
**Statement Concerning Your Employment in a Job
Not Covered by Social Security**

Employee Name _____ **Employee ID#** _____

Employer Name _____ **Employer ID#** _____

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at www.socialsecurity.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security Benefits.

Signature of Employee _____ **Date** _____

Fingerprint Background Check
Missouri School District Employees
Excelsior Springs 40 School District

Employment Type (Please check one):

POSITION	CHECK HERE	POSITION	CHECK HERE
Administrator		Bus Driver	
Certified Teacher		Bus Aide	
Substitute Teacher		Aramark (Food Svc.)	
Adult Ed. Instructor		Other (i.e., Para, Coach Rockin' Tiger Club)	
Internal Use Only: OCA ID:	C-0472	S-0473	U-0474
		B-0475	Rockin' Tiger-8865

Name (Print):		
First	Middle	Last
Suffix		
Alias:		
Street Address:		Apt. Number:
City:	State:	Zip:
Home Phone:	Cell Phone:	E-Mail:
Date of Birth:	Gender (M/F):	Height:
Weight:	Hair Color:	Eye Color:
Race:	State or Country of Birth:	Country of Citizenship:
Social Security No. (Required if US Citizen):		

Note: I also authorize Excelsior Springs School District to make all necessary and appropriate investigations available by law of my prior background.

Employee Signature (required): _____

Today's Date: _____

For Internal Use Only			
FP Completed Date	Cleared (Y/N)	Approval (if applic.)	Tech. Help Ticket #



Applicant Fingerprinting Online Services



Important Notice Concerning Your Fingerprint-based Background Check

As an applicant who is the subject of a state and/or national fingerprint-based criminal history record check for a noncriminal justice purpose (such as an application for a job or license, an immigration or naturalization matter, security clearance, or adoption), you must understand and agree to the following:

- Your fingerprints will be used to check the criminal history record files of the Missouri State Highway Patrol and/or the Federal Bureau of Investigation.
- Any criminal history information returned as a result of this search will be made available to requestors pursuant to Chapter 43 RSMo.
- All information, including your fingerprints, photograph, and any demographic data collected during the course of your fingerprint-based record check may be stored in Missouri State Highway Patrol and/or Federal Bureau of Investigation files.
- Any future updates made to your arrest record may be shared with the agency requesting this fingerprint-based background check if the requesting agency is a subscriber to the state and/or federal Rap Back program.

You must understand and agree to the terms outlined above to proceed:

Signature

Date

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.**
 ▶ **Your withholding is subject to review by the IRS.**

2022

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 estimator at www.irs.gov/W4App, 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 2022 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 total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above 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)



MISSOURI DEPARTMENT OF REVENUE

Employee's Withholding Certificate

This certificate is for income tax withholding and child support enforcement purposes only. Type or print.

Employee

Full Name		Social Security Number			
Home Address (Number and Street or Rural Route)		City or Town		State	ZIP Code
1. Filing Status: Check the appropriate filing status below. <input type="checkbox"/> Single or Married Spouse Works or Married Filing Separate <input type="checkbox"/> Married (Spouse does not work) <input type="checkbox"/> Head of Household					
2. Additional withholding: If you expect to have a balance due (as a result of interest income, dividends, income from a part-time job, etc.) on your tax return, you may request your employer to withhold an additional amount of tax from each pay period. To calculate the amount needed, divide the amount of the expected tax by the number of pay periods in a year. Enter the additional amount to be withheld each pay period on line 2.....					2
3. Reduced withholding: If you expect to receive a refund (as a result of itemized deductions, modifications or tax credits) on your tax return, you may direct your employer to only withhold the amount indicated on line 3. Your employer will not use the standard calculations for withholding. If you designate an amount that is too low, it could result in you being under withheld. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld instead of the standard calculation. If no amount is indicated on line 3, the standard calculations will be used.....					3
4. Exempt Status: Select the appropriate reason you are claiming an exemption from withholding below and indicate EXEMPT on line 4.					4
<input type="checkbox"/> I am exempt because I had a right to a refund of all Missouri income tax withheld last year and expect to have no tax liability this year. A new MO W-4 must be completed annually if you wish to continue the exemption.					
<input type="checkbox"/> I am exempt because I meet the conditions set forth under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act and have no Missouri tax liability.					
<input type="checkbox"/> I am exempt because my income is earned as a member of any active duty component of the Armed Forces of the United States and I am eligible for the military income deduction.					

Signature

Under penalties of perjury, I certify that the information provided on this form is true and accurate.

Employee's Signature (Form is not valid unless you sign it)	Date (MM/DD/YYYY) ____/____/____
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Employer

Employer's Name		Employer's Address			
City		State		ZIP Code	
Date Services for Pay First Performed by Employee (MM/DD/YYYY) ____/____/____			Federal Employer I.D. Number		Missouri Tax Identification Number

Notice to Employer:

Within 20 days of hiring a new employee, a copy of the Employee's Withholding Certificate (Form MO W-4) must be submitted by one of the following methods:

- **Email:** withholding@dor.mo.gov
- **Fax:** (573) 526-8079
- **Mail to:** Missouri Department of Revenue
P.O. BOX 3340
Jefferson City, MO 65105-3340

Please visit dss.mo.gov/child-support/employers/new-hire-reporting.htm for additional information regarding new hire reporting.

Notice to Employee:

Return completed form to your Employer. Consider completing a new Form MO W-4 each year and when your personal or financial situation changes. Visit our online withholding calculator mytax.mo.gov/rptp/portal/home/withholding-calculator.

Items to Remember:

- Employees must complete a new form if their filing status changes or to adjust the amount of withholding.
- If you are claiming an "Exempt" status due to the Military Spouses Residency Relief Act you must provide one of the following to your employer: Leave and Earnings Statement of the non-resident military servicemember, Form W-2 issued to the nonresident military servicemember, a military identification card, or specific military orders received by the servicemember. You must also provide verification of residency such as a copy of your state income tax return filed in your state of residence, a property tax receipt from the state of residence, a current drivers license, vehicle registration or voter ID card. For additional assistance in regard to Military, visit the department's website dor.mo.gov/military/.
- Additional information can be found at mo.gov/business/withhold/.

Mail to: Taxation Division
P.O. Box 3340
Jefferson City, MO 65105-3340

Phone: (573) 522-0967

Fax: (573) 526-8079

Ever served on active duty in the United States Armed Forces?

If yes, visit dor.mo.gov/military/ to see the services and benefits we offer to all eligible military individuals. A list of all state agency resources and benefits can be found at veteranbenefits.mo.gov/state-benefits/.

EXCELSIOR SPRINGS SCHOOL DISTRICT #40

DIRECT DEPOSIT SIGN-UP FORM

All paychecks will be direct deposited into the bank account(s) listed below.

ATTACH a voided check for each account designated below and return to the payroll department.

Account #1

Checking _____ Savings _____

Bank Transit/ABA# _____

Bank Account # _____

I wish to deposit: \$ _____ OR Entire Net Amount _____

Account #2

Checking _____ Savings _____

Bank Transit/ABA# _____

Bank Account # _____

I wish to deposit: \$ _____ OR Entire Net Amount _____

I hereby authorize my employer (hereafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereafter "Bank") indicated above. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts.

Employee Name

Social Security Number

Employee Signature

Date

Name: _____

Date of Birth: _____ Building: _____

Please answer **BOTH** questions 1 and 2.

1. Are you Hispanic or Latino? (Select only one).

- No, not Hispanic or Latino**
- Yes, Hispanic or Latino:** A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin - regardless of race.

2. Select **ALL** of the following categories that apply to you: (*You must select at least one of the following.*)

- American Indian or Alaska Native:** A person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.
- Asian:** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.
- Black or African American** (*Not of Hispanic Origin*): A person having origins in any of the Black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of the Hawaiian or other Pacific Islands.
- White** (*Not of Hispanic Origin*): A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Signature: _____ Date: _____

TECHNOLOGY USAGE
(Employee Technology Agreement)

I have read the Excelsior Springs School District #40 Technology Usage policy and procedure and agree to abide by their provisions. I understand that violation of these provisions may result in suspension or revocation of my access to district technology and/or district/legal action taken against me, including termination of my employment with the district.

I understand that my use of the district's technology resources is not private and that the school district may monitor my electronic communications and all other use of district technology resources. I consent to district interception of or access to all of my electronic communications using district technology resources as well as downloaded material and all data I store on the district's technology resources, including deleted files, pursuant to state and federal law, even if the district's technology resources are accessed remotely.

I understand I am responsible for any unauthorized costs arising from my use of the district's technology resources. I understand that I am responsible for any damages to district technology due to my negligent or intentional misuse of the district's technology resources. I understand that this form will be effective for the duration of my employment with the district unless changed or revoked by the district or me.

Signature of Employee _____ Date _____

Name of School: _____

* * * * *

Note: *The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 09/10/2001

Revised: 03/10/2003; 02/11/2008

Excelsior Springs School District #40, Excelsior Springs, Missouri

REFERENCES
(Authorization to Provide Employment Information)

I do hereby release, absolve and agree to forever hold harmless the Excelsior Springs School District #40, its Board members, officers, agents, contractors and employees, as well as any and all agencies, persons and/or institutions who provide or transmit any information in reliance on this release and authorization from any claims, lawsuits, causes of action, judgments, suits and liens arising from the collection, transmission or release of such material.

I authorize the Excelsior Springs School District #40 to provide to the persons or entities specified in this document information regarding my employment with the district in accordance with district policy GBLB. This authorization will continue until I revoke it in writing and present such revocation to the superintendent or person designated in Board policy to issue references on behalf of the district.

Persons or Entities Authorized to Receive Information:

All Upon Request

OR

As Specified Below:

Authorized Person or Entity: _____

Name of Current or Former Employee

Signature of Current or Former Employee

Date

Note: *The reader is encouraged to review policies and/or procedures for related information in this administrative area.*

Implemented: 06/11/2012