POWELL COUNTY FISCAL COURT

OFFICE USE ONLY: RETIREMENT EMPLOYEE #	
NEW HIRE INFORMATION	
PRINT FULL NAME:	
MALE FEMALE	
PHONE#: ()	
ETHNICITY: (CIRCLE ONE) ASIAN AFRICAN-AMERICAN WHITE HISPANIC AMERICAN-INDIAN OTHER	
JOB TITLE:	
START DATE:	
STARTING SALARY/ PAY RATE:	
FULL TIME DTEMPORARY	

DIRECT DEPOSIT REQUEST FORM

Employee Name:			
Address:			
City:	State:	Zip Code:	
Please have my check a		_	ccount:
Bank's Routing Number	:		
Checking Account	nt Number:		
Or			
Savings Account	Number:		
	bove (this includes m	y authorization to cor	natically deposit my paycheck rect entries made in error). o cancel.
Employee Signature			Date



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 Informat	ing the contract of the contra		and sign Sec	tion 1 o	f Form I-9 no later
than the first day of employment, but Last Name (Family Name)	First Name (Given Name		Other Names	Used (if	any)
Address (Street Number and Name)	Apt. Number	City or Town	Sta	ate	Zip Code
Date of Birth (mm/dd/yyyy) U.S. Social Se	ecurity Number E-mail Addres	l ss		Teleph	one Number
am aware that federal law provides connection with the completion of th	•	fines for false statements	or use of fa	lse dod	cuments in
attest, under penalty of perjury, tha A citizen of the United States		ollowing):			
A noncitizen national of the United					
A lawful permanent resident (Alien	_				
An alien authorized to work until (expire (See instructions)	ation date, if applicable, mm/do	l/yyyy)	. Some aliens	may writ	e "N/A" in this field.
For aliens authorized to work, provi	ide your Alien Registration l	Number/USCIS Number O	R Form I-94	Admissi	on Number:
1. Alien Registration Number/USCI	S Number:				3-D Barcode
OR				Do No	ot Write in This Space
2. Form I-94 Admission Number:					
If you obtained your admission n States, include the following:	umber from CBP in connec	tion with your arrival in the	United		
Foreign Passport Number:					99.40.00.00.00
Country of Issuance:					
Some aliens may write "N/A" on	the Foreign Passport Numb	per and Country of Issuanc	e fields. (<i>See</i>	instruc	tions)
Signature of Employee:			Date (mm/c	ld/yyyy):	
Preparer and/or Translator Certinemployee.)	fication (To be completed	and signed if Section 1 is	orepared by a	a persoi	n other than the
l attest, under penalty of perjury, tha information is true and correct.	t I have assisted in the co	mpletion of this form and	d that to the	best of	my knowledge the
Signature of Preparer or Translator:				Date (mm/dd/yyyy):
Last Name (Family Name)		First Name (Giv	ren Name)	1	
Address (Street Number and Name)		City or Town		State	Zip Code
	STOP Employer Co	mpletes Next Page	STOP		

Form I-9 03/08/13 N Page 7 of 9

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 Initia	al from Section	n 1:						
List A OR Identity and Employment Authorization		st B ntity			ANE		List C	uthorization
Document Title: Do	ocument Title:					Document Ti	tle:	
Issuing Authority:	suing Authority	:				Issuing Autho	ority:	
Document Number: Do	ocument Numb	er:				Document No	umber:	
Expiration Date (if any)(mm/dd/yyyy): Ex	piration Date ((if any)(mm/dd/yyyy)	:		Expiration Da	ate (if any)(m	nm/dd/yyyy):
Document Title:								
Issuing Authority:								
Document Number:								
Expiration Date (if any)(mm/dd/yyyy):								3-D Barcode
Document Title:							Do Not	Write in This Space
Issuing Authority:								
Document Number:								
Expiration Date (if any)(mm/dd/yyyy):								
Certification I attest, under penalty of perjury, that (1) I had above-listed document(s) appear to be genuicemployee is authorized to work in the United	ine and to re	d the d	locument(s the emplo	oyee nan	ned,	and (3) to t	he best of	my knowledge the
The employee's first day of employment (mn Signature of Employer or Authorized Representative	n/dd/yyyy): _	Date (mm/dd/yyyy)	· ·		ructions for		epresentative
orginature of Employer of Authorized Representative					10 01 1	p.oyor or ,	101120011	oprocentative
Last Name (Family Name) Firs	Last Name (Family Name) First Name (Given Name) Employer's Business or Organization Name						ıme	
Employer's Business or Organization Address (Street	t Number and i	Name)	City or Town	n		A A A A A A A A A A A A A A A A A A A	State	Zip Code
Section 3. Reverification and Rehire A. New Name (if applicable) Last Name (Family Name)			***************************************					entative.) oplicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorize presented that establishes current employment authorizes.	zation has expinorization in the	red, pro space	vide the inforr provided belo	mation for w.	the do	ocument from	List A or List	C the employee
Document Title:	Docu	ment N	umber:				Expiration Da	ate (if any)(mm/dd/yyyy):
I attest, under penalty of perjury, that to the besthe employee presented document(s), the document								
Signature of Employer or Authorized Representative:	: Date	(mm/da	d/yyyy):	Print Na	ame c	of Employer o	r Authorized	Representative:

Form I-9 03/08/13 N Page 8 of 9

Employee's Withholding Certificate

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.

OMB No. 1545-0074

Department of the T			m W-4 to your employer.	ne.		4045		
Internal Revenue Ser		st name and middle initial	g is subject to review by the IF Last name	13.	(b) So	cial security number		
Step 1:	(α)	st name and middle initial	Last name		(5) 00	cial scounty number		
Enter Personal Information	Address City or	town, state, and ZIP code			name of card? I credit for contact	our name match the on your social security f not, to ensure you get or your earnings, t SSA at 800-772-1213		
	(a) [Single or Merried filing congretch			or go to	o www.ssa.gov.		
	(c) L	」Single or Married filing separately ☐ Married filing jointly or Qualifying surviving s	nouse					
		Head of household (Check only if you're unmar	•	of keeping up a home for yo	urself and	d a qualifying individual.)		
		ONLY if they apply to you; otherwish withholding, other details, and privac		2 for more information	n on ea	ach step, who can		
Step 2: Multiple Job	s	Complete this step if you (1) hold mor also works. The correct amount of wit						
or Spouse		Do only one of the following.						
Works		(a) Reserved for future use.						
		(b) Use the Multiple Jobs Worksheet	· -					
		(c) If there are only two jobs total, you option is generally more accurate higher paying job. Otherwise, (b) is	than (b) if pay at the lower pa					
		TIP: If you have self-employment inco	me, see page 2.					
		(b) on Form W-4 for only ONE of the ou complete Steps 3–4(b) on the Form			s. (You	ır withholding will		
Step 3:		If your total income will be \$200,000 c	or less (\$400,000 or less if ma	arried filing jointly):				
Claim		Multiply the number of qualifying of	hildren under age 17 by \$2,0	00 \$				
Dependent and Other		Multiply the number of other depe	ndents by \$500	\$				
Credits Add the amounts above for qualifying children and other dependents. You may at this the amount of any other credits. Enter the total here				=	3	\$		
Step 4 (optional): Other		(a) Other income (not from jobs). expect this year that won't have we This may include interest, dividend	ithholding, enter the amount	of other income here.	1	\$		
Adjustments	8	(b) Deductions. If you expect to claim want to reduce your withholding, u the result here				\$		
		(c) Extra withholding. Enter any addi	tional tax you want withheld 6	each pay period	4(c)			
		(o) Zaud Mamoranigi Zinor any addi	nonal tax you mant maniora (saon pay ponica	1(0)	Ψ		
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							
				Employo number	er identification (EIN)			

Form W-4 (2023)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. 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).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your selfemployment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

Page 2

If you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is 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. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

Form W-4 (2023)

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



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

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

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 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter: • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	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)). 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Form W-4 (2023) Page **4**

\$10,000 - 19,999	999 120,000 020 \$1,870 200 4,070 320 6,190 520 7,390 720 8,590 750 9,610 750 10,610 750 11,610 600 13,460 260 16,330 780 17,850 780 17,850 780 18,140 870 19,740 470 21,340 770 24,640 720 30,880 890 33,250
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\$125,000 - 149,999 2,040 3,970 5,300 6,500 7,700 9,610 10,610 11,610 12,610 13,610 14,	900 16,020
\$150,000 - 174,999	650 18,770
\$175,000 - 199,999 2,720 5,450 7,580 9,580 11,580 13,870 15,180 16,480 17,780 19,080 20,	380 21,490
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Head of Household	
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\$100,000 - 124,999 2,040 4,440 6,070 7,430 8,630 9,830 11,030 12,230 13,190 14,190 15,	190 16,150
	270 18,530
	020 21,280
	770 24,030
	690 25,950
	980 26,230
\$450,000 and over 3,140 6,840 9,770 12,430 14,930 17,430 19,930 22,430 24,150 25,650 27,	150 28,600

I understand that upon starting my em	ployment for Powell County
Fiscal Court I will have a six month probationary period. During this probati	onary period I realize I will
not be subject to the benefits associated with full time employment and wi	ll not be until I have
completed this period of time. The mentioned benefits include but are not	limited to such things as:
uniforms, insurance, sick time and vacation time. None of these things will	become available or start to
accumulate until I have passed the six month period. Vacation time can't a	ccrue until a full year of work
has been completed.	
Signature/Date	
Printed Name	