# **UW Employee Self-Identification and W-4 Withholding Forms**

The University is required to collect data on race and ethnicity from its employees to comply with federal record keeping and reporting requirements. The information obtained will be kept confidential and will be used for summary federal reporting purposes and to support institutional affirmative action efforts. Providing this information is voluntary.

The University also needs your W-4 Withholding Form so you have the appropriate taxes taken.

Last Name:	First Name:		Middle Initial:	Empl ID: (if known)	
				, , ,	
National ID Type:	SSN or	ITIN: Dat	e of Birth:	Sex:	
Social Security Number Individual T	ax ID Number				
Routing Instructions: Submit to your loo	cal HR/Payroll Office.	(If at UW-Madison, s	ubmit to 21 North	Park Street, Suite	
Ethnicity and Heritage Code					
Ethnicity is considered Hispanic/Latino if other Spanish culture or origin, regardles		, Mexican, Puerto Ric	an, South or Cen	tral American, or	
Is your ethnicity Hispanic/Latino?					
Yes					
☐ No					
Please identify yourself as one or more o	f the following races:				
Black or African American A person having origins in any of the	black racial groups o	of Africa			
Asian A person having origins in any of the including, for example, Cambodia, Cand Vietnam.	•		·	The state of the s	
American Indian or Alaska Native A person having origins in any of the maintains cultural identification throu				tral America) who	
White A person having origins in any of the	original peoples of E	urope, the Middle Eas	st, or North Africa.		
Native Hawaiian or other Pacific Islar A person having origins in any of the		awaii, Guam, Samoa,	or other Pacific I	slands.	
Signature:			Date:		
For Office Use Only   Empl ID:	Fmol I	Rcd#·			

H322.20140324

## **Voluntary Self-Identification of Disability**

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 1 of 2

# Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities. To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

## How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness Autism
- Cancer
- Diabetes
- Epilepsy

- HIV/AIDS
- Muscular dystrophy
- Bipolar disorder
- Deafness
   Cerebral palsy
   Major depression
  - Multiple sclerosis (MS)
  - Schizophrenia Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

## Please check one of the boxes below:

YES, I HAVE A DISABILITY (or previously had a disability)
NO, I DON'T HAVE A DISABILITY
I DON'T WISH TO ANSWER
Your Name Today's Date

# **Voluntary Self-Identification of Disability**

Form CC-305 OMB Control Number 1250-0005 Expires 1/31/2020 Page 2 of 2

## **Reasonable Accommodation Notice**

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at <a href="https://www.dol.gov/ofccp">www.dol.gov/ofccp</a>.

PUBLIC BURDEN STATEMENT: According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.

## **Veteran Self-Identification**

Last Name:	First Name:	Middle Initial:
Lasi name.	First Name:	ivildale initial.

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These classifications are defined as follows:

- A "disabled veteran" is one of the following:
  - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or
  - o a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval
  or air service, participated in a United States military operation for which an Armed Forces service medal was awarded
  pursuant to Executive Order 12985.

Protected veterans may have additional rights under USERRA—the Uniformed Services Employment and Reemployment Rights Act. In particular, if you were absent from employment in order to perform service in the uniformed service, you may be entitled to be reemployed by your employer in the position you would have obtained with reasonable certainty if not for the absence due to service. For more information, call the U.S. Department of Labor's Veterans Employment and Training Service (VETS), toll-free, at **1-866-4-USA-DOL**.

As a Government contractor subject to VEVRAA, we are required to submit a report to the United States Department of Labor each year identifying the number of our employees belonging to each specified "protected veteran" category. If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below.

or the categories of protected veterans listed above, please indicate by checking the appropriate box below.
belong to the following classifications of protected veterans (choose all that apply):
Disabled veteran
Recently separated veteran
Active wartime or campaign badge veteran
Armed forces service medal veteran
I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
I am a veteran, but not a protected veteran.
I am not a veteran.
f you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you o perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way he job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in naking reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended.

The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

with Disabilities Act, may be informed.		
Signature:		Date:
Routing Instructions: Submit to your local HR/Payroll	office. If at UW-Madison, submit to 21 N	Park Street, Suite 5101.
For Office Use Only   Empl ID:	Empl Rcd#:	

# Form W-4 | Employee's Withholding Allowance Certificate

See reverse side for instructions. **Please type data below**. This is a tax form; do not use this form for an Address Change only. On every W-4 form you submit, you must indicate your marital status and exemption status or it will be assigned to Single with zero exemptions.

Personal Info	rmation								
Last Name	imation	First Name	<u> </u>		MI	Date of Bir	th (mm/dd/yy	/VV)	
							(	,,,,,	
Gender		U.S. Social Security Num		ber Emp	ID (if known) Home Phone Num		ne Number		
	emale  Other			Zer Zimpi iz (ii kilemi) Tieme i nene i kam					
Email Address	,		Citizensh	ip – Checl	the box that	best describ	es you		
			☐ Born i	n USA [	☐ Naturalize	d Citizen	Neither		
					the rest of th		the		
				nal Visitor	s section at b	ottom.			
	– For Tax Withhol		<u> </u>		2 11 7 201		0: 1 (		
	narried but legally esident Aliens are				rried but withl Married but w				
	tional instructions						,		
U.S.	Street			Apt. No.	Apt. No. City			State	Zip
Address —									
Foreign	Street			Apt. No.	City				
Address →									
	Province			Country				Postal Code	
Homo Informs	∣ ation Release – №	Ny homo addroi	ce tolophor	oo numbor	or omail add	roce may be	mada ayaila	blo for the staff	f directory and
	e public upon requ			ie number	or email add	iess illay be	illauc avalla	ible for the stan	directory and
Withholding I									
	npt status expires					ent Alien em	ployees can	not claim exem	pt.
(This is not inte	ernational tax trea	ty. See Glacie	r instruction	s on back	.)				
I clain	n exemption from								
	Last year I had	d a right to a re sect a refund of							
	that I do not meet					i expect to i	iave iio lax i	lability	
EXEMPT for F		Yes	□ No		EXEMPT for	· Wisconsin 9	State Tax	Yes	□ No
If you hav	e checked yes in	one of these b	oxes, do NO	OT enter a		n the Federa	and/or Wise	consin State Ta	ax blocks.
If you hav	e checked yes in Fede	one of these b	oxes, do NO	OT enter a			and/or Wise		ax blocks.
Number of Allo	Fede	ral Tax	oxes, do NO			Wi	sconsin Sta		
Number of Allo Federal Tax (le	Fede owances for eave blank	Additional Withheld:			Number of A	<b>W</b> i Illowances fo eave blank	sconsin Sta	Additional WI be Withheld:	
Number of Allo	Fede owances for eave blank	ral Tax Additional			Number of A State Tax (le	Willowances for eave blank exempt):	sconsin Sta or WI	Additional WI be Withheld:	State Tax to
Number of Allo Federal Tax (le if claiming exe	Fede owances for eave blank mpt):	Additional Withheld:	Federal Tax		Number of A State Tax (le	Willowances for eave blank exempt):	sconsin Sta or WI	Additional WI be Withheld:	State Tax to
Number of Allo Federal Tax (le if claiming exer	Fede owances for eave blank mpt): onresident Recipi	Additional Withheld: \$ cocity Declara	Federal Tax	x to be	Number of A State Tax (le if claiming e.	Wi allowances for eave blank exempt): above fields bla	sconsin Sta or WI nk for all other	Additional WI be Withheld: \$ states outside of V	State Tax to  Wisconsin.
Number of Allo Federal Tax (le if claiming exer Wisconsin No I declare that v	Fede owances for eave blank mpt):	Additional Withheld: \$ cocity Declarationson, I am	Federal Tax tion a legal resid	x to be	Number of A State Tax (le if claiming e. Leave a	Willowances for eave blank exempt):	sconsin Start WI  nk for all other  d that I am n	Additional WI be Withheld: \$ states outside of V	State Tax to  Wisconsin.
Number of Allo Federal Tax (le if claiming exer Wisconsin No I declare that v	Fede owances for eave blank mpt): onresident Recipi while working in W	Additional Withheld: \$ rocity Declara isconsin, I am lance with a re-	Federal Tax  tion a legal resid	x to be	Number of A State Tax (le if claiming e. Leave a	Willowances for eave blank exempt):  above fields blaed below, and propriate box	sconsin Start WI  nk for all other  d that I am n	Additional WI be Withheld: \$ states outside of V	State Tax to  Wisconsin.
Number of Allo Federal Tax (le if claiming exer Wisconsin No I declare that v income tax with	Fede owances for eave blank mpt): onresident Recipi while working in W hholding in accord	Additional Withheld: \$ rocity Declaratisconsin, I amiliance with a recent and one of thes	tion a legal resic ciprocal tax Indiana	dent of the agreemer Illinois	Number of A State Tax (le if claiming extense a state indicate at. Check app.] Michigan	Willowances for eave blank exempt):  above fields blated below, and propriate box  Kentucky  Ints in the Willowances for the Williams for the Willowances for the Williams for th	nk for all other that I am n	Additional WI be Withheld: \$ states outside of Work of Subject to W	State Tax to  Wisconsin.  isconsin
Number of Allo Federal Tax (le if claiming exer wisconsin No I declare that wincome tax with If your UW work work with the second of the secon	Fede owances for eave blank mpt): onresident Recipi while working in W hholding in accord you have checker rk is primarily perfe	Additional Withheld: \$ rocity Declaratisconsin, I am dance with a receded one of these ormed outside	tion a legal resicciprocal tax Indiana Indiana of Wisconsi	dent of the agreemer Illinois on NOT entin (WI), yo	Number of A State Tax (le if claiming external care a state indicate at. Check app.  Michigan ter any amount in the control of	Willowances for eave blank exempt):  above fields blant ed below, and propriate box in the Willow de of WI and	nk for all other d that I am n :	Additional WI be Withheld: \$ states outside of Withheld of States outside of Withheld of States outside of Withheld outside of States outside of Withheld outside outs	State Tax to  Wisconsin.  Tisconsin  S.  as defined
Number of Allo Federal Tax (le if claiming exer Wisconsin No I declare that v income tax with	Fede owances for eave blank mpt):  onresident Recipi while working in W hholding in accord you have checke rk is primarily perfortion of your work	Additional Withheld: \$ rocity Declara isconsin, I am lance with a receded one of these ormed outside is performed	tion a legal resident tax Indiana  te boxes, de of Wisconsi in WI during	dent of the agreemer Illinois on NOT enting (WI), you gany caler	Number of A State Tax (le if claiming ex Leave a state indicate at. Check app Michigan Wer any amou	Millowances for eave blank exempt):  above fields bladed below, and propriate box  Kentucky  Ints in the Wide of WI and er to instruction	nk for all other d that I am n : //isconsin Solit is not a recons on the b	Additional WI be Withheld: \$ states outside of Vot subject to Withheld:  tate Tax block eciprocal state anack for Non-Withheld:	State Tax to  Wisconsin.  S.  as defined I residents.
Number of Allo Federal Tax (le if claiming exer Wisconsin No I declare that v income tax with If If your UW wor above, but a pour U.S. state or for	Fede owances for eave blank mpt): onresident Recipi while working in W hholding in accord you have checker rk is primarily perfe	Additional Withheld: \$ rocity Declara isconsin, I am lance with a reced one of thesomed outside is performed in U.S. state or	tion a legal residence tax Indiana  e boxes, de of Wisconsi in WI during reforeign cou	dent of the agreemer Illinois on NOT enting (WI), you gany caler untry	Number of A State Tax (le if claiming extered and the control of t	Millowances for eave blank exempt):  above fields bladed below, and propriate box  Kentucky  Ints in the Wide of WI and er to instructionce, please in	nk for all other d that I am n : //isconsin Solit is not a reons on the b ndicate # of	Additional WI be Withheld: \$ states outside of Vot subject to With the state Tax block properties of the state Tax block properties of the state Tax block and the state Tax b	State Tax to  Wisconsin.  S.  as defined I residents.  A State Tax to
Number of Allo Federal Tax (le if claiming exer Wisconsin No I declare that v income tax with	Fede owances for eave blank mpt):  onresident Recipi while working in W hholding in accord you have checke rk is primarily perfortion of your work	Additional Withheld: \$ rocity Declara isconsin, I am lance with a receded one of these ormed outside is performed	tion a legal residence tax Indiana  e boxes, de of Wisconsi in WI during reforeign cou	dent of the agreemer Illinois on NOT enting (WI), you gany caler untry	Number of A State Tax (le if claiming ex Leave a state indicate at. Check app Michigan Wer any amou	Millowances for eave blank exempt):  above fields bladed below, and propriate box  Kentucky  Ints in the Wide of WI and er to instructionce, please in or CA state to	nk for all other d that I am n :  Visconsin Si I it is not a re ons on the b ndicate # of ax (leave	Additional WI be Withheld: \$ states outside of Vot subject to With tate Tax block eciprocal state a back for Non-Wind Additional C be Withheld	State Tax to  Wisconsin.  S.  as defined I residents.  A State Tax to
Number of Allo Federal Tax (le if claiming exercises of the income tax with the income	Fede owances for eave blank mpt):  onresident Recipi while working in W hholding in accord you have checke rk is primarily perfortion of your work oreign country of	Additional Withheld: \$ rocity Declaratisconsin, I am lance with a received one of these ormed outside is performed in U.S. state or where work	tion a legal residence tax Indiana de boxes, de of Wisconsi in WI during reforeign couis performed	dent of the agreemer Illinois o NOT enting (WI), you gany caler untry d:	Number of A State Tax (le if claiming extense a state indicate at. Check app. Michigan ter any amouureside outsindar year; refeallowances fiblank if claim	willowances for eave blank exempt):  above fields blank exempt):  above fields blank exempt blan	nk for all other that I am n this consin State it is not a recons on the bendicate # of ax (leave)	Additional WI be Withheld: \$ states outside of With the Withheld with the Withheld with the Withheld \$ Additional C be Withheld \$	State Tax to  Wisconsin.  Sa.  as defined I residents.  A State Tax to  :
Number of Allo Federal Tax (le if claiming exer Wisconsin No I declare that vincome tax with If If your UW wor above, but a put U.S. state or for tax residence:	Fede owances for eave blank mpt):  onresident Recipi while working in W hholding in accord you have checke rk is primarily perfortion of your work oreign country of	Additional Withheld: \$ rocity Declara risconsin, I am lance with a release or these or med outside of the second outside	tion a legal residence boxes, defended of Wisconsiin WI during reformed qualify for expended of the control of	dent of the agreemer Illinois o NOT enting (WI), you gany caler untry d:	Number of A State Tax (le if claiming extense and state indicate att. Check app. Michigan ter any amou u reside outsindar year; refullowances fiblank if claim to mostate and the company of the company	Millowances for eave blank exempt):  above fields bladed below, and propriate box.  Kentucky ents in the Wide of WI and er to instructionce, please in or CA state thing exempt).	nk for all other that I am n this consin State it is not a recons on the bendicate # of ax (leave)	Additional WI be Withheld: \$ states outside of With the Withheld with the Withheld with the Withheld \$ Additional C be Withheld \$	State Tax to  Wisconsin.  Sa.  as defined I residents.  A State Tax to  :
Number of Allo Federal Tax (le if claiming exer  Wisconsin No I declare that v income tax with  If If your UW wor above, but a po U.S. state or fo tax residence:  U.S. Citizens v All Internation	Fede owances for eave blank mpt):  onresident Recipi while working in W hholding in accord you have checke rk is primarily perfortion of your work oreign country of working outside of nal Visitors Comp	Additional Withheld: \$ rocity Declaratisconsin, I am lance with a recorded one of these ormed outside a is performed in U.S. state or where work the U.S. may colete the Follo	tion a legal residence tax Indiana  be boxes, definition of Wisconsi in WI during or foreign cours performed qualify for exwing – See	dent of the agreemer Illinois on NOT enting (WI), you gany caler untry d:	Number of A State Tax (le if claiming extered and the content of t	Millowances for eave blank exempt):  above fields bladed below, and propriate box.  Kentucky ints in the Wide of WI and er to instruction accepted below in CA state the total field below in the control of the control	nk for all other d that I am n : //isconsin Solit is not a recons on the bondicate # of ax (leave : me tax by file	Additional WI be Withheld: \$ states outside of Vot subject to Withheld:  tate Tax block eciprocal state a back for Non-Withheld \$ diditional C be Withheld \$ ling IRS Form 6	State Tax to  Wisconsin.  Sa.  as defined I residents.  A State Tax to  :
Number of Allo Federal Tax (le if claiming exertions)  Wisconsin Not I declare that vincome tax with Income tax residence:  U.S. Citizens vincome All Internation Are you a permitax residence.	Fede owances for eave blank mpt):  onresident Recipi while working in W hholding in accord you have checke rk is primarily perfortion of your work oreign country of working outside of nal Visitors Comp	Additional Withheld: \$ rocity Declara Tisconsin, I am lance with a received one of these ormed outside (is performed) U.S. state of where work the U.S. may colete the Followent (green card	tion a legal residence tax Indiana  be boxes, definition of Wisconsi in WI during or foreign cours performed qualify for exwing – See	dent of the agreemer Illinois on NOT enting (WI), you gany caler untry d:  exemption for exercise so Original	Number of A State Tax (le if claiming extense and state indicate att. Check app. Michigan ter any amou u reside outsindar year; refullowances fiblank if claim to mostate and the company of the company	willowances for eave blank exempt):  above fields bladed below, and propriate box.  Kentucky ents in the William and the instruction or CA state the ing exempt).  If federal inconstitions to the U.S.	nk for all other d that I am n : //isconsin Solit is not a recons on the bondicate # of ax (leave : me tax by file	Additional WI be Withheld: \$ states outside of With the Withheld with the Withheld with the Withheld \$ Additional C be Withheld \$	State Tax to  Wisconsin.  Sa.  as defined I residents.  A State Tax to  :
Number of Allo Federal Tax (le if claiming exertions)  Wisconsin Not I declare that vincome tax with Income tax residence:  U.S. Citizens vincome All Internation Are you a permitax residence.	Fede owances for eave blank mpt):  onresident Recipi while working in W hholding in accord you have checke rk is primarily perfortion of your work oreign country of working outside of nal Visitors Comp nanent U.S. reside o - if No, specify Vi	Additional Withheld: \$ rocity Declara Tisconsin, I am lance with a recent and outside to sperformed outside to sperformed where work the U.S. state or where work the U.S. may colete the Followent (green cardisa Type	tion a legal residence tax Indiana de boxes, de of Wisconsi in WI during or foreign cours performed qualify for eximp – See holder)?	dent of the agreemer Illinois on NOT enting (WI), you go any caler untry d:  exemption for exercise so Original	Number of A State Tax (le if claiming extered and state indicate at. Check app. Michigan Lear any amount reside outsindar year; refullowances followances for instruction of the state and the	willowances for eave blank exempt):  above fields blaced below, and propriate box  Kentucky  Ints in the William of WI and er to instruction or CA state to hing exempt)  If federal inconstions  to the U.S.  In status:	nk for all other d that I am n : //isconsin Solit is not a re ons on the b ndicate # of ax (leave : me tax by fil	Additional WI be Withheld: \$ states outside of Vot subject to Withheld:  tate Tax block eciprocal state a back for Non-Withheld \$ diditional C be Withheld \$ ling IRS Form 6	State Tax to  Wisconsin.  Sa.  as defined I residents.  A State Tax to  :
Number of Allo Federal Tax (le if claiming exer with claiming exer with the company of the compa	Fede owances for eave blank mpt):  onresident Recipi while working in W hholding in accord you have checke rk is primarily perfortion of your work oreign country of working outside of nal Visitors Comp	Additional Withheld: \$ rocity Declara Tisconsin, I am lance with a recent and outside to sperformed outside to sperformed where work the U.S. state or where work the U.S. may colete the Followent (green cardisa Type	tion a legal residence tax Indiana de boxes, de of Wisconsi in WI during or foreign cours performed qualify for eximp – See holder)?	dent of the agreemer Illinois on NOT enting (WI), you go any caler untry d:  exemption for exercise so Original	Number of A State Tax (le if claiming extered and state indicate at. Check app. Michigan Lear any amount reside outsindar year; refullowances followances for instruction of the state and the	willowances for eave blank exempt):  above fields bladed below, and propriate box.  Kentucky ents in the William and the instruction or CA state the ing exempt).  If federal inconstitions to the U.S.	nk for all other d that I am n : //isconsin Solit is not a re ons on the b ndicate # of ax (leave : me tax by fil	Additional WI be Withheld: \$ states outside of \( \) ot subject to W  tate Tax block eciprocal state a back for Non-Will Additional C be Withheld \$ ling IRS Form 6	State Tax to  Wisconsin.  Sa.  as defined I residents.  A State Tax to  :
Number of Allo Federal Tax (le if claiming exer  Wisconsin No I declare that v income tax with  If If your UW wor above, but a pr U.S. state or fo tax residence:  U.S. Citizens v  All Internation  Are you a perm  Yes No	working outside of nal Visitors Companent U.S. resident over the companent U.S. resident U.S. resident U.S. resident U.S. resident V.S. resident U.S. resident V.S. resident U.S. resident V.S. resident U.S. reside	Additional Withheld: \$ rocity Declara Tisconsin, I am lance with a recorded outside to is performed in the U.S. state on where work where work the U.S. may colete the Followent (green cardisa Type ration status):	tion a legal residence tax Indiana  te boxes, de of Wisconsi in WI during or foreign cours performed qualify for eximp — See holder)?	dent of the agreemer Illinois on NOT entition (WI), you gany caler untry d:  exemption for reverse son currer	Number of A State Tax (le if claiming extended and state indicate att. Check app. Michigan ter any amount or reside outsindar year; refullowances fiblank if claim tom state and ide for instruction of the control of t	willowances for eave blank exempt):  above fields bladed below, and propriate box.  Kentucky ants in the William and the fields bladed of WI and the fields bladed below, and the william and	sconsin Start WI  Ink for all other of that I am not a reconsion the bondicate # of ax (leave :  Imme tax by file Country of Country of	Additional WI be Withheld: \$ states outside of Violate Tax block eciprocal state ack for Non-Wind Additional Cobe Withheld \$ Citizenship Tax Residence	State Tax to  Wisconsin.  Sa.  as defined I residents.  A State Tax to  :  673.
Number of Allo Federal Tax (le if claiming exer  Wisconsin No I declare that v income tax with  If If your UW wor above, but a pr U.S. state or fo tax residence:  U.S. Citizens v All Internation Are you a perm Yes \( \text{No} \) No  Signature  Under the pena	Fede owances for eave blank mpt):  onresident Recipi while working in W hholding in accord you have checke rk is primarily perfortion of your work oreign country of working outside of nal Visitors Comp nanent U.S. reside o - if No, specify Vi	Additional Withheld: \$ rocity Declara Tisconsin, I am lance with a recorded one of these ormed outside a is performed in U.S. state on where work the U.S. may collete the Folloment (green cardisa Type ration status): declare that I held with the U.S. may collete the folloment (green cardisa Type ration status):	tion a legal residence tax Indiana  te boxes, de of Wisconsi in WI during reformed tax performed tax	dent of the agreemer Illinois on NOT entition (WI), you gany caler untry d:  exemption for reverse son currer on currer	Number of A State Tax (le if claiming extended and state indicate att. Check app. Michigan ter any amount or reside outsindar year; refullowances fiblank if claim tom state and ide for instruction of the control of t	willowances for eave blank exempt):  above fields bladed below, and propriate box.  Kentucky ants in the William and the fields bladed of WI and the fields bladed below, and the william and	sconsin Start WI  Ink for all other of that I am not a reconsion the bondicate # of ax (leave :  Imme tax by file Country of Country of	Additional WI be Withheld: \$ states outside of Violate Tax block eciprocal state ack for Non-Wind Additional Cobe Withheld \$ Citizenship Tax Residence	State Tax to  Wisconsin.  Sa.  as defined I residents.  A State Tax to  :  673.
Number of Allo Federal Tax (le if claiming exer  Wisconsin No I declare that v income tax with  If If your UW wor above, but a pr U.S. state or fo tax residence:  U.S. Citizens v All Internation Are you a perm Yes \( \text{No} \) No  Signature  Under the pena	working outside of nal Visitors Companent U.S. resident Victorer to manent U.S. resident victorer victore	Additional Withheld: \$ rocity Declara Tisconsin, I am lance with a recorded one of these ormed outside a is performed in U.S. state on where work the U.S. may collete the Folloment (green cardisa Type ration status): declare that I held with the U.S. may collete the folloment (green cardisa Type ration status):	tion a legal residence tax Indiana  te boxes, de of Wisconsi in WI during reformed tax performed tax	dent of the agreemer Illinois on NOT entition (WI), you gany caler untry d:  exemption for reverse son currer on currer	Number of A State Tax (le if claiming extended and state indicate att. Check app. Michigan ter any amount or reside outsindar year; refullowances fiblank if claim tom state and ide for instruction of the control of t	willowances for eave blank exempt):  above fields bladed below, and propriate box.  Kentucky ants in the William and the fields bladed of WI and the fields bladed below, and the william and	sconsin Start WI  Ink for all other of that I am not a reconsion the bondicate # of ax (leave :  Imme tax by file Country of Country of	Additional WI be Withheld: \$ states outside of Vot subject to With state Tax block eciprocal state a back for Non-Wind Additional C be Withheld \$ Citizenship  Tax Residence bowledge and be such the such the such the such that	State Tax to  Wisconsin.  Sa.  as defined I residents.  A State Tax to:  (not U.S.)
Number of Allo Federal Tax (le if claiming exer  Wisconsin No I declare that v income tax with  If If your UW won above, but a po U.S. state or fo tax residence:  U.S. Citizens v  All Internation Are you a perm Yes No  Signature Under the pend correct, and co	working outside of nal Visitors Companent U.S. resident (current immigrature)	Additional Withheld: \$ rocity Declararisconsin, I am dance with a reduced one of these ormed outside is performed in U.S. state or where work  the U.S. may collete the Followent (green cardisa Type ration status):  declare that I had is not valid units and valid units one work in the units of the units	tion a legal residence tax Indiana  te boxes, de of Wisconsi in WI during reformed tax performed tax	dent of the agreemer Illinois on NOT enting (WI), you gany caler untry d:  exemption for reverse son currer on currer and this entign it.)	Number of A State Tax (le if claiming extended and state indicate att. Check app. Michigan ter any amount or reside outsindar year; refullowances fiblank if claim tom state and ide for instruction of the control of t	Millowances for eave blank exempt):  above fields bladed below, and propriate box in the William or CA state to instruction or CA state to ing exempt)  If federal inconstitutions  to the U.S. in status:  mm/dd/yyyy)  and to the billowances for the blate	sconsin Start WI  Ink for all other of that I am not a reconsion the bondicate # of ax (leave :  Imme tax by file Country of Country of	Additional WI be Withheld: \$ states outside of Vot subject to With state Tax block eciprocal state a back for Non-Wind Additional C be Withheld \$ Citizenship  Tax Residence bowledge and be such the such the such the such that	State Tax to  Wisconsin.  Sa.  as defined I residents.  A State Tax to  :  673.

## W-4 Instructions

#### **All International Visitors:**

All International visitors must provide an email address in order to obtain access to the Glacier Nonresident Alien Tax Compliance System, which is required.

Within one week after your position, visa code and email address have been entered into the Human Resource System, you should receive instructional emails from <a href="https://www.uwsa.edu">uww.uwsa.edu</a> and <a href="mailto:support@online-tax.net">support@online-tax.net</a>. These emails will also contain the web link, login and password you will need to access Glacier.

After you enter your immigration information and history into Glacier's self-service application, Glacier will reveal whether you are a resident or nonresident alien **for tax purposes**. Glacier will also issue tax treaty forms, if you are eligible. Following your Glacier entry, you will be instructed to print, sign and deliver the required forms and immigration document photocopies to the person listed on the second page of your Glacier Tax Summary Report.

#### Instructions for International Nonresident Aliens:

Marital Status: Check "Single", or if you are married, check "Married but withhold at higher Single rate".

**Exempt:** Check "No". International Nonresident Alien employees **cannot** claim exempt for either Federal or State Tax. (This is not international tax treaty.)

## Number of Allowances for Federal and Wisconsin State Tax: Enter "1" Allowance unless:

You are from Canada or Mexico. If so, you will be taxed as Single, but may claim additional allowances for your dependents for both Federal and State purposes. Your dependents DO NOT need to live with you in the USA.

You are from the Republic of Korea. If so, you will be taxed as Single, but may claim additional allowances for your dependents for both Federal and State purposes ONLY if your dependents live with you in the USA.

Students from India: Per IRS regulations, the only Nonresident Aliens eligible to claim the Standard Deduction are Students from India.

Write "India Student" in the 'Additional Federal Tax to be withheld' box to claim this benefit.

For more details on federal tax withholding, see <u>IRS Pub. 15 (Circular E), Employer's Tax Guide</u>, <u>IRS Pub. 901 U.S. Tax Treaties</u>, and <u>IRS Pub. 515 Withholding of Tax on Nonresident Aliens and Foreign Entities</u>.

## **Instructions for All Other Persons:**

**Exempt:** You are not eligible to claim exempt if:

You can be claimed as a dependent on someone else's tax return, and

- 1. Your income exceeds \$1050 and includes more than \$350 of unearned income (interest on savings, dividends, etc.) for Federal or Wisconsin, **or**
- 2. Your gross income (total unearned income and earned income) was more than \$6,350 if single, \$9,350 if head of household,\$12,700 if married filing jointly, or \$6,350 if married filing separately.
- 3. See IRS Publication 929 for more information.

Allowances: Enter the allowances you can claim. (<a href="http://apps.irs.gov/app/withholdingcalculator/">http://apps.irs.gov/app/withholdingcalculator/</a> will help you figure the number of withholding allowances you can claim). In general you can claim one allowance for:

- yourself, if no one else is claiming you as a dependent,
- your spouse, if your spouse does not work,
- each dependent not claimed by someone else

If claiming "EXEMPT" from federal and/or state withholding you must leave the Allowance Box blank.

To DECREASE withholding, increase the number of allowances.

To INCREASE withholding, decrease the number of allowances.

Additional Tax: If you want additional tax withheld: (1) estimate the yearly amount you have had under withheld; (2) divide the yearly amount by the number of pay periods remaining in the calendar year and enter the result in the Additional Tax blocks. For Wisconsin State tax, a Form WT-4A must be completed, if you are withholding only a fixed dollar amount. Additional tax withholding amounts are taken from every check. If you wish to discontinue previously requested additional or fixed tax withholding, you must submit a new W4 and/or WT-4A.

Non-Wisconsin-Residents: If you reside outside of Wisconsin in a state that has no reciprocity agreement with Wisconsin, you are not a Wisconsin resident, you perform work primarily outside of Wisconsin, but you earned wages while present in Wisconsin that are over \$1500 in a calendar year; complete this form and submit the completed form to the UW Service Center/Payroll for correct W-2 processing: <a href="Declaration of Wages for Non-Wisconsin-Residents">Declaration of Wages for Non-Wisconsin-Residents</a>.

## **Reference Pages**

All IRS forms mentioned on this page can be found at <a href="http://www.irs.gov">http://www.irs.gov</a>. For additional tax information, visit <a href="https://www.irs.gov">https://www.irs.gov</a>.