

REQUIRED BENEFIT FORMS CHECKLIST

THE ATTACHED PACKET MUST BE COMPLETED AND RETURNED TO THE BENEFITS OFFICE AS SOON AS POSSIBLE, BUT NO LATER THAN 30 DAYS FROM ORIENTATION DATE.

Detach and retain this checklist for your records!

Benefit Enrollment and Change Form * – **Return with following required documentation if covering dependents**

_____ Copy of Marriage Certificate if enrolling a spouse

_____ Copy of Birth certificate for each dependent child you are enrolling for the first time

_____ Copy of Social Security Card for Spouse and each Dependent child

_____ Electronic Spousal Coordination of Benefits Form

Must complete the electronic Spousal Coordination of Benefits Form if covering a spouse to insure your spouse is fully covered <https://dhr.delaware.gov/benefits/cob/education.shtml>

_____ Dependent Coordination of Benefits Form

Must complete and mail or fax to selected carrier if you are covering a dependent child that is enrolled in other health coverage <https://dhr.delaware.gov/benefits/cob/education.shtml>

_____ District Life/AD&D Beneficiary Form - complete, sign, date, & return if electing District Life Ins.

_____ Pension Actuarial Information Form *

_____ Federal W-4 Form *

_____ State of Delaware W-4 Form *

_____ Direct Deposit Form * – **(Form is a mandatory condition of employment)**

*** These forms **MUST** be completed, signed, dated, and returned to:**

Anne Hardesty (Last Name A-K): Anne.Hardesty@Christina.k12.de.us

Tirzha Brown (Last Name L-Z): Tirzha.Brown@Christina.k12.de.us

Carol Quinn (Administrators): Carol.Quinn@Christina.k12.de.us

REQUIRED INFORMATION: Benefits will not be processed if information/signatures are missing from the enrollment form or if any of the required documents/forms are not submitted. Failure to submit required forms can result in a delay of your paycheck.

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Questions: CSDPayrollBenefits@Christina.k12.de.us

Additional Information: www.SchoolDistrictBenefits.com/Christina

Revised 02.13.2020

NOTICE OF SPECIAL ENROLLMENT RIGHTS

If you are declining enrollment for yourself or your dependents (including your spouse) because of other health insurance or group health coverage, you may in the future be able to enroll yourself and your dependents in this plan if you or your dependents lose eligibility for that other coverage (or if the employer stops contributing towards you or your dependents' other coverage). However, you must request enrollment within 30 days after other coverage ends (or after the employer stops contributing toward the other coverage).

In addition, if you have a change of employment status, new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Note: A federal law called HIPAA requires the State of Delaware Group Health Plan (the "Plan") provide a Certificate of Creditable Coverage (a "Certificate") to each individual who requests one so long as it is requested while the individual is covered under the Plan or within 24 months after the individual's coverage under the Plan ends. The Procedure to Request a Certificate of Creditable Coverage is available by contacting your Benefits Office.

State/District Policy: I understand after this date, I will not be able to make changes to any State and/or District Benefit Plans (Health, Dental, Vision, Life or Disability) for the remainder of the benefit period unless I experience one of the following "Qualifying Events":

- Change in employment status (1/2 time to full time, full time to ½ time, teacher to administrator)
- Change in Marital Status or Dependent Status (birth/adoption)
- Spouse's loss of coverage

I understand that it is my responsibility to notify the Benefits Office within 30 days of a "qualifying event" to make changes to my Benefit Plans. Failure to notify the Benefits Office within 30 days of the "Qualifying event" will result in waiting until the next Annual Open Enrollment Period to make changes.

Detach and retain this information for your records!

Effective Date: (For office use Only)

Benefit Enrollment and Change Form

This form **MUST** be completed, signed, dated, and returned within 30 days. If no election is made, benefits will be **WAIVED**.

Employee Name		Employee ID#	Social Security #	Date of Birth
Phone #	Street Address		City, State Zip	
Email Address (Print Clearly)				

SPOUSAL COORDINATION OF BENEFITS FOR HEALTH COVERAGE

Is your spouse a **STATE OF DELAWARE** Employee or Pensioner? (If **yes**, complete)

Spouse's Name: _____ Spouse's SSN: _____

Agency Name: _____ Spouse's Birth Date: _____

COVERAGE ELECTION EVENT (Circle One)

ADD COVERAGE	New Hire	Marriage	Birth/Adoption/ Guardian	Change in Employment
DROP COVERAGE	Divorce	Change in Employment	Death	*Other(Explain Below)

*

HEALTH INSURANCE

Circle Plan Type	Highmark DE Comprehensive PPO	Aetna HMO	Aetna CDH Gold	Highmark DE First State Basic
Circle Coverage Type	Employee	Employee & Spouse	Employee & Child(ren)	Family

DECLINE MEDICAL COVERAGE

DENTAL INSURANCE

Circle Plan Type	Plan A	Plan B		
Circle Coverage Type	Employee	Employee & Spouse	Employee & Child(ren)	Family

DECLINE DENTAL COVERAGE

VISION INSURANCE

Circle Coverage Type	Employee	Employee & Spouse	Employee & Child(ren)	Family
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DECLINE VISION COVERAGE

District Life/AD&D Insurance (**Circle One**)

Enroll	Decline Coverage
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LTD Supplemental Disability (**Circle One**)

Enroll	Decline Coverage
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Please Scan and Email your benefit packet with supporting documents to your Benefit Representative:

Anne Hardesty (Last Name A-K): Anne.Hardesty@Christina.k12.de.us

Tirzha Brown (Last Name L-Z): Tirzha.Brown@Christina.k12.de.us

Carol Quinn (Administrators): Carol.Quinn@Christina.k12.de.us

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If enrolling in the Aetna HMO Medical Plan, include the Primary Care Physician's ID number for yourself and each covered family member.

Search for the PCP ID# at this website: <https://dhr.delaware.gov/benefits/medical/aetna/doc-find.shtml>

Dependent Information								
Dependent Name(s)	A-Add, D-Drop	Social Security #	Birth Date	M-Medical, D-Dental, V-Vision <small>(Place "X" in box)</small>			Relationship Sp-Spouse D-Daughter S-Son	PCP ID# (Aetna HMO Only)
				M	D	V		

Dependents Age Out - End of the month that age 26 is reached

IF ADDING A SPOUSE, PROVIDE A COPY OF YOUR MARRIAGE CERTIFICATE/CIVIL UNION CERTIFICATE AND A LEGIBLE COPY OF THE SPOUSE'S SOCIAL SECURITY CARD.

If adding a spouse to Medical, employee must read the Spousal Coordination of Benefits policy and submit an online Spousal Coordination of Benefits form as outlined in your packet on the Coordination of Benefits Information Sheet.

IF ADDING A DEPENDENT CHILD(REN), PROVIDE A COPY OF THE BIRTH CERTIFICATE AND A LEGIBLE COPY OF THE SOCIAL SECURITY CARD FOR EACH DEPENDENT.

If covering a Dependent Child (to age 26), employee must read the Dependent Coordination of Benefits Policy and submit a Dependent Coordination of Benefits form (if applicable) as outlined in your packet on the Coordination of Benefits Information Sheet.

CERTIFICATION (must sign and date)

By my signature below, I hereby certify that the benefit elections I have made on this form are the benefit elections I have chosen, and that I have completed the required forms necessary to enroll. I understand that by completing and signing the required forms, I am making a binding election regarding my benefits for the current plan year unless I have a permissible status change as defined by the Internal Revenue Service or I terminate my employment with the State of Delaware. I understand and agree my regular pay will be reduced by the required contribution amount for the benefit options I have elected. I understand if employment ends I am eligible to continue District Life Insurance by contacting the insurance carrier within 30 days of termination date for conversion to an individual coverage.

Employee Signature: _____ Date _____



DESIGNATION/CHANGE OF BENEFICIARY FORM
Local Life Insurance

Employee Name		Social Security #	Date of Birth
Phone #	Street Address	City, State Zip	

Primary Beneficiary(ies): *(if additional beneficiaries are needed, see reverse side)*

Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:

Contingent Beneficiary(ies): *(if additional beneficiaries are needed, see reverse side)*

Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:

Benefits that may be payable at the time of my death are payable in equal shares to the primary beneficiary(ies) listed above. If any primary beneficiary(ies) is disqualified or dies before me, his/her percentage of this benefit will be paid to the remaining primary beneficiary(ies). If all primary beneficiaries are disqualified or die before me, benefits may be payable in equal shares to the contingent beneficiary(ies) listed above. If no beneficiary survives, payment shall be made in accordance with the terms of the policy. The beneficiary designation with the most recent date, in good form and properly signed, constitutes the only effective designation. The right is reserved to revoke this designation and to designate new beneficiaries at any time by filing a new Designation/Change of Beneficiary Form.

Employee Signature: _____ Date: _____

DESIGNATION/CHANGE OF BENEFICIARY FORM CONT.
Local Life Insurance

Primary Beneficiary(ies): Page 2

Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:

Contingent Beneficiary(ies): Page 2

Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:
Name:	Date of Birth:
Street Address:	City, State Zip:
Social Security Number:	Relationship:



STATE OF DELAWARE
MEMBER ACTUARIAL INFORMATION

PERSONAL DATA:

To be completed by Member (Please Print)

1. _____ 2. Soc. Sec. No.: _____
 (Last Name) (First Name) (M.I.) (Maiden Name)
3. Address: _____ 4. Telephone No.: _____
 (Number) (Street) (City) (State) (Zip Code)
5. Date of Birth: _____ 6. Gender: Male Female 7. Marital Status: Married Civil Union Single
 (Month / Day / Year) (Choose One) (Choose One)
8. Organization: _____ Department ID: _____
9. Pension Plan: (Check One): State Employees' State Police: Judiciary: Legislative:
 C/M Police/Fire: C/M General: (LOSAP) Fire: Port:
10. Effective Date of Hire with Present Organization: _____ 11. Current Annual Salary: _____
12. Have you previously been a member of any State of Delaware State Sponsored Pension Plan: Yes No If YES, complete list below:

(INCLUDE LEAVES OF ABSENCE
 AND INDICATE REASON)

NAME OF ORGANIZATION	FROM		THROUGH		PERIOD COVERED	
	MONTH	YEAR	MONTH	YEAR	YEARS	MONTHS
TOTAL PRIOR SERVICE CLAIMED				(ADD)		

13. (a) Did you serve in the Armed Forces of the United States: Yes No
 (b) If (a) is YES, show total Active Military Service:
 FROM _____ TO _____ TOTAL CREDIT _____
 (c) Did you begin a full-time vocational or professional training course within 5 years of your discharge and become a State employee within 5 years after the completion of that training: Yes No
 (d) If (c) is YES, show full-time vocational or professional training course dates, and date degree, diploma, or certificate granted:
 FROM _____ TO _____ DATE OF DEGREE _____

14. Have you ever rendered full-time service in professional educational employment or other full-time employment for another State or the Federal Government, a county or municipality of the State of Delaware, a political subdivision of another State, or in an accredited private school or college: Yes No If YES, complete list below:

NAME OF ORGANIZATION	FROM		THROUGH		PERIOD COVERED	
	MONTH	YEAR	MONTH	YEAR	YEARS	MONTHS

15. Are you eligible for benefits as a result of any service listed in No. 14 above: Yes No

DEPENDENT DATA: (This information must be filled out if you are married or in a civil union.)

16. Name of Spouse: _____ Gender: Male Female
 (Last Name) (First Name) (M.I.) (Maiden Name)
- _____ Telephone No.: _____
 (Street Address) (City) (State) (Zip)
- Date of Birth: _____ Soc. Sec. No.: _____ Date of Marriage/Civil Union: _____
 (Month/Day/Year) (Month/Day/Year)

17. Dependent Child(ren) or Dependent Parents (Fill in only if parent(s) are receiving at least one-half of his or her support from you) :

(Month/Day/Year)

Name: _____ Date of Birth: _____ Soc. Sec. No.: _____

Address: _____ Telephone No.: _____

Gender: Male Female Disabled: Yes No Dep. Child: _____ Dep. Parent: _____ Relationship: _____
(Month/Day/Year)

Name: _____ Date of Birth: _____ Soc. Sec. No.: _____

Address: _____ Telephone No.: _____

Gender: Male Female Disabled: Yes No Dep. Child: _____ Dep. Parent: _____ Relationship: _____
(Month/Day/Year)

Name: _____ Date of Birth: _____ Soc. Sec. No.: _____

Address: _____ Telephone No.: _____

Gender: Male Female Disabled: Yes No Dep. Child: _____ Dep. Parent: _____ Relationship: _____
(Month/Day/Year)

Name: _____ Date of Birth: _____ Soc. Sec. No.: _____

Address: _____ Telephone No.: _____

Gender: Male Female Disabled: Yes No Dep. Child: _____ Dep. Parent: _____ Relationship: _____

**DESIGNATION OF BENEFICIARY FOR PAYMENT OF PENSION CONTRIBUTIONS
IF NO SURVIVOR'S PENSION IS PAYABLE**

18. (If more than one name is listed, payment will be divided equally, unless otherwise specified.)

Primary/Contingent (Month/Day/Year)

Name: _____ Date of Birth: _____ SSN or EIN: _____

Address: _____ Telephone No.: _____

Relationship: _____ Gender: Male Female

Primary/Contingent (Month/Day/Year)

Name: _____ Date of Birth: _____ SSN or EIN: _____

Address: _____ Telephone No.: _____

Relationship: _____ Gender: Male Female

Primary/Contingent (Month/Day/Year)

Name: _____ Date of Birth: _____ SSN or EIN: _____

Address: _____ Telephone No.: _____

Relationship: _____ Gender: Male Female

Primary/Contingent (Month/Day/Year)

Name: _____ Date of Birth: _____ SSN or EIN: _____

Address: _____ Telephone No.: _____

Relationship: _____ Gender: Male Female

19. I hereby certify that all information given is accurate and true to the best of my knowledge and belief.

DATE: _____ SIGNATURE OF MEMBER: _____

Employee's Withholding Certificate

▶ **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.**

2020

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 www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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.)		

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, when to use the online estimator, and privacy.

**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 for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____		
Step 4 (optional): 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. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

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)
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General Instructions

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.

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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 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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount 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. Step 3 of Form W-4 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 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 (optional).

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 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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.

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.

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.

- 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 4. 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
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 4 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
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 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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 (along with any other additional amount you want withheld)

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



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Widow(er)

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	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



DELAWARE F O R M
DIVISION OF REVENUE W-4
EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE



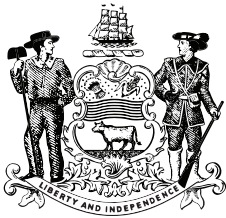
1 FIRST NAME AND MIDDLE INITIAL		LAST NAME	2 TAXPAYER ID	
HOME ADDRESS (Number and street or rural route)		3 MARITAL STATUS		
		<input type="checkbox"/> Single <input type="checkbox"/> Married		
CITY OR TOWN	STATE	ZIP CODE		
4 Total number of dependents you can claim on your return		4		
5 Additional amount, if any, you want withheld from each paycheck		5		\$

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

Employee's signature

(This form is not valid unless signed) ▶ _____ Date ▶ _____

6 Employer's name and address (Employer: Complete boxes 6 through 8 if sending to the Delaware Division of Revenue and the State Directory of New Hires.)	7 First date of employment	8 Employer identification number (EIN)



DELAWARE F O R M
 DIVISION OF REVENUE **W-4R**
 RESIDENT WITHHOLDING ALLOWANCE(S)
 COMPUTATION WORKSHEET



Use the following instructions to determine the correct number of allowances for withholding.
 Include only those individuals that you would include on your final income tax return.

A	Enter "1" for Yourself (2 if 60 years old or older) if no one else claims you as a dependent	A	
B	Enter "1" for your Spouse (2 if 60 years old or older) if no one else claims your spouse as a dependent	B	
C	Enter number of dependents other than your spouse that you will claim	C	
D	Enter "1" if you qualify to take a child/dependent care <i>credit</i> for one child or dependent and "2" if you qualify to take the credit for two or more	D	
E	Enter "1" for you are 65 or over OR blind. Enter "2" if you are both 65 or over AND blind.	E	
F	Enter "1" if your spouse is 65 or older OR blind. Enter "2" if your spouse is 65 or older AND blind.	F	
G	Add Line A through Line F 	G	

If you plan to itemize, or you receive non-wage income, or you can claim other deductions and wish to adjust your withholding, continue with the following Section H. Otherwise, **STOP HERE** and enter the number from Line G onto the Delaware Form W-4.

H	DEDUCTIONS AND INCOME ADJUSTMENTS
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NOTE: Use this section only if you plan to itemize, claim other deductions, or have nonwage income. If computing this section on **Married Filing Separate** or **Combined Separate** status, include only the amount of itemized deductions that may be claimed on your separate return.

1	Enter an estimate of your itemized deductions for the current year, i.e. home mortgage interest, real estate and other taxes (excluding state income tax paid) limited to \$10,000, charitable contributions, medical expenses in excess of 10% of adjusted gross income, and miscellaneous deductions (most miscellaneous deductions are now deductible only in excess of 2% of your adjusted gross income).	1	
		\$	
2	Delaware Standard Deduction of \$3,250	2	\$ 3,250.00
3	Subtract Line 2 from Line 1. If less than zero, enter 0. 	3	\$
4	Enter an estimate of your adjustments to income for the current year including alimony paid, IRA contributions, the pension exclusion and the exclusion for certain persons over 60 years old or disabled	4	\$
5	Add Lines 3 and 4 	5	\$
6	Enter an estimate of your non-wage income for the current year	6	\$
7	Subtract Line 6 from Line 5 	7	\$
8	Divide the amount on Line 7 by \$2,000. Round down to nearest whole number. 	8	
9	Enter the number from Line G above	9	
10	Add Lines 8 and 9. Report this number of allowances to your employer on Delaware Form W-4. 	10	

H	SPECIAL INSTRUCTIONS
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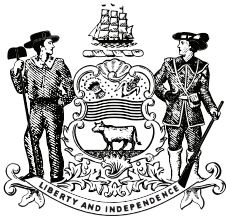
If the total on Line 10 is less than zero you may need additional withholding as a result of non-wage income to avoid owing tax on your income tax return. You can calculate the amount of additional withholding as follows:

- (1) Multiply number on Line 10 by \$110;
- (2) Divide the result by the number of pay periods during the year (e.g., if you are paid monthly, divide by 12); The result is the additional amount of withholding required per pay.

EXAMPLE: Total on Line 10 is "-2" and you are paid once a month.

- (1) Line H = 2 x \$110 = \$220.00
- (2) Number of pay periods = \$220.00/12 = \$18.33

You should notify your employer on a Delaware Form W-4 that your withholding allowance should be "0" and an additional \$18.33 per pay should be withheld for the current year.



DELAWARE F O R M

DIVISION OF REVENUE W-4NR



NON-RESIDENT WITHHOLDING ALLOWANCE(S) COMPUTATION WORKSHEET

A	Enter "1" for Yourself (2 if 60 years old or older) if no one else claims you as a dependent	A	
B	Enter "1" for your Spouse (2 if 60 years old or older) if you claim your spouse as a dependent on the State tax return	B	
C	Enter number of dependents other than your spouse that you will claim	C	
D	Add Lines A through C	D	

			Column A	Column B
			TOTAL	DELAWARE SOURCE
INCOME AND ADJUSTMENTS				
1	Wages	1		
2	Non-wage Income (Net of Losses - See Instructions)	2		
3	Total Income (Add Line 1 and Line 2)	3		
4a	Federal Adjustments to Income (See Instructions)	4a		
4b	Delaware Adjustments to Income (See Instructions)	4b		
4c	Total Adjustments to Income (Add Line 4a and Line 4b)	4c		
5	Adjusted Gross Income (Subtract Line 4c from Line 3)	5		
6	PRORATION DECIMAL (Line 5: Column B ÷ Column A)	6		

DEDUCTIONS

7	Deductions (Higher of Standard or Itemized - See Instructions)	7	
8	Estimated Taxable Income (Subtract Line 7 from Line 5, Column A)	8	
9	Gross Tax Liability (Computed using Line 8 - See Example Below)	9	
10	Personal Credits (Multiply Line D by \$110)	10	
11	Net Liability before Proration (Subtract Line 10 from Line 9)	11	
12	Proration Decimal (Enter from Line 6)	12	
13	Estimated Tax Liability (Multiply Line 11 by Line 12)	13	
14	Number of Pay Periods (From Employer or See Instructions)	14	
15	Withholding per Pay Period (Divide Line 13 by Line 14)	15	

TAX TABLE			
Taxable Income Between	Pay	Plus	On Amounts Over
\$ 0 - 2,000	\$ 0.00	0.00 %	\$ 0
2,001 - 5,001	\$ 0.00	2.20 %	\$ 2,000
5,001 - 10,001	\$ 66.00	3.90 %	\$ 5,000
10,001 - 20,001	\$ 261.00	4.80 %	\$ 10,000
20,001 - 25,001	\$ 741.00	5.20 %	\$ 20,000
25,001 - 60,001	\$ 1,001.00	5.55 %	\$ 25,000
60,001 & over	\$ 2,943.50	6.60 %	\$ 60,000

EXAMPLE OF GROSS TAX LIABILITY CALCULATION:	
If you Estimated Taxable Income, (Line 8) is \$12,000:	
PAY:	$ \begin{aligned} & \$261.00 + \{(12,000 - 10,000) \times 0.048\} \\ & = \$261.00 + (2,000 \times 0.048) \\ & = \$261.00 + 96.00 \\ & = \$357.00 \end{aligned} $

PHRST Direct Deposit Authorization Form Instructions

This form is to be completed and submitted by the employee only. Please complete all information requested on the Direct Deposit Authorization Form.

YOU ARE RESPONSIBLE for ensuring the routing and account numbers on the form are correct. Please contact your bank to confirm routing/account numbers if you are unsure. Incorrect or illegible routing and/or account numbers may result in your pay being delayed.

State of Delaware employees may contribute to the Fidelity College Investment Plan (Section 529 accounts) with direct deposit. Employees are required to complete a **Fidelity College Investing Plan Direct Deposit Form** AND the **State of Delaware Direct Deposit Authorization Form**.

If you designate only one account

Complete **Section A –Balance Account** only, sign, and date the form. All of your net pay will be direct deposited to the designated account.

If you have multiple direct deposit accounts

Complete **Section A –Balance Account** and **Section B - Additional Accounts for Multiple Direct Deposits**. Indicate the priority (beginning with 100, 200, etc.) and the **flat amount** to be deposited into each account. The remaining balance will be deposited into the account listed in **Section A**.

A pre-notification (pre-note) will be initiated to your financial institution(s) prior to making deposits based on this authorization. The pre-note process verifies the account and transit numbers provided and entered into the PHRST system are valid. Adding a new or changing existing Direct Deposit instruction will cause that account to go through the pre-note process for one pay period. Each time you add a new or change an existing account, complete a new Direct Deposit Authorization Form with all account information to replace any previous instructions.

If you change or close any Direct Deposit account(s), you must notify your employer immediately and complete an authorization form with your new account information so it can be entered into the PHRST system before the next pay period. This will prevent your Direct Deposit from being transmitted to a “closed account” on payday. Failure to promptly notify your employer of changes to your Direct Deposit information may cause a delay in receiving your total net pay. The receiving bank must return funds sent to a closed account to the State of Delaware before a replacement check can be issued to the employee.

To sign up for Direct Deposit, make a change, or if you have any questions, please contact your Human Resource or Payroll Representative.

PHRST DIRECT DEPOSIT AUTHORIZATION FORM

This form is to be completed and submitted by the employee ONLY. Please return directly to your Human Resource or Payroll Department.

Date: _____

Employee Name: _____

Empl ID: _____

Work Phone: _____

Direct Deposit Instructions:

If only one banking instruction is set up, **Section A** designates the account to receive the balance of net pay. If there are multiple banking instructions in **Section B**, then **Section A** designates the account to receive any balance funds left over after all other direct deposit instructions are processed. The priority number of 999 is established for the account in Section A. For multiple accounts, all accounts with the exception of the last account (Section A) shall be processed as **Flat Amount** and shall be designated by Priority beginning with 100, 200, etc. in Section B.

Section A: Balance Account: The following account is either the only account to be used for Direct Deposit or the account which is to receive the net amount remaining after all other deposits have been made as indicated in **Section B**, the list of Additional Accounts.

999	Balance			<input type="checkbox"/>	<input type="checkbox"/>
Priority	Amount	Transit #	Account #	Checking	Savings
Bank Name: _____					
Bank Address: _____					

Section B: Additional Accounts For Multiple Direct Deposits

				<input type="checkbox"/>	<input type="checkbox"/>
Priority	Flat Amount	Transit #	Account #	Checking	Savings
Bank Name: _____					
Bank Address: _____					

				<input type="checkbox"/>	<input type="checkbox"/>
Priority	Flat Amount	Transit #	Account #	Checking	Savings
Bank Name: _____					
Bank Address: _____					

				<input type="checkbox"/>	<input type="checkbox"/>
Priority	Flat Amount	Transit #	Account #	Checking	Savings
Bank Name: _____					
Bank Address: _____					

I hereby authorize the State of Delaware to deposit my net pay to the financial institution(s) listed above. I understand my net pay will be deposited to my designated account(s) so the funds are available to me on the day of pay. In the event funds to which I am not entitled are deposited to my account(s), I hereby authorize the State of Delaware to direct the bank to return said funds.

Direct Deposit of my net pay will remain in effect until my employment with the State of Delaware is terminated. The State may terminate this service at any time. These Direct Deposit instructions replace any previously dated instructions.

Employee Signature: _____ Date: _____

YOU ARE RESPONSIBLE for ensuring the routing and account numbers on this form are correct.

Please contact your bank to confirm routing/account numbers if you are unsure.

**INCORRECT OR ILLEGIBLE ROUTING AND/OR ACCOUNT NUMBERS
WILL RESULT IN YOUR PAY BEING DELAYED.**