



The following pages must be completed and brought with you to your scheduled orientation date.

It is only necessary to complete areas on the form that are highlighted. If you don't see the yellow highlights on the form, make sure you click 'Highlight Fields' Icon on the Adobe menu bar. Or just simply tab throughout the program.



You must be connected to a printer. You will not be able to save your documents.

Each page comes with simple "call-out" instructions, e.g. "sign here"

You may also print out more detailed information (see detailed instructions link).

You may choose to complete the forms online and then print them.

OR

You may print the forms and complete them manually.

Complete this checklist and use it as an instruction guide to ensure all paperwork is completed properly.

NEW SUMMER EMPLOYEES CHECKLIST

COMPLETED FORMS TO BRING TO ORIENTATION

- Form W-4 (2007) - Federal**
Bottom half must be completed and signed. Complete either Box 5 (i.e. 1 or 0) or Box 7 (EXEMPT)
- Form W-4 - State of New Jersey**
Top half must be completed & signed. Complete either Box 4 (i.e. 1 or 0) or Box 6 (EXEMPT).
- Emergency Information**
Must be signed by individual or guardian if under 18.
- Employment Eligibility Verification (I-9) Form**
Top half must be completed & signed. Check all boxes for completeness (especially box for birthdate).
- Employment Data**
Must be completed & signed.

REQUIRED DOCUMENTS TO BRING TO ORIENTATION

- Social Security Card**
BRING IN ORIGINAL AND 1 COPY OR COPY OF SUBMITTED SS-5 APPLICATION
If you don't have a SS card, you must apply for one or a replacement immediately by submitting a SS-5 Application to your nearest Social Security Office. In this case, you should have brought a copy of the submitted application in lieu of the SS card. Under no circumstances will employees be permitted to start work without a Social Security card or submitted SS-5 Application.
Employees can visit the Social Security website to retrieve the application & for the nearest location (www.ssa.gov) or call our office for assistance. Be sure to take or mail the originals or certified copies of your supporting documents along with the SS-5 Application.
- 2 Forms of Identification**
Originals plus 1 copy. (Social Security Card can count as 1 form of ID).
- Working Papers (for employees under the age of 18).**
Employees under the age of 18, must obtain working papers BEFORE starting work. A "Promise of Employment Form" was mailed to any employee under 18 and were instructed to bring in forms processed by your Guidance Counselor. If you attend a private school, the working papers must be processed at your local public high school (they will need proof that you attend the private school).

Bring the completed working papers to Orientation. Otherwise, your local high school may mail them to The County of Monmouth Personnel Dept., 1 East Main St., Freehold, NJ 07728 and be received before your startdate. Under no circumstances will you be permitted to start work without the proper papers.

Form W-4 (2008)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits,

adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or 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-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. B _____

C Enter "1" for your spouse. But, 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 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 on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. G _____

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ H _____

For accuracy, complete all worksheets that apply.
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep this Form W-4 for your records.

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Whether you are entitled to claim a certain number of allowances from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2008
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6 \$
6 Additional amount, if any, you want withheld from each paycheck		6		
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7		7		
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.)		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

#3
SELECT ONE

SIGN HERE

#5 Box indicate either a "1" or "0."

State of New Jersey - Division of Taxation
Employee's Withholding Allowance Certificate
(For Tax Years 1996 and after)

SELECT ONE

#4 indicate either a 1 or 0, **UNLESS** claiming Exempt, then skip to #6

1. SS#			2. Filing Status: (Check only one box)				
Name			1. <input type="checkbox"/> Single				
Address			2. <input type="checkbox"/> Married Joint				
City			State		Zip		3. <input type="checkbox"/> Married Separate
							4. <input type="checkbox"/> Head of Household
							5. <input type="checkbox"/> Qualifying Widow(er)
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here							3.
4. Total number of allowances you are claiming (see instructions)							4.
5. Additional amount you want deducted from each pay							5. \$
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here							6.
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.							
Employee's Signature					Date		
SIGN HERE							
Employer's Name				Employer Identification Number			

BASIC INSTRUCTIONS

#6 Write "Exempt" if you do NOT want taxes taken out of your paycheck.

- Line 1 Enter your name, address and social security number in the spaces provided.
- Line 2 Check the box that indicates your filing status.
- Note: If you have checked Box 2 (Married Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er)) and either your spouse works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A, below. If you do not complete Line 3 you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
 - Your filing status is **SINGLE, HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)** and your wages plus your taxable non-wage income will be \$7,500 or less for the current year.
 - Your filing status is **MARRIED JOINT**, and your wages combined with your spouse's wages plus your taxable non-wage income will be \$7,500 or less for the current year.
 - Your filing status is **MARRIED SEPARATE** and your wages plus your taxable non-wage income will be \$3,750 or less for the current year.

Your exemption is good for ONE year only. You must complete and submit a form next year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding.

If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation Hotline at 609-588-2200.

Instruction A - Wage Chart

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is not intended to provide withholding for other income or wages. If you need additional withholdings for other income or wages use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married filing jointly, heads of households or qualifying widow(ers). Single individuals or married individuals filing separate returns do not need to use this chart.

If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart.

WAGE CHART

HOW TO USE THE CHART

- Find the amount of your wages in the left-hand column.
- Find the amount of the total for all other wages (including your spouse's wages) along the top row.
- Follow along the row that contains your wages until you come to the column that contains the other wages.
- This meeting point indicates the Withholding Table that best reflects your income situation.
- If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

NOTE: If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

		Total of All Other Wages	0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
Y O U R W A G E S	0	B	B	B	B	B	B	B	B	B	B	B
	10,000	B	B	B	B	C	C	C	C	C	C	C
	20,000	B	B	B	A	A	D	D	D	D	D	D
	30,000	B	B	A	A	A	A	A	E	E	E	E
	40,000	B	C	A	A	A	A	A	E	E	E	E
	50,000	B	C	D	A	A	A	E	E	E	E	E
	60,000	B	C	D	A	A	E	E	E	E	E	E
	70,000	B	C	D	A	A	E	E	E	E	E	E
	80,000	B	C	D	E	E	E	E	E	E	E	E
	90,000	B	C	D	E	E	E	E	E	E	E	E
	over 90,000	B	C	D	E	E	E	E	E	E	E	E

Employment Eligibility Verification

Please 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 eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 or national of the United States
- A Lawful Permanent Resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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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.

SIGN HERE

Preparer's/Translator's Signature	Print Name
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Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)
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SELECT ONE

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
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Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)
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Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 (month/day/year)
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EMPLOYMENT DATA

EMPLOYEE NAME _____ SOCIAL SECURITY # _____

RACE / ETHNIC CATEGORIES: (check one)

The following information is required by the Equal Employment Opportunity Commission (EEOC).

WHITE (not of Hispanic Origin)
Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

HISPANIC
Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

BLACK (not of Hispanic Origin)
Persons having origins in any of the Black racial groups of Africa.

ASIAN or PACIFIC ISLANDER
Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes Korea, China, Japan, Cambodia, India and the Philippine Islands and Samoa.

AMERICAN INDIAN or ALASKAN NATIVE
Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

GENDER: (check one)

DATE OF BIRTH

MALE

FEMALE

EMPLOYEE SIGNATURE _____ DATE _____

SIGN HERE

Monmouth County Summer Program
EMERGENCY INFORMATION
Personnel Department, Hall of Records, Freehold, NJ 07728

Dear Guardian:

Please complete the following information and return this form in the enclosed envelope.

Student's Name (Print) _____

Emergency Phone Numbers:

Name:

Phone #:

1. _____

2. _____

In the event of a work-related injury, all Summer Students will be covered under the County of Monmouth Workers' Compensation Program and treatment will be provided by the Meridian Occupational Health System.

However, if a *minor* child is injured on the job, guardian consent is required to direct their treatment through the County's Program. A Monmouth County Supervisor will notify you or your designee of the incident and of the treatment location. No treatment will be provided without verbal or written consent. That is why it is important for you to provide emergency telephone numbers.

I consent to allow Monmouth County to direct my child to Meridian Occupational Health System in the event of a work-related injury.

Signature

Date

In the event you wish to decline treatment by a Meridian Occupational Health System physician, you will be responsible to seek the appropriate medical treatment.

I decline to have my minor child treated through the County of Monmouth Worker's Compensation Program.

Signature

Date

NOTE: IN THE EVENT OF A LIFE THREATENING EMERGENCY, THE CHILD WILL BE DIRECTED TO THE NEAREST HOSPITAL EMERGENCY ROOM.