point 0 School Services of Tracy, Inc. is "at-will." I agree to keep this book in my possession during my employment and to update it whenever provided with materials to do so. I further understand that each Handbook is the property of 4 Point 0 School Services of Tracy, Inc. and that copying any section of the book is against company regulations. I agree to return the book upon terminating my employment with the company.

Date: _____

Employee

PRE-TESTING ACKNOWLEDGMENT

In accordance with the requirements of 4 Point 0 School Services of Tracy, Inc., and in anticipation of the drug and alcohol test to which I am about to submit, I hereby acknowledge that I have read and understand the Drug and Alcohol Testing Policy of the Company and am aware that it applies to any employee or applicant, including myself.

Date: _____

Employee

Notice and Summary of Right to Review Personnel Records Minn. Stat. §181.960-§181.967

You have a right under Minnesota law to review your personnel file once every six months while you are employed with us. If you choose to exercise this right, you must give us your request in writing. Within seven working days of receiving your request (or within 14 working days if your personnel records are stored out of state), We will make available for your review either your original file or an accurate copy of your file. You will have access to your file during normal operating hours either at your job site or at a nearby location. We may require that this review take place in the presence of a company representative. After you have had an opportunity to review your file, you may make a written request for a copy of the record. If you make such a request, we will provide you with a copy of your file at no charge to you.

After your separation from employment (for whatever reason), you may review your file once annually for as long as we maintain the record. If you make a good faith, written request to review your file after your employment with us has ended, we will provide a copy of your file at no cost to you. If, after reviewing your file, you dispute specific information contained in the record, we may agree to remove or revise the disputed information. If no such agreement is reached, you are entitled to submit a written statement of no more than five pages explaining your position. This position statement will be included in your file, along with the disputed information, for as long as we maintain the record. We will not retaliate against you for asserting your rights under the Minnesota Personnel Records Statute. The full text of this statute, which sets forth all of your available rights and remedies, can be found online at: <https://www.revisor.mn.gov/statutes/?id=181.960>

I acknowledge that 4 Point 0 School Services of Tracy, Inc. has provided me with notice of my rights under the Minnesota Personnel Records Statute.

Date: _____

Signature: _____

ACKNOWLEDGMENT

By signing below, I acknowledge that it is my responsibility to have read and understood the procedures and policies outlined in this Guide.

I understand that the Guide is intended only as a general reference, and not as a full statement of Company procedure or a legal contract.

Further, I understand and agree that my employment with 4 Point 0 School Services, Inc. is "at will". I agree to keep this book in my possession during my employment and to update it whenever provided with materials to do so.

I further understand that each Guide is the property of 4 Point 0 School Services, Inc. and that copying any section of the book is against Company regulations. I agree to return the book upon terminating my employment with the Company.

Date: _____

Employee Printed Name

Employee Signature

ACKNOWLEDGMENT

By signing below I acknowledge that it is my responsibility to have read and understood the procedures and policies outlined in this Guide. I understand that the Guide is intended only as a general reference, and not as a full statement of company procedure or a legal contract. Further, I understand and agree that my employment with 4 Point 0 School Services, Inc. is "at-will." I agree to keep this book in my possession during my employment and to update it whenever provided with materials to do so.

I further understand that each Guide is the property of 4 Point 0 School Services, Inc. and that copying any section of the book is against company regulations. I agree to return the book upon terminating my employment with the company.

Date: _____

Employee Printed Name

Employee Signature

Driver's Wage Form

4 Point 0 of _____

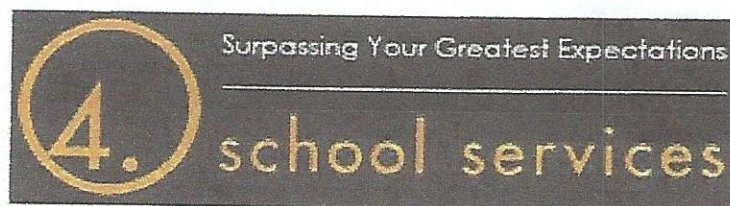
Employee Name: _____

Start Date: _____

Position with Company: _____

Starting Wage: _____

Increase/ Decrease Wage Amount

[illegible]



school services

Employee Information

Personal Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Home Phone:

Alternate Phone:

Email

SSN or Gov't ID:

Birth Date:

Marital Status:

Spouse's Name:

Spouse's
Employer:

Spouse's Work Phone:

Emergency Contact Information

Full Name:

Last

First

M.I.

Address:

Street Address

Apartment/Unit #

City

State

ZIP Code

Primary Phone:

Alternate Phone:

Relationship:

Check of Sex Offender Database:

www.nsopw.gov/en-us/search/verification

Employee notice

| | |
|--|---|
| 1. Employee: | Address: |
| Phone number: | Email address: |
| Date employment began: | |
| 2. Legal name of employer: | Main office/principal place of business address: |
| Phone number: | Email address: |
| Operating name of employer (if different): | |
| Mailing address (if different): | |
| 3. Employment status (exempt or non-exempt): | |
| <input type="checkbox"/> Employee is exempt from: <input type="checkbox"/> minimum wage <input type="checkbox"/> overtime <input type="checkbox"/> other provisions of Minnesota Statutes 177 | |
| Legal basis for exemption: | |
| <input checked="" type="checkbox"/> Employee is non-exempt (entitled to overtime, minimum wage, other protections under Minn. Stat. 177) | |
| 4. Rate or rates of pay | |
| Paid by: Hour <input checked="" type="checkbox"/> Shift <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Salary <input type="checkbox"/> Piece <input type="checkbox"/> Commission <input type="checkbox"/> Other method <input type="checkbox"/> | |
| Maximum hours of which overtime is owed N/A | |
| Overtime is owed after: 40 hours | |
| Allowances claimed: | |
| \$0.00 per meal for meal allowance (max = 60% of one hour of adult minimum wage per meal) | |
| \$0.00 per day for lodging allowance (max = 75% of one hour of adult minimum wage per day) (or fair market value) | |
| 5. Leave benefits available: N/A | |
| <input type="checkbox"/> Sick leave <input type="checkbox"/> Paid vacation <input type="checkbox"/> Other paid time off | |
| How benefits are accrued: Number of hours _____ or days _____ | |
| per <input type="checkbox"/> year <input type="checkbox"/> month <input type="checkbox"/> per pay period <input type="checkbox"/> per hours worked | |
| Terms of use: | |
| 6. Deductions that may be made from employee's pay and amounts: | |
| NONE | |
| 7. Number of days in the pay period: 15 | Regularly scheduled payday: 15 th and 30 th /31 st |
| Date employee will receive first payment of wages earned: | |
| 8. Other information relevant to this position: | |
| | |
| I, the employee, have received a copy of this notice: <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Employer signature | Date |
| Employee signature | Date |

This document contains important information about your employment. Check the box at left to receive this information in this language.

| | |
|---|---|
| <input type="checkbox"/> Spanish / <u>Español</u> | Este documento contiene información importante sobre su empleo. Marque la <u>casilla</u> a la izquierda para recibir esta información en este idioma. |
| <input type="checkbox"/> Hmong / <u>Hmoob</u> | Daim ntawv no muaj cov xov tseem ceeb hais txog thaum koj ua hauj lwj. Khij lub npauv ntawm sab laug yog koj xav tau cov xov tseem ceeb no txhais ua lus Hmoob. |
| <input type="checkbox"/> Vietnamese / <u>Việt ngữ</u> | Tài liệu này chứa thông tin quan trọng về việc làm của quý vị. Đánh dấu vào ô bên trái để nhận thông tin này bằng Việt ngữ. |
| <input type="checkbox"/> Simp. Chinese / <u>简体中文</u> | 本文件包含与您的雇用相关的重要信息。勾选左边的方框将接收以这种语言提供的信息。 |
| <input type="checkbox"/> Russian / <u>русский</u> | Данный документ содержит важную информацию о вашем трудоустройстве. Отметьте галочкой квадрат слева для получения этой информации на данном языке. |
| <input type="checkbox"/> Somali / <u>Soomaali</u> | Dokumentigan waxaa ku qoran macluumaad muhiim ah oo ku saabsan shaqadaada. Calaamadi sanduugan haddii aad rabto inaad macluumaadkan ku hesho luqaddan. |
| <input type="checkbox"/> Laotian / <u>ລາວ</u> | ເອກະສານນີ້ມີຂໍ້ມູນທີ່ສໍາຄັນກ່ຽວກັບການຈ້າງງານຂອງທ່ານ. ກວດເບິ່ງກ່ອງທີ່ຢູ່ເບື້ອງຊ້າຍເພື່ອຮັບຂໍ້ມູນນີ້ໃນພາສາລາວ. |
| <input type="checkbox"/> Korean / <u>한국어</u> | 이 문서에는 귀하의 고용 형태에 관련된 중요한 정보가 담겨있습니다. 이 언어로 이 정보를 받기를 원하시면 왼쪽 상자에 체크하여 주세요. |
| <input type="checkbox"/> Tagalog / <u>Tagalog</u> | Ang dokumentong ito ay nagtataglay ng mahalagang impormasyon tungkol sa iyong pagtatrabaho. Lagyan ng tsek ang kahon sa kaliwa upang matanggap ang impormasyong ito sa wikang ito. |
| <input type="checkbox"/> Oromo / <u>Oromoo</u> | Waraqaan kun waayee hojii keetii odeeffannoo barbaachisoo ta'an qabatee jira. Saaxinnii karaa bitaatti argamu kana irratti mallattoo godhi yoo afaan Kanaan barreeffama argachuu barbaadde. |
| <input type="checkbox"/> Amharic / <u>አማርኛ</u> | ይህ ደብዳቤ አቀጣጠሉን በሚመለከት አስፈላጊ መረጃ የያዘ ነው። ይህንን ደብዳቤ በስተግራ በኩል ባለው ቋንቋ ተተርጉሞ አንዲሰጥኩ ከፈለጉ በዛው በስተግራ በኩል ባለው ሳጥን ውስጥ ምልክት ያድርጉ። |
| <input type="checkbox"/> Karen / <u>ကရင်</u> | လိပ်စာလွှာတစ်လွှာအားဖြင့် သင့်တော်သော အချက်အလက်များကို ပေးအပ်သော အချက်အလက်များကို ရရှိရန်အတွက် ဤနေရာတွင် ဝက်ခုံမှတ်ချက်များကို ဖြည့်စွက်ပေးရန် လိုအပ်ပါသည်။ |

Translation providers approved by the Minnesota Department of Administration

| | | |
|--|--|---|
| Betmar Languages, Inc. 6260 Hwy. 65 N.E. Minneapolis, MN 55432 763-572-9711 best@betmar.com | The Bridge World Language Center, Inc. 110 Second Street S., #308 Waite Park, MN 56387 320-259-9239 mini@bridgelanguage.com | Fox Translation Services 1152 Mae Street, #122 Hummelstown, PA 17033 866-369-1646 or 407-733-3720 dina@foxfoxcasemanagement.com |
| Global Translation and Interpreter 913 E. Franklin Ave., #206 Minneapolis, MN 55404 612-722-1244 sandor@globaltranslations.com | Latin American Translators Network, Inc. 1720 Peachtree Street N.W., #532 Atlanta, GA 30309 800-943-5286, ext. 8641, translations@latn.com 800-943-5286, ext. 8620, idenis@latn.com | Latitude Prime, LLC 80 S. Eighth Street, #900 Minneapolis, MN 55402 888-341-9080, ext. 501 elle@latitude.com |
| Lingualinx Language Solutions, Inc. 433 River Street, #6001 Troy, NY 12180 518-388-9000 abartlett@lingualinx.com | Prisma International, Inc. 1128 Harmon Place, #310 Minneapolis, MN 55403 612-349-3111 jromano@prisma.com | Swits, LTD 110 S. Third Street Delavan, WI 53115 262-740-2590 translations@swits.us |