

Southwest Georgia STEM Charter School

Governing Board Office

135 Pecan Street
P.O. Box 300
Shellman, GA 39886
Phone (229) 262-3071 Fax (229) 679-2075

Board Office:

Ginger Almon, School Leader
Lori Wilson, CFO
Heather Page, Data Coordinator
Blair Harris, Board Office Administrative Assistant

Welcome to Southwest Georgia STEM Charter School!

We are excited that you are interested in joining our team. As a part of this process, you will be required to complete the New Hire Employment Packet.

The following are minimal requirements:

- Employee Application
 - Consent for Criminal Background Check
 - Criminal Background Check (Non-Reimbursable)
 - Form 1-9
 - Copy of Driver's License and Social Security Card
 - Form W-4
 - Form G-4
 - Direct Deposit Form
 - Certificate (Please provide GAPSC Teaching or Paraprofessional Certificate if Applicable.)
 - Post Offer of Employment Medical Inquiry
 - Worker's Compensation Policy
 - Receipt of Child Abuse Reporting
 - Alcohol and Drug Release Policy Form
 - Media Disclosure Agreement
-
- **Southwest Georgia STEM Charter School withholds Social Security Taxes.**
 - **All Full time staff are eligible for pension and benefit plans. The types of plans will differ depending on the employment position.**
 - Certified employees, who have formerly worked in a public school system, must contact their previous employers and request verification for submission to the Payroll Department. All certified experience forms should be mailed to the attention of Lori Wilson in the Board Office. **It is the employee's responsibility to provide experience verification to Southwest Georgia Stem Charter School.**

Please make sure that you complete the paperwork to request transfer of your leave hours if you are a department transferring employee.

If you have any Questions, please contact Lori Wilson at 229-262-3071 Ext. 5051



APPLICATION FOR EMPLOYMENT

SOUTHWEST GEORGIA S.T.E.M. CHARTER SCHOOL BOARD OF EDUCATION

P.O. Box 300
Shellman, Georgia 38996

Name: _____

(As it appears on Social Security Card)

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

Date of Birth: _____ Social Security Number: _____

Email Address: _____

Eligibility for a valid Georgia teaching certificate is a prerequisite for employment. Contact Georgia Professional Standards Commission, www.gapsc.com

CERTIFIED TEACHER/PERSONNEL:

☐

Early Childhood (PK-2)

☐

Elementary (3-5)

☐

Middle Grades (6-8)

Area(s) of Concentration: _____

☐

Secondary (9-12)

Area (s) of Concentration: _____

☐

Counselor

ADMINISTRATION:

☐

School Administrator

☐

_____ Director or Specialist

☐

Central Office Administrator

CLASSIFIED PERSONNEL:

☐

Clerical

☐

Custodial

☐

Lunchroom

☐

Paraprofessional

☐

Bus Driver

☐

Other _____

TEACHING EXPERIENCE/WORK HISTORY

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

TEACHING EXPERIENCE/WORK HISTORY continued

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

Employer:			
Employer Address:			
Employment Dates:		Employer Telephone	
Supervisors Name:			
Job Title:			
Duties:			

EDUCATION

Name of School Attended	Date of Attendance	Area of Study	Degree Earned/ Date

CERTIFICATE INFORMATION

Certified Only must answer:

Do you hold a Georgia teacher's certificate? _____ If yes, type: _____ Certificate No _____

Fields or grades certified to teach _____

Undergraduate Major _____ Graduate Major _____

Years of Teaching Experience: _____ Years of Georgia Teaching Experience: _____

EMPLOYMENT INFORMATION (All applicants must answer)

May we contact your present employer? _____

Can you come for an interview? _____

When can you begin work? _____

Have you had practice teaching? _____

This space is provided for more information in regard to your interest, abilities, extracurricular activities, experiences, etc. which have a bearing upon your interest in and qualifications for teaching. -

.....

The following items become a part of your application for employment as a certified employee with the Randolph County School System, pursuant to O.C.G.A. 20-2-211.

1. Have you ever been arrested, pleaded guilty or no contest to or been convicted of a criminal offense other than a minor traffic offense? Yes _____ No _____

2. If you answered yes to Question 1, please give detailed information below as to each offense, including the specific offense for which you were charged, the disposition of the offense and the date, court, state, and county where you were charged.

Notice: The furnishing of false misleading information or the intentional withholding of material facts, including facts concerning one's criminal record, will constitute ground for immediate termination of employment.

3. I understand and agree to a criminal record check as provided by O.C.G.A 20-2-211, the policies and rules of the State Board of Education and of this board of education. I agree to be fingerprinted by the appropriate law enforcement officials and I further agree to sign the appropriate forms for which the law enforcement agency may require me to sign consenting to a criminal record check through the National Crime Information Center and the Georgia Crime Information Center. I understand that I will be issued only a temporary contract of employment pending the outcome of a criminal record check.

Date: _____ **Signature:** _____

REFERENCES

List the name of three persons not related to you who have definite knowledge of your qualifications and fitness for the position for which you are applying.

Name: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Name: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Name: _____ Position: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone Number: _____

Federal law prohibits discrimination on the basis of race, color, or national origin (Title VI of the Civil Rights Act of 1964); sex (Title IX of the Educational Amendments of 1972 and the Carl D. Perkins Vocational and Applied Technology Education Act of 1990); or disability (Section 504 of the Rehabilitation Act of 1973 and The American with Disabilities Act of 1990) in education programs or activities receiving federal financial assistance.

Employees, students, and the general public are hereby notified that Southwest Georgia STEM Charter School does not discriminate in any educational programs or activities or in employment policies.

Southwest Georgia STEM Charter School complies with all federal, state, and local laws, and provides an equal opportunity for all students and employees. The school prohibits discrimination based on race, creed, color, national origin, religion, ancestry, age, marital status, sexual orientation (known or perceived), gender identity expression (known or perceived), sex, disability, genetic information, nationality and/or citizenship in admission, grading, hiring, employment decisions, or any other activity. The school complies with all requirements of Title VII, Title IX, EPA, ADEA, ADA, Sections 501 and 505 of the Rehabilitation Act of 1973, Civil Rights Act of 1991.

DO NOT WRITE IN THIS SPACE

Date Received: _____

Acknowledge: _____

References Checked: _____

Interviewed: _____

POST-OFFER-OF-EMPLOYMENT MEDICAL INQUIRY

Completion of this report is requested to assist your employer with the claims management process.

Name_____ Department_____ Position_____

To the best of your knowledge do you have or have had any of the following medical problems?

Answer YES or NO

Answer YES or NO

YES or NO	Epilepsy	YES or NO	Muscular Dystrophy
YES or NO	Diabetes	YES or NO	Total Occupational loss of hearing
YES or NO	Arthritis	YES or NO	Compressed air sequelae
YES or NO	Amputated foot, leg, arm, or hand	YES or NO	Ruptured intervertebral disc
YES or NO	Loss of sight, in one or both eyes	YES or NO	Hip Replacement Surgery
YES or NO	Residual disability from Poliomyelitis	YES or NO	Permanent Condition 20% ↑ impaired
YES or NO	Cerebral Palsy	YES or NO	Cardiovascular Disorders
YES or NO	Multiple Sclerosis	YES or NO	Tuberculosis
YES or NO	Parkinson's Disease	YES or NO	Intellectual Disability
YES or NO	Psychoneurotic disability	YES or NO	Hemophilia
YES or NO	Sickle cell anemia	YES or NO	Chronic osteomyelitis
YES or NO	Ankylosis	YES or NO	Hyperinsulinism
YES or NO	Back conditions: _____-Back Surgery _____-degenerative disc disease _____-multiple back strains _____-chronic neck pains _____-Other (explain)	YES or NO	Neck conditions: _____-neck surgery _____-degenerative disc disease _____-multiple back strains _____-chronic neck pains _____-Other (explain)
YES or NO	Knee Condition: _____-Left knee surgery _____-Right knee surgery _____-double knee surgery _____-Other (explain)	YES or NO	Any other pre-existing diseases or other chronic medical conditions (please explain below)

For "yes" responses indicate the nature of injury or illness and name of physician in Remarks.

Remarks_____

Employee Signature_____ Date_____

Employer Signature_____ Date_____



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <div></div>		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)				
		If you check Item Number 4. , enter one of these:				
		USCIS A-Number		OR	Form I-94 Admission Number	
				OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A		LIST B	LIST C
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity	AND Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, sex, height, eye color, and address	2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record	5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card	6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card	7. Employment authorization document issued by the Department of Homeland Security For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central . The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
		8. Native American tribal document	
		9. Driver's license issued by a Canadian government authority	
		For persons under age 18 who are unable to present a document listed above:	
		10. School record or report card	
		11. Clinic, doctor, or hospital record	
		12. Day-care or nursery school record	
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none">Receipt for a replacement of a lost, stolen, or damaged List A document.Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.Form I-94 with "RE" notation or refugee stamp issued to a refugee.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code

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		Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)

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

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 05/31/2027

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (<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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

PAYROLL DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM

*****PLEASE WRITE LEGIBLY*****

Employer Name: Southwest GA Stem Charter School

Employee Name: _____

Employee **E-mail** address: _____@_____

****We MUST have a copy of a voided check or a bank provided ACH form in order to process your request. PLEASE ATTACH VOIDED CHECK HERE:**

Account Type (mark one): **Checking** **Savings**

<u>Deposit Amount</u> (mark one):	Entire	Percentage of Net	Flat Amount per Check
	Check	_____ %	\$ _____

I authorize my employer and the financial institution named above to remit my paycheck via ACH. This also includes my authorization for my employer to reverse any entries that were made in error. This authorization will remain in effect until the company receives written notice from me.

X Employee Signature: _____ Effective Date: _____

Employee's Withholding Certificate

OMB No. 1545-0074

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**Give Form W-4 to your employer.****Your withholding is subject to review by the IRS.****2025****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 surviving spouse <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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

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 the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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 Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c)	\$ _____

Step 5:
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 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 2025 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 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, 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 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 2025 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. 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; 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 2025 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:

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse	}	2	\$ _____
	• \$22,500 if you're head of household				
	• \$15,000 if you're single or married filing separately				

- 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.

Married Filing Jointly or Qualifying Surviving Spouse

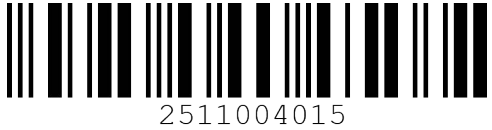
Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



2511004015

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 – 8

3. MARITAL STATUS

Enter letter below on Line 7.

4. DEPENDENT ALLOWANCES

[]

A. Single

B. Married Filing Separate or Married Filing Joint, both spouses working

C. Married Filing Joint, one spouse working

D. Head of Household

5. GEORGIA ADJUSTMENTS ALLOWANCE

[]

(See instructions for details. Worksheet below must be completed)

6. ADDITIONAL WITHHOLDING

\$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed for step 5)

A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....	\$ _____
B. Georgia Standard Deduction (enter one):	\$ _____
Single/Head of Household	\$12,000
Married Filing Joint	\$24,000
Married Filing Separate	\$12,000
C. Subtract Line B from Line A (If zero or less, enter zero)	\$ _____
D. Allowable Georgia Adjustments to Federal Adjusted Gross Income	\$ _____
E. Add the Amounts on Lines C and D	\$ _____
F. Estimate of Taxable Income not Subject to Withholding	\$ _____
G. Subtract Line F from Line E (if zero or less, stop here).....	\$ _____
H. Divide the Amount on Line G by \$4,000. Enter total here and on Line 5 above	_____

(This is the number of Georgia Adjustments Allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C or D) _____**TOTAL ALLOWANCES** (Total of Lines 4 - 5) _____

(Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 4 - 7 if claiming exempt) **Read the Line 8 instructions on page 2 before completing this section.**a) I claim exemption from withholding because I incurred no Georgia income tax liability last year **and** I do not expect to have a Georgia income tax liability this year. **Check here** ☐b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as provided on page 2. My state of residence is _____. My spouse's (servicemember) state of residence is _____. The states of residence must be the same to be exempt. **Check here** ☐

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature _____ Date _____

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Taxpayer Services Division, P.O. Box 105685, Atlanta, GA 30348-5685**9. EMPLOYER'S NAME AND ADDRESS:****EMPLOYER'S FEIN:** _____**EMPLOYER'S WH#:** _____

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 4 - 7.

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the letter on Line 7 according to your marital status.

- A. Single
- B. Married Filing Separate or Married Filing Joint, both spouses working
- C. Married Filing Joint, one spouse working
- D. Head of Household

Line 4: Enter the number of dependent allowances you are entitled to claim. The term "dependent" shall have the same meaning as in the Internal Revenue Code of 1986; provided, however, that any unborn child with a detectable human heartbeat, as such terms are defined in Code Section 1-2-1, shall qualify as a dependent minor.

Line 5: Complete the worksheet on Form G-4 if you claim Georgia adjustments Allowances. Enter the number from Line H here.

Failure to complete and submit the worksheet will result in automatic denial on your claim.

Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.

Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 4-5.

Line 8:

- a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount of Line 4 of Form 500EZ or Line 16 of Form 500 was zero, **and** you expect to file a Georgia tax return this year and will not have a tax liability. You cannot claim exempt if you did not file a Georgia income tax return for the previous tax year. **Receiving a refund in the previous tax year does not qualify you to claim exempt.**

EXAMPLES: Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore you **qualify** to claim exempt.

- b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:
 - 1. The servicemember is present in Georgia in compliance with military orders;
 - 2. The spouse is in Georgia solely to be with the servicemember;
 - 3. The servicemember maintains domicile in another state; and
 - 4. The domicile of the spouse is the same as the domicile of the servicemember or the spouse of the servicemember has elected to use the same residence for purposes of taxation as the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

- 1. On the W-2 the employer should not report any of the wages as Georgia wages.
- 2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Worksheet for calculating additional allowances. Enter the information as requested by each line. For Line D, enter items such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law, see the IT-511 booklet for more information.

Do not complete Lines 4-7 if claiming exempt.

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue. Employers should honor the properly completed form as submitted unless otherwise notified by the Department. Such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.

Southwest Georgia S.T.E.M. Charter School

Media Disclosure Agreement

Rules of System Usage Acknowledgement Form

I _____ have read Southwest Georgia S.T.E.M. Charter School's policies and procedures regarding the use of information system and agrees to comply with all terms and conditions. I agree that all information system activity conducted while doing Southwest Georgia S.T.E.M. Charter School business and being conducted with Southwest Georgia S.T.E.M. Charter School resources is the property of the State of Georgia. I understand that any information system to which I have access, can only be used for its intended purpose. I also agree to avoid the disclosure of any protected information to which I have access. I understand that Southwest Georgia S.T.E.M. Charter School reserves the right to monitor and log all information system activity including email and Internet use, with or without notice, and therefore I should have no expectations of privacy in the use of these resources.

_____ Employee Name Printed

_____ Employee Signature

(Date)



**Georgia Bureau of Investigation
Georgia Crime Information Center**

Consent Form

I hereby authorize _____ to receive any Georgia criminal history record information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

Full Name (print)

Address

Sex

Race

Date of Birth

Social Security Number

By signing this form, I acknowledge that I have been informed of the Noncriminal Justice Applicant's Privacy Rights and the Privacy Act Statement (Title 28 United States Code § 534).

Signature

Date

Special employment provisions (check if applicable):

____ Employment with mentally disabled (Purpose code 'M')

____ Employment with elder care (Purpose code 'N')

____ ☒ Employment with children (Purpose code 'W')

Select the number of days for authorization:

This authorization is valid for

____ 90

____ 180

__XX__ days from date of signature

I, _____ give consent to the above named to perform periodic criminal history background checks for the duration of my employment with this company.

STATEMENT ACKNOWLEDGING REQUIREMENT TO REPORT CHILD ABUSE

NOTE: RETAIN IN EMPLOYEE/LICENSEE FILE

NAME Please Print:

Employee Signature:

Date:

Georgia law **REQUIRES** certain persons to report known or suspected child abuse. As a licensee or an employee at a licensed facility or a child care institution, **YOU** are one of those persons - a "mandated reporter."

PERSONS WHO ARE REQUIRED TO REPORT ABUSE

All Employees of Southwest Georgia S.T.E.M. Charter School, as well as person who attend to a child pursuant to their duties as a volunteer for the school, who have reason or cause to believe that suspected child abuse has occurred shall notify the principal of the school, who shall report such abuse immediately, but in no case later than 24 hours from the time there is reasonable cause to believe the suspected child abuse has occurred, in accordance with Georgia law and the protocol for handling child abuse cases for Southwest Georgia S.T.E.M. Charter School

WHEN REPORTING ABUSE IS REQUIRED

A Under no circumstances shall the principal to whom a report of child abuse has been made exercise any control, restraint, modification to make other changes to information provided by a mandated reporter, although the reporter may provide any additional, relevant, and necessary when making a report.

ACKNOWLEDGMENT OF RESPONSIBILITY

I, _____, have knowledge of my responsibility on

_____ to report known or suspected child abuse in compliance with school policy.

Southwest Georgia S.T.E.M. Charter School

Media Disclosure Agreement

Rules of System Usage Acknowledgement Form

I _____ have read Southwest Georgia S.T.E.M. Charter School's policies and procedures regarding the use of information system and agrees to comply with all terms and conditions. I agree that all information system activity conducted while doing Southwest Georgia S.T.E.M. Charter School business and being conducted with Southwest Georgia S.T.E.M. Charter School resources is the property of the State of Georgia. I understand that any information system to which I have access, can only be used for its intended purpose. I also agree to avoid the disclosure of any protected information to which I have access. I understand that Southwest Georgia S.T.E.M. Charter School reserves the right to monitor and log all information system activity including email and Internet use, with or without notice, and therefore I should have no expectations of privacy in the use of these resources.

_____ Employee Name Printed

_____ Employee Signature

(Date)



* Please Do Not complete these instructions until directed to do so. The fee is not reimbursable.

Instructions:

Please only visit the locations listed on <https://ga.state.identogo.com/ue/service/lookup> to register and schedule your fingerprint appointment.

Step 1. Go to <https://ga.state.identogo.com/ue/service/lookup>. You will need to enter the information below to look up Southwest Georgia STEM Charter School. The Reviewing Agency ID is #GA931478Z. After continuing, you should see SGSC's information listed. Please make sure you see Southwest Georgia STEM Charter as the reviewing agency.

Georgia

Enrollment Service Lookup

Make selections below to find the desired enrollment service. Not all agencies are listed. If you do not see your agency, contact your agency or employer for a service code.

* Required fields

Agency*

Georgia Education Agencies

Reason for Fingerprinting*

School Employment - Public Schools

Reviewing Agency*

GA931478Z

If your agency provided a Requesting Agency ID number, enter it below and select Continue. If you were not provided a Requesting Agency ID number, leave it blank and select Continue.

Requesting Agency

CANCEL

CONTINUE >

Step 2. Click “Start Enrollment.” Read the Noncriminal Justice Applicant’s privacy rights and Privacy Act Statement. Check the box at the bottom and Click “Continue.”

Step 3. Enter in the requested personal information and Click “Review.” After reviewing your personal information Click “Submit Enrollment.”

Step 4. You will be taken to the page below. Please Contact Lori Wilson (lwilson@sowegastemcharter.org/229-942-9679) to let her know that you have registered.

FOR AGENCIES

GEORGIA Enrollment & Fingerprinting Services



Enrollment for Licensing, Certification, or Employment requirements in Georgia

IdentoGO by IDEMIA is the leading biometric solutions provider for state and local agencies, specializing in the secure capture and transmission of electronic fingerprints for employment, certification, licensing, and other verification purposes.

Enter your service code to get started.

GA Residents: Enter your service code below to start your enrollment process and schedule an appointment at an in-state enrollment center.

Non-GA Residents: Select Mail in Physical Fingerprint Card option under Additional Services section below.

Don't know your service code? Click [here](#) or contact your agency or employer.

GET STARTED >

Step 5. Once you have registered, you will receive a confirmation email.

GEORGIA

Enrollment Request Submitted

Hello Lori Wilson,

Your fingerprint registration is under review by SOUTHWEST GEORGIA STEM CHARTER. When the review is complete, you will receive an email that will provide the next step.

For Enrollment and Scheduling Assistance, please contact IdentoGO Customer Service: 833-542-9283.

If you have questions about the Georgia Applicant Processing Service (GAPS), contact Georgia Bureau of Investigation at 404-244-2639 Option 2 or email GAApplicant@gbi.ga.gov during the operating hours Monday through Friday 9:00 AM until 4:00 PM ET.

ENROLLMENT DETAILS

UEID	ORI / AGENCY	SERVICE
[REDACTED]	GA931478Z - SOUTHWEST GEORGIA STEM CHARTER	School Employment - Public Schools

To check your application status or cancel your request, please follow the link below.

 [Check Enrollment Status](#)

Check Enrollment
Status

 [Logo Image](#)

Step 6. Your registration will need to be approved before you can Schedule an appointment. Once you receive confirmation that it is approved, Click on “Enrollment Status.” This is found in the confirmation email or you can go to the link <https://ga.state.identogo.com/ue>. This will take you to a page where you can check enrollment status, reschedule, or manage your appointment.

Step 7. After you have completed your fingerprints, please contact Lori Wilson at 229-942-9679/(lwilson@sowegastemcharter.org). The results are usually available within 24-48 hours.

If you have any questions, please contact Lori Wilson.

Southwest Georgia STEM Charter School Request for Verification of Employment

To:

School System or Institution

Mailing Address

City

State

Zip code

Southwest Georgia STEM Charter School has employed the individual whose name appears below. In order to establish salary placement, it is necessary to verify previous professional employment. The third page provides the form for the information for salary purposes and for other employee benefits. Thank you for this service to your former employee.

To Be Completed By Employee

First Name

Middle Name

Last Name

Name of Employed, if different from above

Social Security Number

Dates of Employment

School or Department

Position

Please check the appropriate option below:

() I was NOT employed by a Georgia Public School System or other Georgia employer under the State Health Benefit plan for 20____ - 20____ school year.

() I was employed by a Georgia Public School System or other employer under the State Health Benefit plan for the 20____ - 20____ school year;.

1. What is the name of the School System or agency you were employed with during the 20____ - ____ school year.

I understand that if my Southwest Georgia STEM Charter School employment should end at the close of the 20____ - ____ School year and if I am on the September through August pay cycle, my last paycheck will be issued August 31st,____ and that my benefits will be effective through September 30th,____. I hereby authorize you to release all information requested on the third page of this form to the Southwest Georgia STEM Charter School.

Signature

Date

The second page of this form is to be completed by the school system or institution and returned to:

Lori Wilson- CFO
Southwest Georgia STEM Charter School
P.O. Box 300
Shellman, GA 39886

229-262-3071 ext. 5051
229-679-2075 (Fax)
lwilson@sowegastemcharter.org

SOUTHWEST GEORGIA STEM CHARTER SCHOOL
Employment Verification

Use one line for all consecutive academic years unless change in status. Do not include leave of absence periods or substitute teaching. Please make copies if additional lines are needed and return completed copy to:

Lori Wilson- CFO
Southwest Georgia STEM Charter School
P.O. Box 300
Shellman, GA 39886

229-262-3071 ext. 5051
229-679-2075 (Fax)
lwilson@sowegastemcharter.org

School District or Institution	Dates of Service From-To	School Accrediting Agency	Days in full Contract Year	Contract Days Employed	Status FT/PT Hrs/Day	Position Grades and Subjects Taught Major portion of time	Tenured Y/N	Professional Certificate Type/Level

Please do not leave blank. This Information is very important for accurate placement on the correct salary step.

For last year employed: State Base Salary _____ Yrs. of Creditable Service Exp. _____ Step _____ Yrs. Of actual Exp. _____
 Month of last paycheck _____

For prior experience from other school systems/organizations the employee was granted _____ years of creditable experience and placed on _____ Step on the Georgia Salary Schedule.

Did the Employee advance from Step E to Step 1 after their first year of experience? ____yes or ____No If no, please check one of the following:

- Employee had provisional certificate and remained on Step E for 3 years ____ Please explain. _____
- Employee was granted experience from a state agency or out of state ____ Please explain. _____
- Employee had an unsatisfactory evaluation ____ Please explain. _____

As of _____, the employee had _____ days of UNUSED accumulated sick leave. (Georgia School Systems Only)

GA. State Health Benefit Plan enrolled: _____(No Coverage), _____(Single), _____(Family), _____(PPO), _____(Other Specify)

1. When will the Employee receive their last paycheck for the 20____ - _____ School Year?

Please Circle: **End of July** OR **End of August**

OTHER: _____

2. Will benefit coverage be deducted from the Employee's last paycheck? _____
3. What date will benefit coverage end? _____

I certify that this verification of professional experience omits leave of absence periods. I further certify that all information listed is complete and correct according to the official records on file in the school system or institution providing this certification of employment.

Signature of Authorized Official

Printed Name of Authorized Official

Email Address of Authorized Official

Title

Phone Number

Date