

**Employee's Withholding Certificate**

OMB No. 1545-0074

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2026****Step 1:**  
**Enter**  
**Personal**  
**Information**

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
<b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:**  
**Multiple Jobs**  
**or Spouse**  
**Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . . ☐

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

**Step 3:**  
**Claim**  
**Dependent**  
**and Other**  
**Credits**

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . . **3(a)** \$

(b) Multiply the number of other dependents by \$500 . . . . . **3(b)** \$

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** \$

**Step 4:**  
**Other**  
**Adjustments**

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . . **4(a)** \$

(b) **Deductions.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . . . **4(c)** \$

**Exempt from**  
**withholding**

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . . ☐

**Step 5:**  
**Sign**  
**Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

\_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.)

\_\_\_\_\_  
**Date**

**Employers**  
**Only**

Employer's name and address

First date of  
employment

Employer identification  
number (EIN)

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4.

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

**Step 2(b) – Multiple Jobs Worksheet** *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 . . . . . **1** \$ \_\_\_\_\_
  
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a** Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . **2a** \$ \_\_\_\_\_
  - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . **2b** \$ \_\_\_\_\_
  - c** Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . **2c** \$ \_\_\_\_\_
  
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . **3** \_\_\_\_\_
  
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . **4** \$ \_\_\_\_\_

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

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

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

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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



**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

**State of Rhode Island Division of Taxation  
Employee's Withholding Allowance Certificate**

Federal Form W-4 can no longer be used for Rhode Island withholding purposes. You must complete Form RI W-4 for your employer(s). Once you have completed Form RI W-4 for your employer, Form RI W-4 only needs to be completed if you are making changes to your withholding allowance or have a new employer. Form RI W-4 must be completed each year if you claim "EXEMPT" or "EXEMPT-MS" on line 3 below.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form RI W-4 for the highest-paying job and claim zero on all of your other RI W-4 forms. You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld. Also, keep in mind that if your annual wages exceed \$290,800, your exemption amount will be phased out and be equal to zero.

**Line 1: Figure your personal allowances (including allowances for dependents)**

- A. No one else can claim me as a dependent. If yes, enter "1" on line 1A..... 1A. \_\_\_\_\_
- B. I can claim my spouse as a dependent. If yes, enter "1" on line 1B..... 1B. \_\_\_\_\_
- C. Enter the number of dependents (other than you or your spouse) you will claim on your tax return..... 1C. \_\_\_\_\_
- D. Enter any additional allowances (review carefully to avoid underwithholding) ..... 1D. \_\_\_\_\_
- E. Add lines A, B, C and D and enter here. However, if line E is more than 10, enter 10.  
This is the total number of personal allowances to which you are entitled. Enter on line 1 below..... 1E. \_\_\_\_\_

**Line 2: Additional withholding amounts**

If you want additional withholding taken out of your pay, enter that dollar amount which is to be withheld **each pay period** on line 2 below.

**Line 3: Exempt Taxpayer**

**Exempt Status #1**

If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2026:

- a) Last year I had a right to a refund of all Rhode Island income tax withheld because I had **no** tax liability **AND**  
b) This year I expect a refund of all Rhode Island income tax because I expect to have **no** tax liability.

**If you meet both of the above conditions, write "EXEMPT" on line 3 below.**

**Exempt Status #2**

If you are the spouse of a servicemember stationed in Rhode Island, your wages may be exempt under the Military Spouses Residency Relief Act. If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2026.

- a) You moved to Rhode Island solely to be with your servicemember spouse in compliance with military orders sending the servicemember to Rhode Island **AND**  
b) You have the same non-Rhode Island domicile as your servicemember spouse.

**If you meet both of the above conditions, write "EXEMPT-MS" on line 3 below.**

**RI W-4**

**State of Rhode Island Division of Taxation  
Employee's Withholding Allowance Certificate**

**2026**

PLEASE PRINT

Name - first, middle initial, last

Present home address (Number and street, including apartment number or rural route)

City, town or post office

State

ZIP code

Your social security number

1. Enter the number of allowances from line 1E above ..... 1. \_\_\_\_\_

2. Enter any additional dollar amount which you would like withheld from your pay ..... 2. \$ \_\_\_\_\_

3. If you meet the conditions above, write "EXEMPT" or "EXEMPT-MS" whichever applies ..... 3. \_\_\_\_\_

**Employee:** File this form with your employer to indicate the number of dependents or other personal exemptions to be claimed as allowances for your Rhode Island withholding. You should make a copy for your own records.

**Employer:** Keep this certificate with your payroll records. The form must be available to the Division of Taxation upon request.

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  
Signature ➞

Date



## RHODE ISLAND COLLEGE

### DRUG-FREE WORKPLACE STATEMENT (NEW HIRES)

It is the intent of the Administration of Rhode Island College to make good-faith effort to provide a drug-free workplace for its regular and student employees both in terms of procedure and results. To this end, the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance is prohibited in the workplace of Rhode Island College. Any employee of Rhode Island College, who is convicted of a violation of this principle, will be subject to an appropriate measure of discipline that could result in the termination of his/her employment with the College. As a condition of employment, all employees must abide by the terms of this statement and report to the Director of the Office of Human Resources any conviction under a criminal drug statute for conduct in the workplace no later than 5 days after the conviction. Any employee so convicted, and who is not terminated from employment, may be required to participate satisfactorily in a drug-abuse assistance or rehabilitation program acceptable to the College Administration as a condition of continuation of employment. In keeping with the intent of the Drug-Free Workplace Act, Rhode Island College will conduct an on-going drug awareness program that will be made available to all employees who directly engage in work under the provisions of a grant or contract. A copy of this statement will be provided to all employees working under Federal contract or grant.

X

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

### STATE OF RHODE ISLAND DRUG FREE WORKPLACE POLICY ACKNOWLEDGEMENT (NEW HIRES)

I, \_\_\_\_\_ an employee with the State of Rhode Island hereby acknowledge that I have received a copy of the State's policy regarding the maintenance of a drug free workplace. I have been informed that the unlawful manufacture, distribution, dispensation, possession or use of a controlled substance (to include but not be limited to such drugs as marijuana, heroin, cocaine, PCP, and crack, and may also include legal drugs which may be prescribed by a licensed physician if they are abused), is prohibited on State's premises or while conducting state business. I acknowledge that I must report for work in a fit condition to perform my duties. Violation of this policy makes me subject to discipline up to and including termination. As a condition of employment, I must abide by the terms of this policy and I will report to the employer any criminal drug conviction no later than five (5) days after such conviction. I realize that federal law mandates the employer to communicate this conviction to the appropriate federal agency under certain circumstances.

In accordance with the drug free workplace policy I certify that as a condition of my employment, I do not currently use illegal drugs.

X

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Comments, if any: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Department/Agency Signature

\_\_\_\_\_  
Date

RHODE ISLAND DEPARTMENT OF ADMINISTRATION  
OFFICE OF DIVERSITY, EQUITY AND OPPORTUNITY/STATE EQUAL OPPORTUNITY OFFICE  
AFFIRMATIVE ACTION FILE

*\* Please note that this is a **voluntary** self-identification card and the information you provide will not be used as a basis for employment decisions \**

**TO BE COMPLETED BY APPLICANT**

Applicant or  
Employee \_\_\_\_\_

Address \_\_\_\_\_  
Number Street City State Zip Code

NOTE: When selecting racial/ethnic category, you must select only one of the boxes numbered 1 through 7.

Female ☐ Male ☐

1 – Black or African American (Not Hispanic or Latino) ☐ 2 – Hispanic or Latino ☐

3 – American Indian or Alaska Native (Not Hispanic or Latino) ☐ 4 – Asian (Not Hispanic or Latino) ☐

5 – White (Not Hispanic or Latino) ☐ 6 – Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) ☐

7 – Two or More Races (Not Hispanic or Latino) ☐ Disabled ☐ Veteran ☐ Disabled Veteran ☐ Age: 40 & Over ☐

**FOR PERSONNEL USE ONLY**

Department \_\_\_\_\_  
Division \_\_\_\_\_

Appropriation Account No. \_\_\_\_\_ Pay Grade \_\_\_\_\_ Position  
No. \_\_\_\_\_

Incumbent\* \_\_\_\_\_ (Use this selection for current employees who are requesting a change to their demographic designation)

Promotion \_\_\_\_\_ Transfer \_\_\_\_\_ Hired \_\_\_\_\_ List \_\_\_\_\_ No List \_\_\_\_\_ Offered \_\_\_\_\_ Not Offered \_\_\_\_\_  
Refused \_\_\_\_\_

Reason for Action \_\_\_\_\_

Interviewer/HR Staff \_\_\_\_\_ Date \_\_\_\_\_

## **RACIAL/ETHNIC CATEGORIES**

- 1 – Black or African American (Not Hispanic or Latino)** – A person having origins in any of the black racial groups of Africa.
- 2 – Hispanic or Latino** – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- 3 – American Indian or Alaska Native (Not Hispanic or Latino)** – A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment.
- 4 – Asian (Not Hispanic or Latino)** – A person having origins in any of the original peoples of the Far East, Southeast Asian, or the Indian subcontinent including for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- 5 – White (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- 6 – Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- 7 – Two or More Races (Not Hispanic or Latino)** – A person who primarily identifies with two or more of the above race categories.

### **DISABLED:**

All persons with a physical or mental impairment that substantially limits one or more major life activities. Major life activities include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, reading, concentrating, thinking, communicating and working. A major life activity also includes the operation of a major bodily function, including, but not limited to, functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions. A history of such disability, or the belief on the part of others that a person has such a disability, whether it is so or not, also is recognized as a disability by the regulation.

Instructions:

- (1) Original to OPA  
(2) Copy agency file

CS-386  
(Revised 10/92)

## BAR OF CLAIMS

In accordance with Rhode Island General Laws, any future Worker's Compensation claim **will not be approved** within the first two years of your employment with the State should you willfully provide false information or intentionally fail to disclose your Worker's Compensation history. This false or withheld information must be directly related to the personal injury, which is the basis of your new Worker's Compensation claim.

### Rhode Island State Law

28-35-57.1 BAR OF CLAIMS – An employee's claim for compensation from an employer under Chapters 29 to 38, inclusive of this title, shall be barred from the date the employee commences employment for a period of two (2) years in the event said employee has willfully provided false information as to his or her ability to perform the essential functions of the job, with or without reasonable accommodation, on an employment application requesting that information, if the information is directly related to the personal injury which is the basis of the new claim for compensation. This section shall not apply unless the employment application, advises the employee of the substance of this section. Nothing herein shall exempt any employer from or excuse full compliance with any applicable provisions of the Americans with Disabilities Act and chapter 42-87 (**Discrimination Against the Handicapped**) of the general laws.

PLEASE ANSWER THE FOLLOWING  
ONLY AFTER YOU HAVE RECEIVED A CONDITIONAL OFFER OF EMPLOYMENT

1. HAVE YOU EVER RECEIVED WORKER'S COMPENSATION PAYMENTS? \_\_\_\_ YES \_\_\_\_ NO

If "Yes" list date, injury and employer for **each occurrence**: (Use back of form for further notations)

A.

*Date of Injury*

*Describe Injury*

*Employer*

B.

*Date of Injury*

*Describe Injury*

*Employer*

C.

*Date of Injury*

*Describe Injury*

*Employer*

I ACKNOWLEDGE THAT I HAVE RECEIVED A CONDITIONAL OFFER OF EMPLOYMENT. IN ADDITION I HAVE READ AND UNDERSTAND THE ABOVE SECTION OF THE RHODE ISLAND WORKER'S COMPENSATION ACT. I FURTHER UNDERSTAND THAT SHOULD AN INVESTIGATION DISCLOSE MISREPRESENTATION AND/OR FALSIFICATION, MY CONDITIONAL OFFER OF EMPLOYMENT MAY BE RESCINDED OR, SHOULD I BECOME EMPLOYED, MY SERVICE MAY BE TERMINATED.

Please Print your Name

Agency Signature

Your Signature

Date

Date



Rhode Island College  
Office of Human Resources

Rev. 04/12/2016

CONFIDENTIAL PERSONAL DATA FORM

Please Complete ALL Information

• PERSONAL INFORMATION

Title (Dr., Mr., Ms., Mrs.) First Name Middle Initial Last Name Sfx

Date of Birth: Social Security Number:



Current Home Address: Street City State Zip Code

REQUIRED DATA (lack of data may delay payment of wages)



Home Telephone # ( ) Daytime Telephone # ( )

Personal Email Account (may not be work email):

• PROFESSIONAL INFORMATION

Current Contract: • Special Monthly ☐ 99/Other ☐

Adjunct Professor: Yes: No: Semester:

RIC DEPARTMENT:

RIC Department Telephone#:

Supervisor's Name:

Supervisor's Telephone #:

• PREVIOUS RIC STUDENT/EMPLOYMENT INFORMATION

1. Were you ever a student at RIC? Yes ☐ No ☐

If yes, please indicate the dates attended: through

2. Have you ever worked for RIC? Yes ☐ No ☐

a) If yes, please indicate the dates employed: through

b) What department did you work for and in what capacity?

3. Has your name changed since you were a student or worked at RIC? Yes ☐ No ☐

If yes, what was your former name?

4. Have you ever had another Social Security Number? Yes ☐ No ☐

If yes, what was the former Social Security number?

X

Employee Signature

Date



## SELF-IDENTIFICATION OF DISABILITY

(Please read the Privacy Act information and additional instructions on Page 2)

Name (Last, First, Middle Initial)

Date of Birth (MM/YYYY)

Social Security Number

### Purpose:

Each agency in the Executive Branch of the Federal government has established programs to facilitate the hiring, placement, and advancement of individuals with disabilities. Self-identification of disability status is essential for effective data collection and analysis of the Federal government's efforts. While self-identification is voluntary, your cooperation in providing accurate information is critical to these efforts. Every precaution is taken to ensure that the information provided by each employee is kept in the strictest confidence.

**ENTER CODE HERE**



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### Targeted Disabilities or Serious Health Conditions:

02- Developmental Disability, for example, autism spectrum disorder  
03- Traumatic Brain Injury  
19- Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports  
20- Blind or serious difficulty seeing even when wearing glasses  
31- Missing extremities (arm, leg, hand and/or foot)  
40- Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports  
60- Partial or complete paralysis (any cause)  
82- Epilepsy or other seizure disorders  
90- Intellectual disability  
91- Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression  
92- Dwarfism  
93- Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders

### Other Options:

01- I do not wish to identify my disability or serious health condition.  
05- I do not have a disability or serious health condition.  
06- I have a disability or serious health condition, but it is not listed on this form.

### Other Disabilities or Serious Health Conditions:

13- Speech impairment  
41- Spinal abnormalities, for example, spina bifida or scoliosis  
44- Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body  
51- HIV Positive/AIDS  
52- Morbid obesity  
59- Nervous system disorder for example, migraine headaches, Parkinson's disease, or multiple sclerosis  
80- Cardiovascular or heart disease  
81- Depression, anxiety disorder, or other psychiatric disorder  
83- Blood diseases, for example, sickle cell anemia, hemophilia  
84- Diabetes  
85- Orthopedic impairments or osteo-arthritis  
86- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema  
87- Kidney dysfunction  
88- Cancer (present or past history)  
94- Learning disability or attention deficit/hyperactivity disorder (ADD/ADHD)  
95- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia  
96- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis  
97- Liver disease, for example, hepatitis or cirrhosis  
98- History of alcoholism or history of drug addiction (but not currently using illegal drugs)  
99- Endocrine disorder, for example, thyroid dysfunction



## **Definition**

An individual with a disability: A person who (1) has a physical or mental impairment which substantially limits one or more major life activities; (2) has a record of such an impairment; or (3) is regarded as having such an impairment. This definition is provided by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.).

## **The Rehabilitation Act of 1973**

The Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.), requires each agency in the Executive Branch of the Federal government to establish programs that will facilitate the hiring, placement, and advancement of individuals with disabilities. One method for determining agency progress in fulfilling these requirements is through the production of reports at certain intervals showing, for example, the number of employees with disabilities who are hired, promoted, trained, or reassigned over a given time period; the percentage of employees with disabilities in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, OPM, and the Congress, the progress or any deficiencies within specific agencies or the Federal government as a whole in the hiring, placement, and advancement of individuals with disabilities.

The disability data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to those individuals in the agency Personnel Office, who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the disability reporting system is entirely voluntary, with the exception of employees appointed under the Schedule A Excepted Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)). Agencies will request that these employees identify their disability status and, if they decline to do so, their correct disability code will be obtained from medical documentation used to support their appointment.

Employees who wish to confirm the disability code carried in their agency's and OPM's personnel systems is consistent with the employees' representation, may ask their Personnel Officer for a printout of the code and definition from their individual records. The code noted in the employees' records in the agencies' system will be identical to that carried in OPM's system.

## **Privacy Act Statement**

Collection of the requested information is authorized by the Rehabilitation Act of 1973, as amended (29 U.S.C. 701, et seq.). Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which permits agencies to use the SSN as a means for identifying persons with disabilities in personnel information systems. Your SSN will only be used to ensure that your correct disability code is recorded along with other employee information that your agency and OPM maintain on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data. Employees appointed under the Schedule A Appointing Authority for People with Intellectual Disability, Severe Physical Disability, or Psychiatric Disability (5 CFR 213.3102(u)) are requested to furnish an accurate disability code, but failure to do so will not affect them. Where employees hired under this authority fail to disclose their disability, the appropriate code will be determined from the employee's existing records or medical documentation submitted upon appointment.



## RIC Policy Acknowledgements

- ☐ I acknowledge that I have received a copy of the Adverse Weather Policy.
- ☐ I acknowledge that I have received a copy of the Affirmative Action Plan Summary.
- ☐ I acknowledge that I have received a copy of the Sexual Harassment and Sexual Violence Policy.
- ☐ I acknowledge that I have received a copy of the Complaint Procedures and Title IX Complaint Process for Complaints Against Students.
- ☐ I acknowledge that I have received a copy of the Notice of Right to Be Free from Discrimination Due to Pregnancy, Childbirth, and Related Medical Conditions.
- ☐ I acknowledge that I have received a copy of the Employee Accident Policy.
- ☐ I acknowledge that I have received a copy of the Rhode Island Substance Abuse Policy.
- ☐ I acknowledge that I have received a copy of the Drug-Free Workplace Policy.
- ☐ I acknowledge that I have received a copy of the Responsible Computing Policy.
- ☐ I acknowledge that I have received a copy of the Smoking Policy.

Employee Name: \_\_\_\_\_

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

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