



**New Hire Information Form**  
***(please return to Mechanical Engineering)***

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

Employment requested by: \_\_\_\_\_ Title \_\_\_\_\_ Phone \_\_\_\_\_  
(Signature required below)

**New Employee Information:**

Name: \_\_\_\_\_ MSU ID# \_\_\_\_\_ Net ID \_\_\_\_\_

MSU Academic Department: Mechanical Engineering

Home Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Are you currently authorized to work in the United States? yes  no   
*(Proof of Citizenship or Immigration status will be required upon offer of employment)*

Current or Prior Mississippi State University Employee: Department: \_\_\_\_\_ Dates: \_\_\_\_\_

\*\*\*Student currently enrolled at Mississippi State University: Yes  No  Graduation Date \_\_\_\_\_

**Select One:**

- Student Worker
- Intermittent\*
- GRA\*

**Rate of Pay:**

Hourly Rate: \_\_\_\_\_  
Monthly Rate: \_\_\_\_\_  
Annual Rate: \_\_\_\_\_

**Select One:**

- Full-time
- Part-time (list # of hrs.) \_\_\_\_\_

\*Indicates Offer Letter is required

\*\*If you are hiring a student that is not enrolled at MSU that student will be an intermittent employee until enrollment\*\*

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Account Name: \_\_\_\_\_ Number: \_\_\_\_\_

Project #: \_\_\_\_\_ P.I. \_\_\_\_\_

Course #: \_\_\_\_\_ # Enrolled \_\_\_\_\_

**Justification *(describe how this employee's work will relate to the project):***

**NOTE: The employee you are hiring cannot work until they have completed their new hire paperwork and their I-9 Sign below showing your acknowledgment.**

\_\_\_\_\_  
Supervisor's Signature Date

\_\_\_\_\_  
Department Head's Signature Date



**Employment Eligibility Verification**  
**Department of Homeland Security**  
**U.S. Citizenship and Immigration Services**

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

|   |   |                             |                            |   |
|---|---|-----------------------------|----------------------------|---|
| <b>Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.</b>   |   |                             |                            |   |
| Last Name (Family Name)   |   | First Name (Given Name)     |                            | Middle Initial (if any)                         |
| Address (Street Number and Name)  |   | Apt. Number (if any)        | City or Town               | State   |
| Date of Birth (mm/dd/yyyy)  |   | U.S. Social Security Number | Employee's Email Address   | Employee's Telephone Number                     |
| <b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b> | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): |                             |                            |   |
|   | <input type="checkbox"/> 1. A citizen of the United States  |                             |                            |   |
|   | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)                                    |                             |                            |   |
|   | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)  |                             |                            |   |
| <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)   |   |                             |                            |   |
| If you check Item Number 4., enter one of these:  |   |                             |                            |   |
| USCIS A-Number  |   | OR                          | Form I-94 Admission Number | OR  |
|   |   |                             |                            | Foreign Passport Number and Country of Issuance |
| Signature of Employee   |   |                             | Today's Date (mm/dd/yyyy)  |   |
| If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.   |   |                             |                            |   |

**\*\*\*\* Fill out section 1 ONLY\*\*\*\***

**\*\*\* see page 2 for approved documents. All documents MUST BE ORIGINAL. No copies, scans, emails, or text will be accepted\*\*\***

**\*\* All documents and paperwork must be brought to 210 Carpenter to complete the hiring process\*\***

**\* You will not be allowed to work until all paperwork is complete and submitted\***

Thanks,  
 ME Business Office

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity  | AND | LIST C<br>Documents that Establish Employment Authorization  |
|---|----|--|-----|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security               <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol> |
| <p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>  |    |  |     |  |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>  | OR | <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List B document.</li> </ul>   | AND | <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List C document.</li> </ul>   |

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,  
Preparer and/or Translator Certification for Section 1**

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026

|   |   |   |
|---|---|---|
| Last Name (Family Name) from Section 1. | First Name (Given Name) from Section 1. | Middle initial (if any) from Section 1. |
|---|---|---|

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                     |                         |                   |                         |
|-------------------------------------|-------------------------|-------------------|-------------------------|
| Signature of Preparer or Translator |                         | Date (mm/dd/yyyy) |                         |
| Last Name (Family Name)             | First Name (Given Name) |                   | Middle Initial (if any) |
| Address (Street Number and Name)    | City or Town            | State             | ZIP Code                |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                     |                         |                   |                         |
|-------------------------------------|-------------------------|-------------------|-------------------------|
| Signature of Preparer or Translator |                         | Date (mm/dd/yyyy) |                         |
| Last Name (Family Name)             | First Name (Given Name) |                   | Middle Initial (if any) |
| Address (Street Number and Name)    | City or Town            | State             | ZIP Code                |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                     |                         |                   |                         |
|-------------------------------------|-------------------------|-------------------|-------------------------|
| Signature of Preparer or Translator |                         | Date (mm/dd/yyyy) |                         |
| Last Name (Family Name)             | First Name (Given Name) |                   | Middle Initial (if any) |
| Address (Street Number and Name)    | City or Town            | State             | ZIP Code                |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|                                     |                         |                   |                         |
|-------------------------------------|-------------------------|-------------------|-------------------------|
| Signature of Preparer or Translator |                         | Date (mm/dd/yyyy) |                         |
| Last Name (Family Name)             | First Name (Given Name) |                   | Middle Initial (if any) |
| Address (Street Number and Name)    | City or Town            | State             | ZIP Code                |



## Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from Section 1. | First Name ( <i>Given Name</i> ) from Section 1. | Middle initial (if any) from Section 1. |
|--|--|---|

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 Instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)

| Date of Rehire ( <i>if applicable</i> )  | New Name ( <i>if applicable</i> )                  |  |  |
|--|--|--|--|
| Date ( <i>mm/dd/yyyy</i> )   | Last Name ( <i>Family Name</i> )                   | First Name ( <i>Given Name</i> )               | Middle Initial   |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.   |  |  |  |
| Document Title   | Document Number (if any)                           | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |  |
| <b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |  |  |  |
| Name of Employer or Authorized Representative  | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> )             |  |
| Additional Information (Initial and date each notation.)   |  |  | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

| Date of Rehire ( <i>if applicable</i> )  | New Name ( <i>if applicable</i> )                  |  |  |
|--|--|--|--|
| Date ( <i>mm/dd/yyyy</i> )   | Last Name ( <i>Family Name</i> )                   | First Name ( <i>Given Name</i> )               | Middle Initial   |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.   |  |  |  |
| Document Title   | Document Number (if any)                           | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |  |
| <b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |  |  |  |
| Name of Employer or Authorized Representative  | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> )             |  |
| Additional Information (Initial and date each notation.)   |  |  | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

| Date of Rehire ( <i>if applicable</i> )  | New Name ( <i>if applicable</i> )                  |  |  |
|--|--|--|--|
| Date ( <i>mm/dd/yyyy</i> )   | Last Name ( <i>Family Name</i> )                   | First Name ( <i>Given Name</i> )               | Middle Initial   |
| Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.   |  |  |  |
| Document Title   | Document Number (if any)                           | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |  |
| <b>I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b> |  |  |  |
| Name of Employer or Authorized Representative  | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> )             |  |
| Additional Information (Initial and date each notation.)   |  |  | <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. |

## 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.**

2024

|   |  |                 |   |
|---|--|-----------------|---|
| <b>Step 1:</b><br><b>Enter Personal Information</b> | <b>(a)</b> First name and middle initial _____   | Last name _____ | <b>(b)</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 _____  |                 |   |
|   | <b>(c)</b> <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying surviving spouse<br><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, 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 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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (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.)

|  |  |             |          |
|--|--|-------------|----------|
| <b>Step 3:</b><br><b>Claim Dependent and Other Credits</b> | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):<br>Multiply the number of qualifying children under age 17 by \$2,000 \$ _____<br>Multiply the number of other dependents by \$500 . . . . . \$ _____<br>Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . . | <b>3</b>    | \$ _____ |
| <b>Step 4 (optional): Other Adjustments</b>                | <b>(a) Other income (not from jobs).</b> 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 . . . . .  | <b>4(a)</b> | \$ _____ |
|  | <b>(b) Deductions.</b> 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 . . . . .   | <b>4(b)</b> | \$ _____ |
|  | <b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .   | <b>4(c)</b> | \$ _____ |

**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

|                       |                                   |                                |  |
|-----------------------|-----------------------------------|--------------------------------|--|
| <b>Employers Only</b> | Employer's name and address _____ | First date of employment _____ | Employer identification number (EIN) _____ |
|-----------------------|-----------------------------------|--------------------------------|--|

## General Instructions

Section references are to the Internal Revenue Code.

### 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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2024 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 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**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. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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](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.

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 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 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 (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 2024 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. 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.

- 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. 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 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. 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. 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 (along with any other additional amount you want withheld). 4 \$

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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               | \$780             | \$850             | \$940             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020             | \$1,370             |
| \$10,000 - 19,999                              | 0   | 780               | 1,780             | 1,940             | 2,140             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220             | 2,570               | 3,570               |
| \$20,000 - 29,999                              | 780   | 1,780             | 2,870             | 3,140             | 3,340             | 3,420             | 3,420             | 3,420             | 3,420             | 3,770             | 4,770               | 5,770               |
| \$30,000 - 39,999                              | 850   | 1,940             | 3,140             | 3,410             | 3,610             | 3,690             | 3,690             | 3,690             | 4,040             | 5,040             | 6,040               | 7,040               |
| \$40,000 - 49,999                              | 940   | 2,140             | 3,340             | 3,610             | 3,810             | 3,890             | 3,890             | 4,240             | 5,240             | 6,240             | 7,240               | 8,240               |
| \$50,000 - 59,999                              | 1,020   | 2,220             | 3,420             | 3,690             | 3,890             | 3,970             | 4,320             | 5,320             | 6,320             | 7,320             | 8,320               | 9,320               |
| \$60,000 - 69,999                              | 1,020   | 2,220             | 3,420             | 3,690             | 3,890             | 4,320             | 5,320             | 6,320             | 7,320             | 8,320             | 9,320               | 10,320              |
| \$70,000 - 79,999                              | 1,020   | 2,220             | 3,420             | 3,690             | 4,240             | 5,320             | 6,320             | 7,320             | 8,320             | 9,320             | 10,320              | 11,320              |
| \$80,000 - 99,999                              | 1,020   | 2,220             | 3,620             | 4,890             | 6,090             | 7,170             | 8,170             | 9,170             | 10,170            | 11,170            | 12,170              | 13,170              |
| \$100,000 - 149,999                            | 1,870   | 4,070             | 6,270             | 7,540             | 8,740             | 9,820             | 10,820            | 11,820            | 12,830            | 14,030            | 15,230              | 16,430              |
| \$150,000 - 239,999                            | 1,960   | 4,360             | 6,760             | 8,230             | 9,630             | 10,910            | 12,110            | 13,310            | 14,510            | 15,710            | 16,910              | 18,110              |
| \$240,000 - 259,999                            | 2,040   | 4,440             | 6,840             | 8,310             | 9,710             | 10,990            | 12,190            | 13,390            | 14,590            | 15,790            | 16,990              | 18,190              |
| \$260,000 - 279,999                            | 2,040   | 4,440             | 6,840             | 8,310             | 9,710             | 10,990            | 12,190            | 13,390            | 14,590            | 15,790            | 16,990              | 18,190              |
| \$280,000 - 299,999                            | 2,040   | 4,440             | 6,840             | 8,310             | 9,710             | 10,990            | 12,190            | 13,390            | 14,590            | 15,790            | 16,990              | 18,380              |
| \$300,000 - 319,999                            | 2,040   | 4,440             | 6,840             | 8,310             | 9,710             | 10,990            | 12,190            | 13,390            | 14,590            | 15,980            | 17,980              | 19,980              |
| \$320,000 - 364,999                            | 2,040   | 4,440             | 6,840             | 8,310             | 9,710             | 11,280            | 13,280            | 15,280            | 17,280            | 19,280            | 21,280              | 23,280              |
| \$365,000 - 524,999                            | 2,720   | 6,010             | 9,510             | 12,080            | 14,580            | 16,950            | 19,250            | 21,550            | 23,850            | 26,150            | 28,450              | 30,750              |
| \$525,000 and over                             | 3,140   | 6,840             | 10,540            | 13,310            | 16,010            | 18,590            | 21,090            | 23,590            | 26,090            | 28,590            | 31,090              | 33,590              |

**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                                    | \$240   | \$870             | \$1,020           | \$1,020           | \$1,020           | \$1,540           | \$1,870           | \$1,870           | \$1,870           | \$1,870           | \$1,910             | \$2,040             |
| \$10,000 - 19,999                              | 870   | 1,680             | 1,830             | 1,830             | 2,350             | 3,350             | 3,680             | 3,680             | 3,680             | 3,720             | 3,920               | 4,050               |
| \$20,000 - 29,999                              | 1,020   | 1,830             | 1,980             | 2,510             | 3,510             | 4,510             | 4,830             | 4,830             | 4,870             | 5,070             | 5,270               | 5,400               |
| \$30,000 - 39,999                              | 1,020   | 1,830             | 2,510             | 3,510             | 4,510             | 5,510             | 5,830             | 5,870             | 6,070             | 6,270             | 6,470               | 6,600               |
| \$40,000 - 59,999                              | 1,390   | 3,200             | 4,360             | 5,360             | 6,360             | 7,370             | 7,890             | 8,090             | 8,290             | 8,490             | 8,690               | 8,820               |
| \$60,000 - 79,999                              | 1,870   | 3,680             | 4,830             | 5,840             | 7,040             | 8,240             | 8,770             | 8,970             | 9,170             | 9,370             | 9,570               | 9,700               |
| \$80,000 - 99,999                              | 1,870   | 3,690             | 5,040             | 6,240             | 7,440             | 8,640             | 9,170             | 9,370             | 9,570             | 9,770             | 9,970               | 10,810              |
| \$100,000 - 124,999                            | 2,040   | 4,050             | 5,400             | 6,600             | 7,800             | 9,000             | 9,530             | 9,730             | 10,180            | 11,180            | 12,180              | 13,120              |
| \$125,000 - 149,999                            | 2,040   | 4,050             | 5,400             | 6,600             | 7,800             | 9,000             | 10,180            | 11,180            | 12,180            | 13,180            | 14,180              | 15,310              |
| \$150,000 - 174,999                            | 2,040   | 4,050             | 5,400             | 6,860             | 8,860             | 10,860            | 12,180            | 13,180            | 14,230            | 15,530            | 16,830              | 18,060              |
| \$175,000 - 199,999                            | 2,040   | 4,710             | 6,860             | 8,860             | 10,860            | 12,860            | 14,380            | 15,680            | 16,980            | 18,280            | 19,580              | 20,810              |
| \$200,000 - 249,999                            | 2,720   | 5,610             | 8,060             | 10,360            | 12,660            | 14,960            | 16,590            | 17,890            | 19,190            | 20,490            | 21,790              | 23,020              |
| \$250,000 - 399,999                            | 2,970   | 6,080             | 8,540             | 10,840            | 13,140            | 15,440            | 17,060            | 18,360            | 19,660            | 20,960            | 22,260              | 23,500              |
| \$400,000 - 449,999                            | 2,970   | 6,080             | 8,540             | 10,840            | 13,140            | 15,440            | 17,060            | 18,360            | 19,660            | 20,960            | 22,260              | 23,500              |
| \$450,000 and over                             | 3,140   | 6,450             | 9,110             | 11,610            | 14,110            | 16,610            | 18,430            | 19,930            | 21,430            | 22,930            | 24,430              | 25,870              |

**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   | \$510             | \$850             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,220           | \$1,870           | \$1,870           | \$1,870             | \$1,960             |
| \$10,000 - 19,999                              | 510   | 1,510             | 2,020             | 2,220             | 2,220             | 2,220             | 2,420             | 3,420             | 4,070             | 4,070             | 4,160               | 4,360               |
| \$20,000 - 29,999                              | 850   | 2,020             | 2,560             | 2,760             | 2,760             | 2,960             | 3,960             | 4,960             | 5,610             | 5,700             | 5,900               | 6,100               |
| \$30,000 - 39,999                              | 1,020   | 2,220             | 2,760             | 2,960             | 3,160             | 4,160             | 5,160             | 6,160             | 6,900             | 7,100             | 7,300               | 7,500               |
| \$40,000 - 59,999                              | 1,020   | 2,220             | 2,810             | 4,010             | 5,010             | 6,010             | 7,070             | 8,270             | 9,120             | 9,320             | 9,520               | 9,720               |
| \$60,000 - 79,999                              | 1,070   | 3,270             | 4,810             | 6,010             | 7,070             | 8,270             | 9,470             | 10,670            | 11,520            | 11,720            | 11,920              | 12,120              |
| \$80,000 - 99,999                              | 1,870   | 4,070             | 5,670             | 7,070             | 8,270             | 9,470             | 10,670            | 11,870            | 12,720            | 12,920            | 13,120              | 13,450              |
| \$100,000 - 124,999                            | 2,020   | 4,420             | 6,160             | 7,560             | 8,760             | 9,960             | 11,160            | 12,360            | 13,210            | 13,880            | 14,880              | 15,880              |
| \$125,000 - 149,999                            | 2,040   | 4,440             | 6,180             | 7,580             | 8,780             | 9,980             | 11,250            | 13,250            | 14,900            | 15,900            | 16,900              | 17,900              |
| \$150,000 - 174,999                            | 2,040   | 4,440             | 6,180             | 7,580             | 9,250             | 11,250            | 13,250            | 15,250            | 16,900            | 18,030            | 19,330              | 20,630              |
| \$175,000 - 199,999                            | 2,040   | 4,510             | 7,050             | 9,250             | 11,250            | 13,250            | 15,250            | 17,530            | 19,480            | 20,780            | 22,080              | 23,380              |
| \$200,000 - 249,999                            | 2,720   | 5,920             | 8,620             | 11,120            | 13,420            | 15,720            | 18,020            | 20,320            | 22,270            | 23,570            | 24,870              | 26,170              |
| \$250,000 - 449,999                            | 2,970   | 6,470             | 9,310             | 11,810            | 14,110            | 16,410            | 18,710            | 21,010            | 22,960            | 24,260            | 25,560              | 26,860              |
| \$450,000 and over                             | 3,140   | 6,840             | 9,880             | 12,580            | 15,080            | 17,580            | 20,080            | 22,580            | 24,730            | 26,230            | 27,730              | 29,230              |



## MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name \_\_\_\_\_ SSN \_\_\_\_\_  
 Employee's Residence \_\_\_\_\_  
 Number and Street \_\_\_\_\_ City or Town \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

### CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION

|   | Marital Status  | Personal Exemption Allowed  | Amount Claimed |          |
|---|---|---|----------------|----------|
| <b>EMPLOYEE:</b><br>File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.                          | 1. Single   | <input type="checkbox"/> Enter \$6,000 as exemption . . . . . ▶   | \$ _____       |          |
|   | 2. Marital Status<br>(Check One)  | (a) <input type="checkbox"/> Spouse NOT employed: Enter \$12,000 ▶  | \$ _____       |          |
|   |   | (b) <input type="checkbox"/> Spouse IS employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below. ▶   | \$ _____       |          |
| 3. Head of Family   | <input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d) below . . . . . ▶  |   | \$ _____       |          |
| <b>EMPLOYER:</b><br>Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised. | 4. Dependents<br><br>Number Claimed: _____  | You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes.<br>* A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed. . . ▶ | \$ _____       |          |
|   | 5. Age and blindness  | * Age 65 or older: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single<br>* Blind: <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single<br>Multiply the number of blocks checked by \$1,500. Enter the amount claimed . . . . . ▶<br>* Note: No exemption allowed for age or blindness for dependents.   | \$ _____       |          |
|   | 6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5 . . . ▶  |   |                | \$ _____ |
|   | 7. Additional dollar amount of withholding per pay period if agreed to by your employer . . . . . ▶   |   |                | \$ _____ |
| <b>Military Spouses Residency Relief Act Exemption from Mississippi Withholding</b>   | 8. If you meet the conditions set forth under the Service Member Civil Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim. . . ▶ |   | _____          |          |

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### INSTRUCTIONS

1. **The personal exemptions allowed:**

|                                   |          |                     |         |
|-----------------------------------|----------|---------------------|---------|
| (a) Single Individuals            | \$6,000  | (d) Dependents      | \$1,500 |
| (b) Married Individuals (Jointly) | \$12,000 | (e) Age 65 and Over | \$1,500 |
| (c) Head of family                | \$9,500  | (f) Blindness       | \$1,500 |
  2. **Claiming personal exemptions:**
    - (a) Single Individuals enter \$6,000 on Line 1.
    - (b) **Married individuals are allowed a joint exemption of \$12,000.**  
 If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500; or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).
    - (c) **Head of Family**  
 A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).
    - (d) **An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer.** A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent, excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but should not include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.
    - (e) **An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the age of 65 before the close of the taxable year.** No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.
    - (f) **An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are blind.** No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.
  3. **Total Exemption Claimed:**  
 Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.
  4. **A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.**
  5. **PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION.**
  6. **IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.**
- To comply with the Military Spouse Residency Relief Act (PL111-97) Signed on November 11, 2008.

# Truescreen®

## DISCLOSURE AND AUTHORIZATION TO OBTAIN INFORMATION

In connection with my suitability for employment with Mississippi State University, I authorize the University to request a consumer and/or investigative consumer report on me for employment purposes from Truescreen, Inc. Such reports may include, but are not limited to, information as to my character, general reputation, personal characteristics, and mode of living; discerned through employment and education verifications; personal references and interviews; my personal credit history based on reports from any credit bureau; my driving history, including any traffic citations; workers' compensation records after a conditional job offer has been extended and to the extent permitted by law; a social security number trace; present and former addresses; criminal and civil history/records; and any other public record.

I authorize any person, business entity or governmental agency that may have information relevant to the above to disclose the same to Mississippi State University and Truescreen, Inc., including, but not limited to, any and all courts, public agencies, law enforcement agencies and credit bureaus. I authorize Mississippi State University to share such information only with parties in interest who have a "need to know" such information to protect them and their employees. Truescreen, Inc. does not sell or otherwise provide any of the information found in its background investigations to any party other than Mississippi State University.

I understand that I am entitled to a complete and accurate disclosure of the nature and scope of any consumer report of which I am the subject upon my written request to Truescreen, Inc. I also understand that I may receive a written summary of my rights under 15 U.S.C. § 1681 et. seq. I agree that this authorization shall remain valid for the duration of my employment with Mississippi State University. I certify that the information contained on this Authorization form is true and correct and that my application or employment may be terminated based on any false, omitted or fraudulent information.

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

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

## IDENTIFYING INFORMATION FOR CONSUMER REPORTING AGENCY

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle: \_\_\_\_\_

Other Names Used: \_\_\_\_\_ Years Used: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Street/ P.O. Box City State Zip Code County Dates

Former Address: \_\_\_\_\_  
Street/ P.O. Box City State Zip Code County Dates

Social Security Number: \_\_\_\_\_ Daytime Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_ State of Issuance: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ \*Gender: \_\_\_\_\_

**For California, Minnesota, and Oklahoma Applicants Only:** If an investigative consumer report is processed, I understand that I am entitled to receive a copy. An investigative report will be obtained through Truescreen®, Inc., P.O. Box 541 Southampton, PA 18966. Telephone (800) 260-1680. [www.truescreen.com](http://www.truescreen.com). I have indicated below whether I would like a copy.

Yes \_\_\_\_\_ No \_\_\_\_\_

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 1 of 2

### Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

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

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

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

Disabilities include, but are not limited to:

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

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2017  
Page 2 of 2

### Reasonable Accommodation Notice

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

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<sup>1</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

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

### Veterans Post-Offer Self-Identification Form

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

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

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

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

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

DISABLED VETERAN

RECENTLY SEPARATED VETERAN

ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN

ARMED FORCES SERVICE MEDAL VETERAN

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I am a protected veteran, but I choose not to self-identify the classifications to which I belong.

I am NOT a protected veteran.

---

I do not wish to answer.

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

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

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

Mississippi State University is committed to the concept and practice of equal opportunity and affirmative action. It is the policy of Mississippi State University not to discriminate on the basis of a physical or mental disability or an individual's status as a disabled veteran or any other protected Covered Veteran with regard to recruitment of advertising, hiring, training, promotion, and other terms and conditions of employment provided the individual is qualified with or without reasonable accommodations, to perform the essential functions of the job. These provisions are detailed in Mississippi State University's Affirmative Action Plan for Veterans and Individuals with Disabilities. In accordance with public law, the University's program of affirmative action invites job applicants, individuals offered employment, and current employees who believe they are covered veterans or individuals with disabilities to identify themselves. The Affirmative Action Plan for Veterans and Individuals with Disabilities is available for inspection in the Department of Human Resources Management during regular business hours upon request.

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Employee's Full Name: First

M.I. Last

MSU ID #

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Email Address

---

Signature

Date

Return this completed form to the Department of Human Resources Management  
Campus Mail: Mail Stop #9603





## Personal Demographic Data

New Hire  Change

**Instructions:** The following information is required by the University to comply with Federal and State statutes, administer its programs, or otherwise conduct business as an institution. Please complete and return to Human Resources Management, Mail Stop 9603.

**TO BE COMPLETED BY EMPLOYEE**

**Name** \_\_\_\_\_

**MSU ID Number or SSN** \_\_\_\_\_

**Gender**  Female  Male **Marital Status**  Single  Married **United States Citizen**  Yes  No

**Date of Birth** \_\_\_\_\_ **Nation of Citizenship** \_\_\_\_\_

**1. Hispanic/Latino (Ethnicity Category):**

- Yes
- No

**2. Select one or more of the following Race categories:**

- American Indian or Alaskan Native
- Asian
- Black/African American
- Native Hawaiian or Other Pacific Islander
- White/Caucasian

**I acknowledge the information provided above is correct:**

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

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

HRM100a 9/2009

**Print Form**

**Reset Form**



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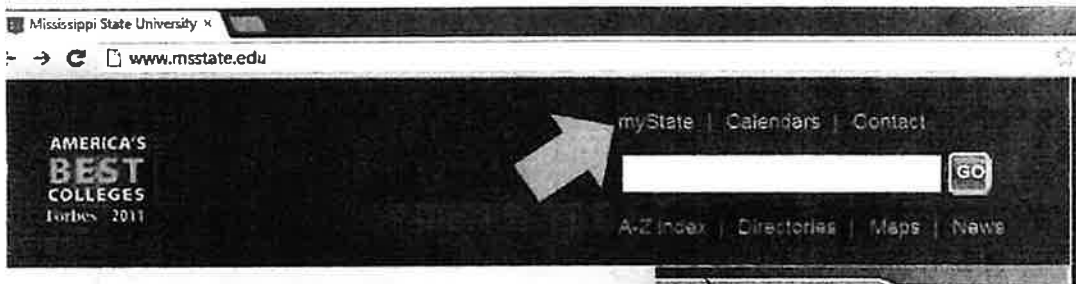
# Direct Deposit

Sign Up for MSU Direct Deposit Online!

## **Step 1: Go to the MSU Website and Select the myState Link**

It's simple and easy to find your MSU pay stub information online using the myState portal at <https://my.msstate.edu/>. Following this step-by-step guide gives you access to important financial information whenever and wherever you have a secure connection to the Internet.

1. Using your web browser, go to the MSU website at <http://www.msstate.edu/> and click on the myState Link.



## **Step2: Log in to the MyBanner System**

2. After selecting myState link, your browser will take you to the MSU myState page where you will log in to the myBanner System. In the Secure Access Login area, enter your NetID and Net Password and click on the Login button.





**MISSISSIPPI STATE UNIVERSITY**

# Direct Deposit

Sign Up for MSU Direct Deposit Online!

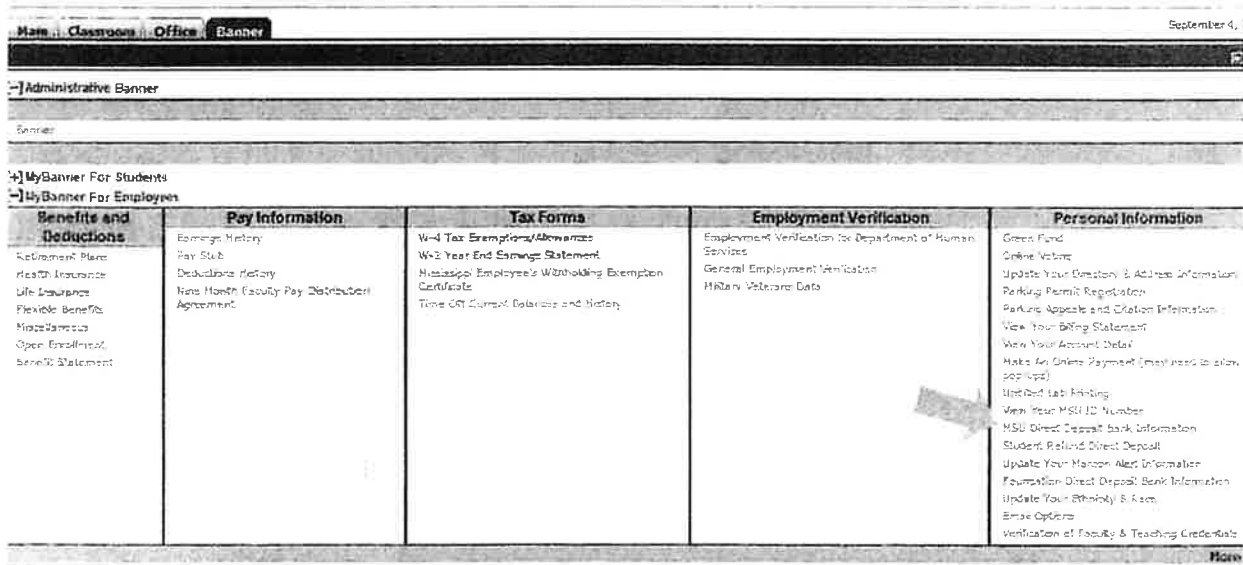
### Step 3: Click on the Banner Tab

- After successfully logging in to your MSU account, you will see this page. Once there, click on the Banner tab.



### Step 4: Click on the Direct Deposit Bank Information Link

- Under the MyBanner for Employees section, look in the Personal Information column on the right-hand side of the page. Click on the Direct Deposit Bank Information link.





### Step 5: Create Your Direct Deposit Account

5. On the Banking Information page, select the Create option for Payroll. That link is located on the right-hand side of the webpage.

Personal Information | **Students** | Employees

Search:   SITE MAP HELP

Banking Information

| Distribution Type      | Bank Name | Account Number | Account Type | Status |        |
|------------------------|-----------|----------------|--------------|--------|--------|
| Payroll                | None      | None           | None         | None   | Create |
| Student Account/Travel | None      | None           | None         | None   | Create |

[Back to Personal Information](#)

### Step 6: Enter Your Banking Information and Submit

6. Enter your bank routing number, account number, and account type to set up bank account information for payroll direct deposit. Once that information is set. Click the Submit button. If you have questions, please read [MSU's Direct Deposit Frequently Asked Questions](#).

Banking Tab

Personal Information | **Students** | Employees

Search:   SITE MAP HELP

**Current Payroll Direct Deposit Information:**

| Bank Name | Bank Routing Number | Account Number | Account Type | Status |
|-----------|---------------------|----------------|--------------|--------|
| None      | None                | None           | None         | None   |


To update information, fill in the boxes below and click the "Submit" button.

Please make sure that you input your checking account number or savings account number and NOT the number that appears on the front of your debit card. The numbers on the front of your debit card do NOT represent the bank account number. Using the debit card number will cause your refund to be returned to MSU and thus delay your access to the refund.

Bank Routing Number:

Account Number:

Account Type:



The 9 digit Bank A.S.A. Routing Number      The 10 digit Account Number



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# Direct Deposit

Sign Up for MSU Direct Deposit Online!

**Step 7: Is Your Banking Information Correct?**

7. If your banking information is correct on this page, click Submit. If you need to make changes, select the Back button. The sign-up process for direct deposit is complete when you click Submit. Thank you!