



189 W. MARKET ST. WABASH, IN 46992

260-563-2151

## WABASH CITY SCHOOLS

### Checklist for Substitute Teachers

- Compete Support Staff Application and Payroll Paperwork
- Complete Employee Background Check online at [www.apaches.k12.in.us](http://www.apaches.k12.in.us)
- Complete online Substitute Permit at [www.doe.in.gov](http://www.doe.in.gov)

#### Once paperwork is complete and background check is submitted:

- Return application and payroll paperwork to the Administration Office (189 W Market St, Wabash), along with a copy of your Driver's License and Social Security Card.
- Make an appointment for an interview. You may make the appointment when returning your paperwork or you may call the Administration Office at 563-2151.
- Following the interview, your Substitute Permit will be reviewed by the superintendent.
- Once your permit is approved, a copy submitted to the Administration Office, and your background check has cleared, you will be given a badge and added to the Substitute Teacher List.
- If you have any questions or need assistance, please contact Kindi Kugler at 260-563-2151 or [kuglerk@apaches.k12.in.us](mailto:kuglerk@apaches.k12.in.us).

## **SUPPORT STAFF APPLICATION WABASH CITY SCHOOLS**

189 W Market St., P.O. Box 744, Wabash, IN 46992  
Phone 260-563-2151  
Fax 260-563-2066  
Website: [www.apaches.k12.in.us](http://www.apaches.k12.in.us)

The Wabash City School District does not discriminate, deny benefits to, nor exclude anyone from participation on the basis of age, color of skin, religion, sex, national origin, or handicap.

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### **A. GENERAL INFORMATION (Please Print)**

1. Name \_\_\_\_\_ Date of Application \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

2. Present Address \_\_\_\_\_ Present Phone Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Work Phone No. \_\_\_\_\_  
Is it all right to contact you at work? Yes No

Email Address \_\_\_\_\_

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### **B. POSITION DESIRED (check one or more)**

<input type="checkbox"/> Secretarial/Clerical	<input type="checkbox"/> Cafeteria	<input type="checkbox"/> Bus Driver/Aide/Mechanic
<input type="checkbox"/> Para Professional	<input type="checkbox"/> Custodian	<input type="checkbox"/> Substitute
<input type="checkbox"/> School Nurse	<input type="checkbox"/> Substitute Nurse	

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### **C. BUILDING DESIRED (check one or more)**

<input type="checkbox"/> Administration Office	<input type="checkbox"/> O.J. Neighbours Elementary
<input type="checkbox"/> Wabash High School	<input type="checkbox"/> L.H. Carpenter Early Learning Center
<input type="checkbox"/> Wabash Middle School	<input type="checkbox"/> Any

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This application will remain on file for one year from the date of application. It must be renewed or updated if further consideration for a position is desired.

**PLEASE ATTACH A PERSONAL RESUME IF AVAILABLE**

#### **D. EDUCATION/TRAINING (Please Print)**

School Name	City/State	Dates Attended	Diploma/Degree
1. Last High School Attended			
2. *Colleges or University			
3. Business or Trade			
4. Other			

\*If you did not receive a degree, indicate the number of college hours attained: \_\_\_\_\_

**Please attach your college transcript with this application.**

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#### **E. EMPLOYMENT EXPERIENCE (Please Print)**

Please list experience beginning with the most recent:

From - To	Name & Address Of Employer	Immediate Supervisor	Type of Job/ Position Held	Reason For Leaving
1.				
2.				
3.				
4.				

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#### **F. OTHER INFORMATION (Please Print)**

Please give any additional information you think would be helpful concerning your knowledge, skills and experience related to the job for which you are applying.

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#### **G. REFERENCES (Professional/Personal) (Please Print)**

Full Name Of Reference	Position/Relationship	Address	City	State	Phone No.
1.					
2.					
3.					
4.					

## **H. FOR SUBSTITUTE TEACHER APPLICANTS ONLY (Please Print)**

Note: Wabash City Schools requires either an Indiana teaching license or 60 college credit hours for substitute teaching. Some of those credit hours may be waived with previous experience.

Do you hold a valid Indiana teaching license?  Yes  No  
(If yes, please attach a copy of your license)

Do you hold a valid Indiana substitute teaching certificate?  Yes  No  
(If yes, please attach a copy of your certificate)

Are there any days of the week you are not available to substitute?  If yes, what day(s) \_\_\_\_\_

If you substitute at a secondary building, is there an area of subject you are not comfortable substituting in?  
\_\_\_\_\_

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## **I. FOR SECRETARIAL APPLICANTS ONLY (Please Print)**

1. Do you type? \_\_\_\_\_ Words per minute \_\_\_\_\_  
(yes or no)

2. Are you proficient with word processing?  Yes  No      What kind of hardware? \_\_\_\_\_  
What kind of software? \_\_\_\_\_

3. Are you proficient with design and management of computer files?  Yes  No

4. Are you proficient with the set up of spreadsheets?  Yes  No      What applications? \_\_\_\_\_

5. Please list all office machines with which you have had previous experience?  
\_\_\_\_\_  
\_\_\_\_\_

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## **J. FOR CUSTODIAL APPLICANTS ONLY (Please Print)**

1. Have you performed custodial work before? \_\_\_\_\_ If yes where? \_\_\_\_\_  
(yes or no)

2. What types of machines have you used or do you have knowledge of?  
\_\_\_\_\_  
\_\_\_\_\_

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## **K. FOR TRANSPORTATION DEPT. APPLICANTS ONLY (Please Print)**

1. Do you currently have a Class B CDL License?  Yes  No

2. How long have you driven a school bus \_\_\_\_\_

3. Do you hold the Yellow Standard Certificate?  Yes  No

## **L. REQUEST FOR BACKGROUND INFORMATION (Please Print)**

Dear Applicant:

Employment with Wabash City Schools involved contact with our student population. We ask that you complete the questions below to help us evaluate your suitability to work with these students. All applicants for employment are expected to provide us with this information; you are not being singled out for closer inspection. This insert is part of the application itself and any misrepresentation or omission of fact may be grounds for disqualification from further consideration or for termination from employment regardless of when the misrepresentation or omission is discovered.

The conviction of a crime or any affirmative answer provided by you on this insert is not an automatic bar to employment. The Wabash City Schools will consider the nature of the conviction or alleged conduct underlying the affirmative response, the date of the alleged conduct in question, your intervening conduct and the relationship between the offense or alleged conduct underlying the affirmative response, and the position for which you are applying.

1. If you are now working, is your conduct as an employee or the quality of your work the focus of an investigation by your current employer? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain the circumstances on a separate sheet and attach it to this application.
2. Have you ever resigned from a job or been involuntarily terminated after being disciplined by your employer or been offered the opportunity to resign rather than be terminated? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain the circumstances on a separate sheet and attach it to this application.
3. Moral turpitude is an act of baseness, vileness, or depravity in the private and social duties which a person owes another member of society or society in general and which is contrary to the accepted rule of right and duty between persons, including, but not limited to theft, attempted theft, murder, rape, swindling and indecency with a minor. Have you ever been investigated for, charged with, convicted of a felony, or placed on probation for any offense involving moral turpitude? \_\_\_\_\_ Yes \_\_\_\_\_ No. If yes, explain the circumstances on a separate sheet and attach it to this application.
4. Have you ever been investigated for, charged with or pleaded guilty or "no contest" to any crime involving the sexual abuse of any person or indecency with a minor? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain the circumstances on a separate sheet and attach it to this application.
5. Have you ever been charged with any criminal or juvenile offense? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, state when the charges were filed, in what court the charges were filed, the nature of the charges that were filed, whether you pleaded guilty or were found guilty, and what penalties or fines were imposed?
6. Have you ever been charged with a crime, other than a minor traffic offense, where the court has deferred further proceedings without entering a finding of guilt and placed you on probation or in a public service or education program? Yes \_\_\_\_\_ No \_\_\_\_\_. If yes, explain the circumstances on a separate sheet and attach it to this application.

#### **M. AUTHORIZATION AND RELEASE**

I authorize the Wabash City Schools to check my employment history, including without limitation, reference checks, and to seek the release of investigatory information, including a "Background Investigation" possessed by any private or public employer or any local, state or federal agency. I authorize these private or public employers or local, state or federal agencies to provide the Wabash City Schools any information they may release concerning the matters described herein, and I will cooperate to the extent necessary to obtain the release of this information.

I verify that the information given by me in this application is true, accurate and complete. I understand that if I have given any false information on this application or if I have omitted any material fact, I may be disqualified from employment with Wabash City Schools, or if hired, I may be discharged upon discovery of such false statement(s) or omission(s). I further agree to observe all rules, regulations, and policies of the District now in force and effect or as they may change during my employment, if I am employed by the District.

I expressly waive, in connection with any request for or provision of such information, any claims or causes of action, including without limitation, defamation, infliction of emotional distress, invasion of privacy, or interference with contractual relations that I might otherwise have against the Wabash City Schools, its officials, employees, trustees or agents, or against any provider of such information.

I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period of time and is terminable at any time and for any reason by the school corporation, or by me. I further understand that statements which may be contained in policies, practices, handbooks, or other school corporation materials do not create any guarantee of employment and that the school corporation has the right to modify, amend, or terminate policies, practice, benefit plans, or other programs within the limits and requirements imposed by law.

I HAVE READ THIS AUTHORIZATION AND RELEASE OF ALL CLAIMS, AND I EXPRESSLY AGREE TO THE TERMS SET FORTH HEREIN.

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Signature

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Printed Name

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Date



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

**USCIS**  
**Form I-9**  
OMB No. 1615-0047  
Expires 10/31/2022

►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 Name)		Apt. Number	City or Town	State ZIP Code								
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Employee's E-mail Address		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):

<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 (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 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)
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**Preparer and/or Translator Certification (check one):**

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> 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.)
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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 Date (mm/dd/yyyy)		
Last Name (Family Name)	First Name (Given Name)		
Address (Street Number and Name)	City or Town	State	ZIP Code



*Employer Completes Next Page*





## Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 10/31/2022

### Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR 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 (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
List A Identity and Employment Authorization				
Document Title	Document Title	Document Title	List C Employment Authorization	
Issuing Authority	Issuing Authority	Issuing Authority		
Document Number	Document Number	Document Number		
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)		
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Additional Information			QR Code - Sections 2 & 3 Do Not Write In This Space	

**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 (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

### Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)
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	Document Number	Expiration Date (if any) (mm/dd/yyyy)	

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 Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

LIST A  Documents that Establish Both Identity and Employment Authorization	OR	LIST B  Documents that Establish Identity	AND	LIST C  Documents that Establish Employment Authorization
<p>1. U.S. Passport or U.S. Passport Card</p> <p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p> <p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p> <p>4. Employment Authorization Document that contains a photograph (Form I-766)</p> <p>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</p> <p>a. Foreign passport; and</p> <p>b. Form I-94 or Form I-94A that has the following:</p> <p>(1) The same name as the passport; and</p> <p>(2) An endorsement of the alien's nonimmigrant status 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.</p> <p>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</p>		<p>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, gender, height, eye color, and address</p> <p>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, gender, height, eye color, and address</p> <p>3. School ID card with a photograph</p> <p>4. Voter's registration card</p> <p>5. U.S. Military card or draft record</p> <p>6. Military dependent's ID card</p> <p>7. U.S. Coast Guard Merchant Mariner Card</p> <p>8. Native American tribal document</p> <p>9. Driver's license issued by a Canadian government authority</p> <p><b>For persons under age 18 who are unable to present a document listed above:</b></p> <p>10. School record or report card</p> <p>11. Clinic, doctor, or hospital record</p> <p>12. Day-care or nursery school record</p>	<p>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</p> <p>(1) NOT VALID FOR EMPLOYMENT</p> <p>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</p> <p>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</p> <p>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</p> <p>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</p> <p>4. Native American tribal document</p> <p>5. U.S. Citizen ID Card (Form I-197)</p> <p>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p> <p>7. Employment authorization document issued by the Department of Homeland Security</p>	

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

**Refer to the instructions for more information about acceptable receipts.**

**Employee's Withholding Certificate**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

OMB No. 1545-0074

Give Form W-4 to your employer.  
Your withholding is subject to review by the IRS.**2026**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		
	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.) <b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://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](http://www.irs.gov/W4App).

<b>Step 2: Multiple Jobs or Spouse Works</b>	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 <a href="http://www.irs.gov/W4App">www.irs.gov/W4App</a> 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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . .
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**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.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): (a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . . (b) Multiply the number of other dependents by \$500 . . . . . Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .	3(a) \$	3(b) \$	3 \$
<b>Step 4: Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . . (b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . . (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	4(a) \$	4(b) \$	4(c) \$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . <input type="checkbox"/>		
<b>Step 5: Sign Here</b>	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
<b>Employers Only</b>	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](http://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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. 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, 2027.

**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](http://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](http://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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

**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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**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 when you file your tax return.

**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](http://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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) . . . . .

4 \$ \_\_\_\_\_

## Step 4(b)—Deductions Worksheet (Keep for your records.)



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

- 1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.
  - a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 . . . . .
  - b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation . . . . .
  - c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 . . . . .
- 2 Add lines 1a, 1b, and 1c. Enter the result here . . . . .
- 3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):
  - a Enter \$6,000 if you are age 65 or older before the end of the year . . . . .
  - b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . .
- 4 Add lines 3a and 3b. Enter the result here . . . . .
- 5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . .
- 6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:
  - a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . . . . .
  - b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) . . . . .
  - c **Home mortgage interest.** If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . .
  - d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . .
  - e **Other itemized deductions.** Enter the amount for other itemized deductions . . . . .
- 7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . .
- 8 **Limitation on itemized deductions.**
  - a Enter your total income . . . . .
  - b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9
- 9 Enter: 
$$\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\} . . . . .$$
- 10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . .
- 11 **Standard deduction.**
  - Enter: 
$$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\} . . . . .$$
- 12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) . . . . .
- 13 Add lines 11 and 12. Enter the result here . . . . .
- 14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . .
- 15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . .

1a \$ \_\_\_\_\_  
 1b \$ \_\_\_\_\_  
 1c \$ \_\_\_\_\_  
 2 \$ \_\_\_\_\_  
 3a \$ \_\_\_\_\_  
 3b \$ \_\_\_\_\_  
 4 \$ \_\_\_\_\_  
 5 \$ \_\_\_\_\_  
 6a \$ \_\_\_\_\_  
 6b \$ \_\_\_\_\_  
 6c \$ \_\_\_\_\_  
 6d \$ \_\_\_\_\_  
 6e \$ \_\_\_\_\_  
 7 \$ \_\_\_\_\_  
 8a \$ \_\_\_\_\_  
 8b \$ \_\_\_\_\_  
 9 \$ \_\_\_\_\_  
 10 \$ \_\_\_\_\_  
 11 \$ \_\_\_\_\_  
 12 \$ \_\_\_\_\_  
 13 \$ \_\_\_\_\_  
 14 \$ \_\_\_\_\_  
 15 \$ \_\_\_\_\_

**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	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,190	4,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

**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	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

**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	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,760	3,760	4,070	4,070	4,210	
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	18,710	20,320	21,620
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,480	25,380	26,680
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	27,820
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190



Form WH-4  
State Form 48845  
(R3 / 5-15)

## State of Indiana Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.

The completed form should be returned to your employer.

Full Name \_\_\_\_\_ Social Security Number or ITIN \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Indiana County of Residence as of January 1: \_\_\_\_\_ (See instructions)

Indiana County of Principal Employment as of January 1: \_\_\_\_\_ (See instructions)

### How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" .....  
Nonresident aliens must skip lines 2 through 6. See instructions
2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" .....
3. You are allowed one (1) exemption for each dependent. Enter number claimed.....
4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or  
(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older  or blind  Spouse is 65 or older  or blind

Enter the total number of boxes checked.....

5. Add lines 1, 2, 3, and 4. Enter the total here ..... ➤
6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions)..... ➤
7. Enter the amount of additional state withholding (if any) you want withheld each pay period ..... \$\_\_\_\_\_
8. Enter the amount of additional county withholding (if any) you want withheld each pay period..... \$\_\_\_\_\_

I hereby declare that to the best of my knowledge the above statements are true.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter 'not applicable' on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

**Nonresident alien limitation.** A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from [www.irs.gov](http://www.irs.gov) for information about these tests).

All other employees should complete lines 1 through 7.

**Lines 1 & 2 -** You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

**Line 3 - Dependent Exemptions:** You are allowed one exemption for each of your dependents based on state and federal guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$1,000 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution).

**Line 4 - Additional Exemptions.** You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

**Line 5 -** Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

**Line 6 - Additional Dependent Exemptions.** An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter and/or foster child.

**Lines 7 & 8 -** If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4;
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year; or
- (c) the person who you claim as an exemption will receive more than \$1,000 of income during the tax year.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.

## AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

CUSTOMER NAME(S) \_\_\_\_\_

I (we) hereby authorize **WABASH CITY SCHOOLS**, hereinafter called COMPANY, to initiate credit entries to my (our) accounts indicated below at the Depository Financial Institution(s) named below, hereinafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

*You may choose to deposit your pay to checking and/or savings, please select your desire below.*

(1) The DEPOSIT AMOUNT will be \$ \_\_\_\_\_ /or BALANCE per pay to (  ) Checking (  ) Savings.

(2) The DEPOSIT AMOUNT will be \$ \_\_\_\_\_ /or BALANCE per pay to (  ) Checking (  ) Savings.

### COMPLETE ALL OF THE FOLLOWING INFORMATION OR ATTACH A VOIDED CHECK.

(1) Depository Bank Name: \_\_\_\_\_ (2) Depository Bank Name \_\_\_\_\_

(1) Depository Bank Address: \_\_\_\_\_ (2) Depository Bank Address \_\_\_\_\_  
\_\_\_\_\_

(1) (  ) Checking (  ) Savings (2) (  ) Checking (  ) Savings

(1) Depository Routing Number: \_\_\_\_\_ (2) Depository Routing Number: \_\_\_\_\_

(1) Depository Account Number: \_\_\_\_\_ (2) Depository Account Number: \_\_\_\_\_

It shall be the responsibility of the Company that the origination of ACH transactions complies with the laws of the United States. This includes, but is not limited to sanctions enforced by the Office of Foreign Assets Control (OFAC). It shall further be the responsibility of the Company to obtain information regarding such OFAC enforced sanctions.

The company will obtain written authorizations for consumer entries in accordance with ACH Rules and U.S. law shall retain the original or microfilm record for two (2) years after termination or revocation of such authorization.

This authorization is to remain in full force and effect until the COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford the COMPANY and the Depository a reasonable opportunity to act on the termination request.

Printed Name \_\_\_\_\_

Printed Name \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

## Payroll Dates 24-25

Date	Pay Period	
6/7/2024	05/20/2024 -	06/02/2024
6/21/2024	06/03/2024 -	06/16/2024
7/5/2024	06/17/2024 -	06/30/2024
7/19/2024	07/01/2024 -	07/14/2024
8/2/2024	07/15/2024 -	07/28/2024
8/16/2024	07/29/2024 -	08/11/2024
8/30/2024	08/12/2024 -	08/25/2024
9/13/2024	08/26/2024 -	09/08/2024
9/27/2024	09/09/2024 -	09/22/2024
10/11/2024	09/23/2024 -	10/06/2024
10/25/2024	10/07/2024 -	10/20/2024
11/8/2024	10/21/2024 -	11/03/2024
11/22/2024	11/04/2024 -	11/17/2024
12/6/2024	11/18/2024 -	12/1/2024
12/20/2024	12/02/2024 -	12/15/2024
1/3/2025	12/16/2024 -	12/29/2024
1/17/2025	12/30/2024 -	01/12/2025
1/31/2025	01/13/2025 -	01/26/2025
2/14/2025	01/27/2025 -	02/09/2025
2/28/2025	02/10/2025 -	02/23/2025
3/14/2025	02/24/2025 -	03/09/2025
03/28/2025	03/10/2025 -	03/23/2025
4/11/2025	03/24/2025 -	04/06/2025
4/25/2025	04/07/2025 -	04/20/2025
5/9/2025	04/21/2025 -	05/04/2025
5/23/2025	05/05/2025 -	05/18/2025
6/6/2025	05/19/2025-	06/01/2025

# DOCULIVERY

## Quick-Start Guide

This guide provides you with the basic quick-start information needed to log in and access your electronic documents in no time at all. The instructions below highlight the steps for logging into the Doculivery system with a unique User ID and Password to access your online pay stubs and setup notification options with just a few quick clicks!

### Getting Started

1. Point your internet browser to the following url:

[www.Doculivery.com/apaches](http://www.Doculivery.com/apaches)

2. Enter your User ID. **1**

Your USER ID is:

apaches plus your Employee ID.

3. Enter your initial Password. **2**

You will be required to change your password upon initial log in.

Your initial PASSWORD is:

The last four digits of your SSN.

4. Click the Log In button. **3**

5. Once you have logged in and changed your password, please make a note of your new password for future reference.

6. Once logged in, you will see the main screen which is organized by tabs. Click on the Pay Stubs tab **4** to see a list of all pay dates for which you have a pay stub. To see the entire pay stub for a particular date click on the view icon in the Click To View column on the left side of the screen. **5**

### Setting Up Notification Options

1. Click on the Pay Stubs tab **4**. On the right side of the screen, select the appropriate bar **6** to setup email or text message notifications.

**PLEASE LOG-IN TO THE DOCULIVERY SYSTEM.**

User ID help information will appear here when you visit the url noted in step one.

User ID: **1**

Password help information will appear here when you visit the url noted in step one.

Password: **2**

**3** Log In

**4**

CLOCK TO VIEW	PAY DATE	PAY BEGIN DATE	PAY END DATE
	07/24/2006	07/10/2006	07/21/2006
	07/10/2006	06/26/2006	07/03/2006
	06/26/2006	05/12/2006	06/23/2006
	05/12/2006	05/29/2006	05/09/2006
	05/29/2006	05/15/2006	05/26/2006
	05/01/2006	04/17/2006	04/28/2006

**5**

**6**

**CURRENT NOTIFICATION OPTIONS**

- Email my new paystub [tyler@natpay.com] (as HTML) [Remove](#)
- Email my new paystub [tyler@natpay.com] (as HTML) [Remove](#)
- Text Message of Categories by sending a text message to the phone number: (813) 222-0333 (AT&T) [Remove](#)
- Email my new paystub [123@abc.com] (as HTML) [Remove](#)
- Notify me when my paystub is delivered by sending a text message to the phone number: (260) 437-5979 [Remove](#)
- Notify me when my paystub is delivered by sending an email to the email address: test@test.com [Remove](#)

**Add Another Email Delivery Option**

**Add Another Email Notification**

**Add Another Text Message Notification**

**Add Detailed Text Messaging**