



Home of the Pioneers

LEAVENWORTH

UNIFIED SCHOOL DISTRICT 453



CLASSIFIED EMPLOYEE

Human Resource Forms



Staff Emergency Contact Information

Leavenworth Unified School District – www.usd453.org

PLEASE PRINT
Employee Information

Name: _____
First Middle Last

Address: _____

Home Phone (____) ____-____ **Cell Phone** (____) ____-____

Work Location: _____

Emergency Contact Person

Name: _____ **Home Phone:** (____) ____-____

Address: _____ **Cell Phone:** (____) ____-____

Work Phone: (____) ____-____

Relationship: _____ **Employer:** _____

Name: _____ **Home Phone:** (____) ____-____

Address: _____ **Cell Phone:** (____) ____-____

Work Phone: (____) ____-____

Relationship: _____ **Employer:** _____

Physician Information

Family Physician _____

Physicians Phone Number: (____) ____-____

Hospital Preference _____

List Significant Medical information such as Medications taking and allergies:

Please fill out completely – It is your responsibility to keep this information up-to-date.

Signature of Employee

Date

Authorization and Disclosure for Background Check

We value our employees, volunteers, safety of children in our care and the people whom we serve. In order to help safeguard those in our care, Leavenworth USD 453 has joined National Screening Bureau in conducting criminal background history checks on the volunteers and employees who have unsupervised contact with a child, the elderly or persons with disabilities.

Disclosure:

Please complete this form of basic information about you, which assures the best possible program and safety for all. All information obtained will be handled in a confidential manner. Information may contain information about your character, general reputation, personal characteristics, mode of living, qualifications and credentials. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal records, civil records, driving records, employment verification, education verification, professional license verification and others. I understand that, upon written request within a reasonable period of time, I am entitled to additional information concerning the nature and scope of this investigation. I also understand you may make use of the internet including social networking sites. I understand that pursuant to the Fair Credit Reporting Act (FCRA), I have the right to know if adverse action is being considered against me as a result of information contained in this report, that I have the right to a copy of this report prior to any adverse action taken against me and to dispute the accuracy of any information in this report by contacting the consumer reporting agency, NATSB, 920 N Tyler Suite 302, Wichita, KS 67212, toll free (877) 263-4405. I understand that I may have additional rights under State law, which I may determine by contacting my State or local consumer protection agency.

_____ **Oklahoma, Minnesota and California applicants** may obtain a copy of this consumer report by checking this line. This report will be sent to California applicants within three (3) days of the employer receiving the report.

_____ **California applicants only:** For consumer reports which were not obtained by a consumer reporting agency, by checking this line you waive the right to obtain a copy of the report. If unchecked, you will receive this report within 7 days of the employer receiving it.

California only: For reports obtained by NATSB, California applicants also may review the file NATSB maintains on you during normal business hours, upon submitting proper I.D. and by paying fees associated with making copies of those files. In the State of California, a new Disclosure and Authorization/Release of Information form is required each time a subsequent Consumer/Report/Investigative Consumer Report is going to be requested. The nature and scope of the consumer report or investigative consumer report is the procurement of reports such as consumer credit, criminal, civil records, driving records, employment verification, education verification, professional license verifications and others.

Authorization / Release of Information:

I have carefully read and understand the above Disclosure. I hereby authorize the obtaining of consumer reports and investigative consumer reports at any time after receipt of this authorization. I authorize without reservation, any party or agency contacted by National Screening Bureau or NATSB, acting on behalf of National Screening Bureau, to furnish information about my character, reputation, personal characteristics, credentials, and/or credit and indebtedness. I understand this may involve personal interviews with sources such as schools, employers, supervisors, friends, neighbors, associates, state, federal or local agencies, and public record or law enforcement agencies as well as driving record providers. I further authorize ongoing procurement of these reports at any time during my continued employment or contract for services, unless specifically prohibited by state law. I also agree that a fax or photocopy of this authorization with my signature shall be accepted with the same authority as the original.

< **PLEASE PRINT CLEARLY** >

Last Name	First Name	Middle Name	Other Names Used	
If Married – How Long	Maiden Name	Email	Other Email	
Home Address	City	State	Zip	How Long yrs mths
If less than 7 years at present address Previous Address	City	State	Zip	
Phone #	Sex M F	Date of Birth MM DD YYYY	Social Security #	Drivers License #
*NOTE: Date of birth, sex, and race are being requested only for purposes of identification in obtaining accurate retrieval			Race	State Drivers License was issued in:

Signature: _____

Date: _____

**CERTIFICATION OF HEALTH FOR SCHOOL PERSONNEL
K.S.A. 72-5213**

To be completed by the Applicant/Employee: (Form to become part of the personnel file)

Name _____ **Social Security #** _____

Address _____ **Birthdate** _____

Job Title _____ **Worksite** _____

**Tuberculin Testing Results
(To be completed by Health Care Provider)**

Tuberculosis has been ruled out by

Test	Administered	Read	Result
Mantoux/PPD	_____	_____	_____ mm induration (Negative) (Positive)
Chest X-Ray	_____	_____	(Negative/Positive)

Administered by _____

Read by _____
(Signature) (Health Facility)

Provider's Statement

I have, this date, **examined** _____ and find no evidence of any physical condition that would conflict with the health, safety, or welfare of the pupils or would prevent the individual from working in a safe and healthful manner.

List limitations or restrictions, if any.

Comments _____

(Signature of Licensed Physician, Registered Physician's Assistant or Advanced Registered Nurse Practitioner) (Exam Date)

(Address)

KSA 72-5213. Certification of health; ... (a) Every board of education shall require all employees of the school district, who come in regular contact with the pupils of the school district, to submit a certification of health on a form prescribed by the secretary of health and environment and signed by a person licensed to practice medicine and surgery under the laws of any state, or by a person who is registered as a physician's assistant under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery, or by a person holding a certificate of qualification to practice as an advanced registered nurse practitioner under the laws of this state when such person is working at the direction of or in collaboration with a person licensed to practice medicine and surgery. The certification shall include a statement that there is no evidence of physical condition that would conflict with the health, safety, or welfare of the pupils; and that freedom from tuberculosis has been established by chest x-ray or negative tuberculin skin test....



TB Test Locations In the Area

**Leavenworth County Health
Department
913-250-2000
500 Eisenhower Road
Leavenworth, KS 66048
Mon. & Wed. 8a-4p, Fri. 8a-11a
Cost \$20.00**

**Kansas City Missouri Health
Department
816-513-6008
2400 Troost Ave.
Kansas City, MO 64108
By Appointment only
Cost \$20.00**

**Platt County Health Department
816-858-2412
212 Marshall RD
Platte City, MO 64079
Mon to Fri 8a-5p
Cost varies depending on Insurance**

**CVS
866-389-2727
1301 Platte Falls Road
Platte City, MO 64079
Mon. to Fri. 830a-730p
Sat 9a-530p
Sun 10a-530p
Cost varies depending on
insurance.**

**Wyandotte County Health
Department
913-573-8855
619 Ann Ave.
Kansas City, KS 66101
Mon. to Fri. 830a-5p
Cost \$15.00 Payment required
before testing**

**CVS
913-422-1825
22700 West 55th Terrace
Shawnee, KS 66226
Mon. to Fri. 830a-730p
Sat 9a-530p
Sun 10a-530p
Cost varies depending on
insurance.**

HOW TO PROVE ELIGIBILITY TO BE HIRED

The job applicant must provide . . .

EITHER

**ONE document from
the list below:
(List "A")**

1. U.S. Passport
2. Certificate of U.S. Citizenship
(*INS Form N-560 or N-561*)
3. Certificate of Naturalization
(*INS Form N-550 or N-570*)
4. Unexpired foreign passport, with
I-551 stamp or attached *INS Form I-94*
indicating unexpired employment
authorization
5. Permanent Resident Card or
Alien Registration Receipt Card
with photograph (*INS Form*
I-151 or I-551)
6. Unexpired Temporary Resident Card
(*INS Form I-688*)
7. Unexpired Employment Authorization Card
(*INS Form I-688A*)
8. Unexpired Reentry Permit
(*INS Form I-327*)
9. Unexpired Refugee Travel
Document (*INS Form I-571*)
10. Unexpired Employment Authorization
Document issued by the INS which
contains a photograph
(*INS Form I-688B*)



**DOCUMENTS THAT ESTABLISH
BOTH IDENTITY AND
EMPLOYMENT ELIGIBILITY**

OR

**ONE of the following
documents:
(List "B")**

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
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
3. School ID card with
photograph
4. Voter's registration card
5. U.S. Military card or draft
record
6. Military dependent's ID card
7. U.S. Coast Guard Merchant
Mariner Card
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

**DOCUMENTS THAT
ESTABLISH IDENTITY**

AND

**ONE of the following
documents:
(List "C")**

1. U.S. social security card
issued by the Social Security
Administration
(*other than a card*
stating it is not valid for
employment)
2. Certification of Birth Abroad
issued by the Department of
State (*Form FS-545 or Form*
DS-1350)
3. Original or certified copy of
a birth certificate issued by a
state, county, municipal
authority or outlying
possession of the United
States bearing an official seal
4. Native American tribal
document
5. U.S. Citizen ID Card
(*INS Form I-197*)
6. ID Card for use of Resident
Citizen in the United States
(*INS Form I-179*)
7. Unexpired employment
authorization document
issued by the INS (*other than*
those listed under List A)

**DOCUMENTS THAT
ESTABLISH
EMPLOYMENT
ELIGIBILITY**



Home of the Pioneers

LEAVENWORTH

UNIFIED SCHOOL DISTRICT 453



Classified Employee

Payroll Forms

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 \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

- 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. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 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 \$130,000 (Single) or \$180,000 (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/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
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.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
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 to four 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	G _____
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.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ 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.		2015		
1	Your first name and middle initial	Last name	2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		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. ▶ <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5		
6	Additional amount, if any, you want withheld from each paycheck	6	\$	
7	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 ▶			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9	Office code (optional)
USD 453 Leavenworth Public Schools 200 N. 4th ST Leavenworth, KS 66048		9		10 Employer identification number (EIN)
				48-6034016

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2015 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$4,000 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	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 who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

K-4

(Rev. 10/13)

KANSAS

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Use the following instructions to accurately complete your K-4 form, then detach the lower portion and give it to your employer. For assistance, call KDOR (Kansas Department of Revenue) at 785-368-8222.

Purpose of the K-4 form: A completed withholding allowance certificate will let your employer know how much *Kansas* income tax should be withheld from your pay on income you earn from Kansas sources. Because your tax situation may change, you may want to refigure your withholding each year.

Exemption from Kansas withholding: To qualify for exempt status you must verify with KDOR that: **1)** last year you had the right to a refund of all STATE income tax

withheld because you had no tax liability; and **2)** this year you will receive a full refund of all STATE income tax withheld because you will have no tax liability.

Basic Instructions: If you are not exempt, complete the **Personal Allowance Worksheet** that follows. The total on line F should not exceed the total exemptions you claim under "Exemptions and Dependents" on your Kansas income tax return.

NOTE: Your status of "Single" or "Joint" may differ from your status claimed on your federal Form W-4).

Using the information from your **Personal Allowance Worksheet**, complete the **K-4** form below, sign it and provide it to your employer. If your employer does not receive

a K-4 form from you, they must withhold Kansas income tax from your wages without exemption at the "Single" allowance rate.

Head of household: Generally, you may claim head of household filing status on your tax return only if you are **unmarried and pay more than 50% of the cost of keeping up a home for yourself and for your dependent(s).**

Nonwage income: If you have a large amount of nonwage Kansas source income, such as interest or dividends, consider making estimated tax payments on Form K-40ES. Without these payments, you may owe additional Kansas tax when you file your state income tax return.

Personal Allowance Worksheet (Keep for your records)

- A** Allowance Rate: If you are a single filer mark "Single" **A** Single
 If you are married and your spouse has income mark "Single" Joint
 If you are married and your spouse does not work mark "Joint"
 If in a same-sex relationship and considered married by the laws of another state mark "Single"
- B** Enter "0" or "1" if you are married or single and no one else can claim you as a dependent (entering "0" may help you avoid having too little tax withheld) **B** _____
- C** Enter "0" or "1" if you are married and only have one job, and your spouse does not work (entering "0" may help you avoid having too little tax withheld) **C** _____
- D** Enter "2" if you will file head of household on your tax return (see conditions under *Head of household* above) **D** _____
- E** Enter the number of dependents you will claim on your tax return. Do not claim yourself or your spouse or dependents that your spouse has already claimed on their form K-4. **E** _____
- F** **Add lines B through E** and enter the total here **F** _____

K-4

(Rev. 9/12)

Kansas Employee's Withholding Allowance Certificate

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

1 Print your first name and middle initial	Last Name	2 Social Security Number
Mailing Address	3 Allowance Rate Mark the allowance rate selected in line A above.	
City or Town, State, and ZIP Code	<input type="checkbox"/> Single <input type="checkbox"/> Joint	
4 Total number of allowances you are claiming (from line F above)	4	
5 Enter any additional amount you want withheld from each paycheck (this is optional)	5	\$
6 I claim exemption from withholding. You must meet the conditions explained in the "Exemption from withholding" instructions above. If you meet those conditions, write "Exempt" on this line. Note: KDOR will receive your federal W-2 forms for all years claimed Exempt.	6	
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief it is true, correct, and complete.		
SIGN HERE ▶		DATE
7 Employer's name and address USD 453 Leavenworth Public Schools 200 N. 4th ST Leavenworth, KS 66048		8 EIN (Employer Identification Number) 48-6034016

Authorization for Direct Deposit - Employee Form

This authorizes USD 453 Leavenworth Public Schools (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Dollar Amount to be Deposited to This Account

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check for each account here.

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Employee ID #

Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.