

### 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 Information						
Last Name		First Name		MI	Date of Birth (mm/dd/yyyy)	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		U.S. Social Security Number		Empl ID (if known)	Home Phone Number	
Email Address			Citizenship – Check the box that best describes you <input type="checkbox"/> Born in USA <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Neither If Neither, complete the rest of this form <b>AND</b> the International Visitors section at bottom.			
Marital Status – For Tax Withholding (check only one) <input type="checkbox"/> Single (or married but legally separated) <input type="checkbox"/> Married <input type="checkbox"/> Married but withhold at higher Single rate <b>Note:</b> All Nonresident Aliens are required to check either 'Single' or 'Married but withhold at higher Single rate' (see additional instructions on reverse side)						
U.S. Address →		Street	Apt. No.	City	State	Zip
Foreign Address →		Street	Apt. No.	City		
		Province	Country		Postal Code	
<b>Home Information Release</b> – My home address, telephone number or email address may be made available for the staff directory and released to the public upon request. <input type="checkbox"/> Yes <input type="checkbox"/> No						
Withholding Information						
<b>Exempt</b> (Exempt status expires annually on February 15). International Nonresident Alien employees cannot claim exempt. (This is not international tax treaty. See Glacier instructions on back.)  I claim exemption from withholding this year. I certify that I meet <b>BOTH</b> of the following: <ul style="list-style-type: none"> <li>▪ Last year I had a right to a refund of ALL income tax withheld because I had <b>no</b> tax liability; <b>AND</b></li> <li>▪ This year I expect a refund of ALL income tax withheld because I expect to have <b>no</b> tax liability</li> </ul> <b>AND</b> that I do not meet the conditions listed on the reverse side.						
EXEMPT for Federal Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No			EXEMPT for Wisconsin State Tax: <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>If you have checked yes in one of these boxes, do NOT enter any amounts in the Federal and/or Wisconsin State Tax blocks.</b>						
Federal Tax			Wisconsin State Tax			
Number of Allowances for Federal Tax (leave blank if claiming exempt):		Additional Federal Tax to be Withheld: \$	Number of Allowances for WI State Tax (leave blank if claiming exempt):		Additional WI State Tax to be Withheld: \$	
Leave above fields blank for all other states outside of Wisconsin.						
Wisconsin Nonresident Reciprocity Declaration						
I declare that while working in Wisconsin, I am a legal resident of the state indicated below, and that I am not subject to Wisconsin income tax withholding in accordance with a reciprocal tax agreement. Check appropriate box: <input type="checkbox"/> Indiana <input type="checkbox"/> Illinois <input type="checkbox"/> Michigan <input type="checkbox"/> Kentucky  <b>If you have checked one of these boxes, do NOT enter any amounts in the Wisconsin State Tax blocks.</b>						
If your UW work is primarily performed outside of Wisconsin (WI), you reside outside of WI and it is not a reciprocal state as defined above, but a portion of your work is performed in WI during any calendar year; refer to instructions on the back for Non-WI residents.						
U.S. state or foreign country of tax residence:		U.S. state or foreign country where <u>work</u> is performed:		If CA residence, please indicate # of allowances for CA state tax (leave blank if claiming exempt):	Additional CA State Tax to be Withheld: \$	
U.S. Citizens working outside of the U.S. may qualify for exemption from state and federal income tax by filing <a href="#">IRS Form 673</a> .						
All International Visitors Complete the Following – See reverse side for instructions						
Are you a permanent U.S. resident (green card holder)? <input type="checkbox"/> Yes <input type="checkbox"/> No - if No, specify Visa Type ( <b>current</b> immigration status): _____		Original Date of Entry to the U.S. on current immigration status:  (mm/dd/yyyy)		Country of Citizenship		
				Country of Tax Residence (not U.S.)		
Signature						
Under the penalties of perjury, I declare that I have examined this entire certificate and to the best of my knowledge and belief, it is true, correct, and complete. (This form is not valid unless you sign it.)						
Employee Signature				Date  (mm/dd/yyyy)		
For Office Use Only						
Empl ID:		UDDS/Department ID:				

## 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 [UWHRAdministration@uwsa.edu](mailto:UWHRAdministration@uwsa.edu) and [support@online-tax.net](mailto:support@online-tax.net). 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 [IRS Pub. 15 \(Circular E\), Employer's Tax Guide](#), [IRS Pub. 901 U.S. Tax Treaties](#), and [IRS Pub. 515 Withholding of Tax on Nonresident Aliens and Foreign Entities](#).

### 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 \$10,150 if single, \$13,050 if head of household, \$20,300 if married filing jointly, or \$3,950 if married filing separately.

**Allowances:** Enter the allowances you can claim. (<http://apps.irs.gov/app/withholdingcalculator/> 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: [Declaration of Wages for Non-Wisconsin-Residents](#).

### Reference Pages

All IRS forms mentioned on this page can be found at <http://www.irs.gov>. For additional tax information, visit <https://uwservice.wisc.edu/tax/>.

## 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: <input type="checkbox"/> Social Security Number <input type="checkbox"/> Individual Tax ID Number		SSN or ITIN:	Date of Birth:
			Sex:

**Routing Instructions:** Submit to your local HR/Payroll Office. (If at UW-Madison, submit to 21 North Park Street, Suite 5101.)

### Ethnicity and Heritage Code

Ethnicity is considered Hispanic/Latino if a person is of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

Is your ethnicity Hispanic/Latino?

- Yes  
 No

Please identify yourself as one or more of the following races:

- Black or African American  
 A person having origins in any of the black racial groups of Africa
- Asian  
 A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- American Indian or Alaska Native  
 A person having origins in any of the original peoples of North and South America (including Central America) who maintains cultural identification through tribal affiliation or community attachment.
- White  
 A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- Native Hawaiian or other Pacific Islander  
 A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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

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

For Office Use Only | Empl ID: \_\_\_\_\_ Empl Rcd#: \_\_\_\_\_

## 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.<sup>1</sup> 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
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

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.

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<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 [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**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:

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**
  - 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.

**I 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

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- 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.

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making 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.

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#: \_\_\_\_\_