Carroll County School District P.O. Box 256 Carrollton, MS 38917-0256

Date				
Position(s) Applying for (chec				
Substitute Teacher	Cafeteria Supervi		Maintenance	
Teacher Aide	Cafeteria Manager		Maintenance Worker	
Bookkeeper	Cafeteria Worker	_	Custodian	
Secretary	Clerk	_	Other (Specify)	
Bus Driver	Assistant Teacher		(Spec	cify)
NAME				
LAST	FIR	ST	MIDDLE	
ADDRESS				
STREET	CIT	Y	STATE	ZIP
TELEPHONE				
EDUCATION (circle one or n	nore)			
High School Years 1 2	College Years 1 2 3	G.E.D.	Degree(s)	
Completed 3 4	Completed 4 5	Yes No		ster's
Do you hald those Cortificates?	(airela & aamulata)		Valid Per From	riod To
Do you hold these Certificates?		V		10
School Bus Driver Certificat		Yes	No	
School Food Service Superv		Yes	No	
School Food Service Manag	er Certificate	Yes	No	
Have you previously been empl	oyed by Carroll County	School Dis	strict? Yes _	No
Are you presently employed?	Yes No			
May we contact your present en	nployer? Yes	No		
	Туре			
List the office machines you a				outer skills:
	1 1		•	
Date Available for Employment				
Check for which school you are				
· · · ·				
All J.Z. George	High School	Marshall	Elementary School	

EDUCATIONAL BACKGROUND

Elementary and Secondary Education

	School	City, State	Number of Years Attended	Graduation Date
Elementary				
Secondary				

College and Professional Education

College and Professional Education					
Name of College	Address	Dates Attended	Degree Earned	Major	Minor

EXPERIENCE

Name and Complete Address of Employer	Position Held	Period of Service From / To	Number of Months/Years	Supervisor	Reason For Leaving

Have you ever been asked to resign, been discharged, or failed to be re-employed?

 \Box Yes \Box No If yes, give details:

Have you ever been convicted of an offense other than a misdemeanor?	□ Yes	\Box No
If yes, explain:		

Are you a citizen of the United States?	□ Yes	🗆 No
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REFERENCES

List the names of three (3) individuals as references. Please do not list relatives as references. Include individuals who have knowledge of your work experience, job competency, and personal characteristics.

NAME	POSITION	ADDRESS	PHONE

Read carefully and sign the following statement:

By my signature, I attest that the information contained in this application is true and represents me accurately. If employed I agree to abide by all policies approved by the School Board and will cooperate fully with in-service programs for improvement. I understand that this application will remain in the active file for a period of 90 days and will be classified as inactive unless I notify the Superintendent's office in writing to keep the application current. I am aware that the facilities of Carroll County School District are smoke and tobacco free.

Signature of Applicant: _____ Date: _____

The Carroll County School District is in compliance with Title VI of the Civil Rights Act of 1962, including regulations in vocational education; Title IX of the Education Amendments of 1972; Section 504 of the Rehabilitation Act of 1973; the Family Educational Rights and Privacy Act of 1974; and the Americans with Disabilities Act.

The Carroll County School District offers employment opportunities to all persons without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

VOLUNTARY AFFIRMATIVE ACTION INFORMATION

Birth Date:					
Sex (check one): \Box Ma	le 🗆 Fei	male			
Marital Status (check one):	□Married	□Single	□Divorced	□Separated	
	□Widow/Wi	dower			
Race/Ethnic Groups (check of	one):				
□Hispanic □Black	□White	□American	Indian/Alaskan	Native	
□Asian/Pacific Islander					
Days lost from work in the p	ast two years b	ecause of illn	less:		

Principal cause of lost work:

D! 1 D

This survey is to be completed by applicant on a voluntary basis. It is NOT part of your official application for employment. It is considered confidential information and will not be used in any hiring decision.

PERMISSION FOR BACKGROUND CHECK

Date: _____

I, ______, give my permission for the Carroll County School District to conduct a background screening check with law enforcement, the Child Abuse Registry, previous employers, and any other persons to determine my suitability in working with children. I understand that this permission is a part of my application for a position with the Carroll County School District. I further understand that this information will only be used in regard to the above application.

Furthermore, I understand that if I am hired by the Carroll County School District, my employment is contingent upon the successful completion of the background check, and my application for employment is null and void if derogatory results are obtained.

I understand a \$32.00 non-refundable fee is due and payable by the applicant at the time of hire.

Please Print:	
Name:	
Address:	
Social Security Number:	
Date of Birth: / /	
Signature:	

Carroll County School District Personnel Information

Employee Name:	
Mailing Address:	
City:	State: Zip Code:
Telephone Numbers:	
Primary: ()	_ Backup: ()
Social Security Number:	Date of Birth://
Background Check: Weight	City of Birth
Have you retired through the public emYes (You Must Complete FoNo	
Emergency Contact Information:	
Name:	Relationship:
Home Address:	
Telephone Number:	
Name:	Relationship:
Home Address:	
Telephone Number:	

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.

Department of the Treasury Internal Revenue Service

▶ Your withholding is subject to review by the IRS.

Step 1:	(a) First name and middle initial	Last name	(b) Social security number
Enter Personal Information	Address City or town, state, and ZIP code		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.
	(c) Single or Married filing separately Married filing jointly (or Qualifying widow(e) Head of household (Check only if you're un	er)) married and pay more than half the costs of keeping up a home t	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: 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. **Multiple Jobs** Do only one of the following. or Spouse Works (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

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 ► <u>\$</u> Multiply the number of other dependents by \$500 ► <u>\$</u>		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other	(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)	\$
Adjustments	(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:	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.										
Sign Here											
	Employee's signature (This form is not valid unless you sign it.)		Date								
Employers Only	Employer's name and address Carroll County School District PO Box 256, 603 Lexington Street Carrollton, MS 38917	First date of employment	Employer identification number (EIN) 64-6000205								

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

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:	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.

Page **3**

Form W-4 (2020)

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job	Lower Paying Job Annual Taxable Wage & Salary											
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 o	r Marrieo	d Filing S	Separate	ly				

Linker Devi	na lah		Lower Paying Job Annual Taxable Wage & Salary											
Higher Payi			1		LOwe	r Faying C			wayeac	balal y	1			
Annual Ta	xable	\$0 -	\$10,000 -	\$20.000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80.000 -	\$90.000 -	\$100,000 -	\$110,000 -	
Wage & S	alary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	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 - 1	24,999	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 - 1	49,999	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 - 1	74,999	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 - 1	99,999	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 - 2	49,999	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 - 3	99,999	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 - 4	49,999	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 an	d 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	ng Job Lower Paying Job Annual Taxable Wage & Salary											
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

Form 89-350-15-8-1-000 (Rev. 05/15)

MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name

SSN

Mississippi Department of Revenue

Employee's Residence Address

P.O. Box 960 Jackson, MS 39205				Number and Street City or Town		State Zip Code
				CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION		
	1	Marital Status		Personal Exemption Allowed		Amount Claimed
EMPLOYEE :	1.	Single		□ Enter \$6,000 as exemption ►	\$	
File this form with your employer. Otherwise, you	2.	Marital Status	(a)	☐ Spouse NOT employed: Enter \$12,000 ►	\$	
must withhold Mississippi income tax from the full amount of your wages.		(Check One)	(b)	Spouse IS employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below .	\$	
	3.	Head of Family		Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d)below	\$	
EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be	4.	Dependents	for fro inc *	may claim \$1,500 for each dependent*, other than taxpayer and spouse, who receives chief support m you and who qualifies as a dependent for Federal ome tax purposes. A head of family may claim \$1,500 for each dependents excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed	\$	
advised.	5.	Age and Blindness	• B Mu En	ge 65 or older Husband Wife Single lind Husband Wife Single ltiply the number of blocks checked by \$1,500. ter the amount claimed ▶ Note: No exemption allowed for age or blindness for dependents.	\$	
	6.	TOTAL AMOUNT OF	EXEM	IPTION CLAIMED - Lines 1 through 5▶	\$	
	7.			Nount of withholding per pay period if	\$	
Military Spouses Residency Relief Act Exemption from Mississippi Withholding	8.	Civil Relief, as Relief Act, and "Exempt" on Line Form DD-2058 and	s ame have e 8. d a c	litions set forth under the Service Member ended by the Military Spouses Residency a no Mississippi tax liability, write You must attach a copy of the Federal copy of your Military Spouse ID Card to uployer can validate the exemption claim►	_	

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature:

Date:

I	NSTRUCTIONS
1. The personal exemptions allowed: (a) Single Individuals \$6,000 (d) Dependents \$1,500 (b) Married Individuals (Jointly) \$12,000 (e) Age 65 and Over \$1,500 (c) Head of family \$9,500 (f) Blindness \$1,500	should not include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.
 2. Claiming personal exemptions: (a) Single Individuals enter \$6,000 on Line 1. (b) Married individuals are allowed a joint exemption of \$12,000. If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500; or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b). (c) Head of Family A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d). (d) An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer and who receives chief support from the taxpayer and who realifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer may claim 2 additional exemption. Married or single individuals may claim an additional exemption, but may heave prever may claim 2 additional exemption. 	 (e) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the age of 65 before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5. (f) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are blind. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed. 3. Total Exemption Claimed: Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables. 4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS. 5. PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION 6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER FAILS TO FILE AN EXEMPTION. 7. To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.



U.S. Citizenship and Immigration Services

► START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last Names Used (if any)			
Address (Street Number and N	ame)		<mark>Αpt. Νι</mark>	umber	City or Town			State	ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Social Sec	lber	ber Employee's E-mail Address			E	Employee's Telephone Number			
	-	-								

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 boxes):

1. A citizen of the United States	
2. A noncitizen national of the United States (See instructions)	
3. A lawful permanent resident (Alien Registration Number/USCIS Number):	
4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	QR Code - Section 1 Do Not Write In This Space
1. Alien Registration Number/USCIS Number:	
OR	
2. Form I-94 Admission Number:	
OR	
3. Foreign Passport Number:	
Country of Issuance:	

Signature of Employee

Today's Date (*mm/dd/yyyy*)

STOP

Preparer and/or Translator Certification (check one):

STOP

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.

(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Today's D)ate <i>(mm/d</i>	d/yyyy)
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)	City or	Town		State	ZIP Code



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

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

(Employers of their authorized representative must complete and sign Section 2 within's business days of the employee's inst day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Fa	mily Name)	First Name (Given Nam	<i>ie)</i>	IVI.I.	Citizenship/immigration Status		
List A Identity and Employment Aut	OF horization	R List Iden		ND		List C Employment Authorization		
Document Title		Document Title Drivers License		Docum Social		e rity Number Card		
Issuing Authority		Issuing Authority State of Mississippi		Issuing USA	g Autho	rity		
Document Number		Document Number		Docum	ient Nu	mber		
Expiration Date (<i>if any</i>) (<i>mm/dd/yy</i>)	уу)	Expiration Date (<i>if any</i>) (<i>mm</i> /dd/yyyy) Expiration				ion Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)		
Document Title								
Issuing Authority		Additional Informatio	n			QR Code - Sections 2 & 3 Do Not Write In This Space		
Document Number								
Expiration Date (if any) (mm/dd/yy)	<i>yy)</i>							
Document Title								
Issuing Authority								
Document Number								
Expiration Date (if any) (mm/dd/yy)	уу)							

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			Today's Date <i>(mm/dd/yyyy)</i>			Title of Employer or Authorized Representative HR/Payroll Admin				
Last Name of Employer or Authorized Representative First Name Wade Donald			ne of Employer or Authorized Representative d				Employer's Business or Organization Name Carroll County School District			
Employer's Business or Organization Address (Street Number and			d Name) City or Town					State	ZIP Code	
PO Box 256, 603 Lexington Street			Carrollton				MS	38917		
Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)										
A. New Name (if applicable)					B. Date o			f Rehire <i>(if applicable)</i>		
Last Name <i>(Family Name)</i>	First Name (Given Name)			Middle Initial		Date <i>(mm/dd/yyyy)</i>				
C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.										
Document Title			Docume	Document Number				Expiration Date (<i>if any</i>) (<i>mm/dd/yyyy</i>)		
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 Today's D		Date (mm/d		Name of Employer or Authorized Representative Donald Wade						

CARROLL COUNTY SCHOOL DISTRICT Direct Deposit Information

l,	, would like to add my direct
deposit information effective	
Bank Name:	
Routing Number:	
Account Number:	
Checking: or Sav	vings:
Signature	 Date

**** A voided check or routing information from your account holder can be attached in place of this form.****