Jackson State University
Division of Human Resources

Student Payroll Packet

Checklist:

____ Completed Student EPAF (Electronic Personnel Action Form)
____ Form I-9 (Attached Required Identification Documents)
____ Form W-4
____ Mississippi Withholding Exemption Certificate
____ New Hire (Complete Hiring Documents- Form I-9, W4, MS Withholding Certificate)
   Or
____ Rehire (Hiring Documents Not Required)

Student Name: ___________________________ J-Number __________________

Student Signature: ___________________________ Date __/__/____

Supervisor Signature: ___________________________ Date __/__/____

Student Employment

<table>
<thead>
<tr>
<th>Employment Type</th>
<th>Position Number</th>
<th>Department</th>
</tr>
</thead>
<tbody>
<tr>
<td>Federal Work-Study</td>
<td>SFW _________</td>
<td></td>
</tr>
<tr>
<td>College Work-Aid</td>
<td>SCH _________</td>
<td></td>
</tr>
<tr>
<td>Graduate Assistant</td>
<td>SGH _________</td>
<td></td>
</tr>
</tbody>
</table>
Employment Eligibility Verification

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)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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<td></td>
</tr>
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</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- [ ] A citizen of the United States
- [ ] A noncitizen national of the United States (See instructions)
- [ ] A lawful permanent resident (Alien Registration Number/USCIS Number):
  __________________________

- [ ] An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) ___________________. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number:
   __________________________
   **3-D Barcode**
   Do Not Write In This Space
   OR

2. Form I-94 Admission Number:
   __________________________

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: __________________________

Country of Issuance: __________________________

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: __________________________ Date (mm/dd/yyyy): __________________________

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator: __________________________ Date (mm/dd/yyyy): __________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
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<tbody>
<tr>
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</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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<tbody>
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<td></td>
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</table>

Form I-9  03/08/13 N  Page 7 of 9
Section 2. Employer or Authorized Representative Review and Verification

Employer Last Name, First Name and Middle Initial from Section 1:

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
<td>Document Title:</td>
</tr>
<tr>
<td>Issuing Authority:</td>
<td></td>
<td>Issuing Authority:</td>
<td></td>
<td>Issuing Authority:</td>
</tr>
<tr>
<td>Document Number:</td>
<td></td>
<td>Document Number:</td>
<td></td>
<td>Document Number:</td>
</tr>
<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
<td></td>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
</tr>
<tr>
<td>Document Title:</td>
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<tr>
<td>Issuing Authority:</td>
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<td>Document Number:</td>
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<tr>
<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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<td>Document Title:</td>
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<td>Expiration Date (if any)(mm/dd/yyyy):</td>
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</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Jackson State University</td>
</tr>
<tr>
<td>Employer's Business or Organization Address</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>(Street Number and Name)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1400 JR Lynch Street</td>
<td>Jackson</td>
<td>MS</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial</th>
<th>B. Date of Rehire (if applicable) (mm/dd/yyyy):</th>
</tr>
</thead>
</table>

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (if any)(mm/dd/yyyy):</th>
</tr>
</thead>
</table>

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: Date (mm/dd/yyyy): Print Name of Employer or Authorized Representative:
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
<th>OR</th>
<th>LIST B</th>
<th>Documents that Establish Identity</th>
<th>AND</th>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: 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 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.</td>
<td>5. U.S. Military card or draft record</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>6. Military dependent's ID card</td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
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<tr>
<td></td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>5. Native American tribal document</td>
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</tr>
<tr>
<td></td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
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<tr>
<td></td>
<td>precursor</td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
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</tr>
</tbody>
</table>

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

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
Form W-4 (2015)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,000 and includes more than $300 of interest income, certain credits, and dividends. Your wages, withholding allowances must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Exceptions. An employee may be able to claim exemption from withholding even if the employee is:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 502, Exemptions, Standard Deduction, and Filing Information, for information on head of household.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1369, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After you file Form W-4, review it to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed $150,000 (Single) or $120,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w-4.

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**Personal Allowances Worksheet (Keep for your records.)**

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

- You are single and have only one job;
- You are married, have only one job, and your spouse does not work; or
- Your wages from your job or your spouse's wages (or the total of both) are $1,500 or less.

**B** Enter "**1**" if:

- You are married, have one job, and your spouse does not work; or
- Your wages from your job or your spouse's wages (or the total of both) are $1,500 or less.

**C** Enter "**1**" for your spouse. But, you may choose to enter "**0**" if you are married and have either a working spouse or more than one job. (Entering "**0**" may help you avoid having too little tax withheld.)

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

**E** Enter "**1**" if you will file as head of household on your tax return (see conditions under Head of household above)

**F** Enter "**1**" if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit

(Not. Do not include child support payments. See Pub. 505, Child and Dependent Care Expenses, for details.)

**G** Child Tax Credit (including additional child tax credit), See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than $65,000 ($100,000 if married), enter "**2**" for each eligible child; then less "**1**" if you have two or more eligible children or less "**2**" if you have five or more eligible children.
- If your total income will be between $65,000 and $84,000 ($100,000 and $119,000 if married), enter "**1**" for each eligible child.

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

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**Separate here and give Form W-4 to your employer. Keep the top part for your records.**

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**Form W-4 (2015)**

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**Employee's Withholding Allowance Certificate**

- Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

<table>
<thead>
<tr>
<th>1 Your first name and middle initial</th>
<th>2 Your social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last name</td>
<td></td>
</tr>
</tbody>
</table>

**Home address (number and street or rural route)**

<table>
<thead>
<tr>
<th>City or town, state, and ZIP code</th>
<th>4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.</th>
</tr>
</thead>
</table>

**Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)**

**Additional amount, if any, you want withheld from each paycheck**

**I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.**

- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here. 

**Employee's signature**

**Date**

**For Privacy Act and Paperwork Reduction Act Notice, see page 2.**

Cat. No. 102200Q
MISSISSIPPI EMPLOYEE’S WITHHOLDING EXEMPTION CERTIFICATE

Employee’s Name: ___________________________ SSN: ___________________________

Employee’s Residence: ___________________________

Marital Status | Personal Exemption Allowed | Amount Claimed
---|---|---
1. Single | Enter $6,000 as exemption | $5,000
2. Marital Status (Check One) | | |
   - Spouse NOT employed: Enter $12,000 | $7,000
   - Spouse IS employed: Enter that part of $12,000 claimed by you in multiples of $500: See instructions 2(b) below. | $7,000
3. Head of Family | Enter $9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. | $9,500

You may claim $1,500 for each dependent, other than for taxpayer and spouse, who receives child support from you and who qualifies as a dependent for Federal income tax purposes.

- A head of family may claim $1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by $1,500. Enter amount claimed. | $1,500

4. Dependents

   Number Claimed:

   - Age 65 or older
   - Blind
   - Single

5. Age and Blindness

   - Multiply the number of blocks checked by $1,500. Enter the amount claimed. | $1,500

6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5... | $13,000

7. Additional dollar amount of withholding per pay period if agreed to by your employer. | $2,000

Military Spouses

Residency Relief Act Exemption from Mississippi Withholding

8. If you meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim.

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

Employee’s Signature: ___________________________ Date: ___________________________

INSTRUCTIONS

1. The personal exemptions allowed:

   - (a) Single individuals $6,000
   - (b) Married individuals (full years) $12,000
   - (c) Head of family $8,000

2. Claiming personal exemptions:

   - (a) Single individuals enter $6,000 on Line 1.
   - (b) Married individuals are allotted a joint exemption of $12,000.
     - If the spouse is employed, enter $12,000 on Line 2(a).
     - If the spouse is not employed, the exemption of $12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of $500. For example, the taxpayer may claim $6,000 and the spouse claims $6,000 or the taxpayer may claim $8,000 and the spouse claims $4,000. The total claimed by the taxpayer and spouse may not exceed $12,000. Enter amount claimed by you on Line 2(a).
   - (c) Head of Family
     - A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter $6,000 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See Item (a).

3. An additional exemption of $1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which qualifies you as head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but should not include themselves as their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose, for example, a married couple has 3 children who qualify as dependents. If the taxpayer claims 2 dependents and the spouse 1, or the couple may claim 3 dependents and the spouse one. Enter the amount of dependent exemption on Line 5.

4. An additional exemption of $1,500 may be claimed by either taxpayer or spouse or both if either has reached the age of 65 before the close of the tax year. No additional exemption is authorized for dependents by reason of age. Check applicable block on Line 5. Multiply number of blocks checked on Line 5 by $1,500 and enter amount of exemption claimed.

5. An additional exemption of $1,500 may be claimed by either taxpayer or spouse or both if either has blindness. Check applicable block on Line 5. Multiply number of blocks checked on Line 5 by $1,500 and enter amount of exemption claimed.

6. If you meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim.

7. If the employer fails to file an exemption certificate with his employee, income tax must be withheld by the employer on total wages without the benefit of exemption.

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