

APPLICATION FOR EMERGENCY SNOW CHASERS

NAME _____

ADDRESS _____

CITY _____ STATE _____

DATE OF BIRTH _____

CLASS LICENSE _____ LICENSE NO _____

PRESENT EMPLOYER _____

ADDRESS _____

POSITION _____

PAST PLOWING EXPERIENCE _____

STREET PLOWING _____ PARKING LOT PLOWING _____ OTHER _____

HOURS AVAILABLE _____

TELEPHONE NUMBERS:

1. _____

2. _____

3. _____

DATE _____

PLEASE SUBMIT COPY OF DRIVER'S LICENSE AND W-4 FORM WITH APPLICATION.

ALL APPLICANTS MUST PASS DRUG AND ALCOHOL TESTING AND PASS A CORI CHECK.

Form W-4 (2016)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, complete all worksheets that apply. {

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2016</div>
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
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 you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

**DISCLOSURE OF FINANCIAL INTEREST BY *MUNICIPAL EMPLOYEE*,
CERTIFICATION BY HEAD OF CONTRACTING AGENCY AND APPROVAL AS
REQUIRED BY G.L.C.268A Section 20(b)**

Note: You are eligible for this exemption only if you meet all of the following requirements:

- Your regular agency is not the contracting agency or an agency that regulates the activities of the contracting agency;
- You do not participate in or have official responsibility for any of the activities of the contracting agency;
- The contract was made after public notice or competitive bidding;
- You complete, sign, and file with the town or city clerk this disclosure form;

And, if the contract is for your personal services:

- The services will be provided outside your normal municipal working hours;
- The services are not required of your regular duties as a municipal employee;
- You are compensated for the services for not more than 500 hours during a calendar year;
- The head of the contracting agency completes and signs the certificate below.
- The city or town council, board of alderman, or board of selectmen approve this exemption from '20 below.

Name:	
Title or Position:	
Agency/Department:	
Office Phone:	
Contracting Municipal Agency:	
Contract is for:	
Financial interest of employee and immediate family:	
Employee signature:	
Date:	

**CERTIFICATE BY HEAD OF CONTRACTING AGENCY
(If contract is for municipal employee's personal services)**

I certify that no employee of my agency is available to perform the contract services described above as part of his or her regular duties.

Name:	
Agency:	
Office Phone:	
Signature:	
Date:	

APPROVAL OF EXEMPTION

(If contract is for municipal employee's personal services)

The city or town council, board of alderman, or board of selectman approve this exemption from S20.

Signature:	
Date:	

After the disclosure (and certification and approval, if needed) are completed and signed, file this form with the city or town clerk.

Attach additional pages if necessary.

CITY OF LYNN



November 25, 2015

Effective January 1, 2016 the City of Lynn will be switching to MUNIS for payroll processing. The first paycheck will be issued January 7, 2016. Please be sure to review your check for accuracy.

In an effort to make the transition as seamless as possible we will not accept any NEW direct deposits from December 9, 2015 until January 1, 2016. Please submit any new direct deposits by December 9, 2015.

If you have any questions or concerns please contact the payroll person in your office or you may call the Treasurer's office.

In addition, if you currently have direct deposit, starting in January you will have the ability to receive your check advice via email opposed to stacks of unopened advices in your drawer in the office or at home. This can be your work email or personal email account.

This is one of many improvements of convenience we will be offering employees as we deploy the new Human Resource & Payroll module for the City of Lynn. Stayed tuned.....

If you have direct deposit and would like to switch to email delivery of your paycheck stub, please fill out this form and return it to the Personnel Office, City Hall – Room 412.

Name: _____

Work Location: _____

Email: _____



City of Lynn, Commonwealth of Massachusetts DIRECT DEPOSIT AUTHORIZATION FORM

I authorize the City of Lynn to begin using my account listed below for my Payroll Direct Deposit:

Name of Bank _____

Account Number _____

Bank Routing Number _____

Account Type . Checking: _____ Savings: _____

Employee Name _____

Employee Address _____

Work Telephone # _____

Home Telephone # _____

EMPLOYEE SIGNATURE

DATE

PLEASE NOTE: If there are any changes to your account or you close the account, you must notify the Treasurer's Office.

PLEASE ATTACH COPY OF CHECK TO THIS FORM

NOTICE TO EMPLOYEES
Certification as a Seasonal Employer

Employer: City of Lynn
Lynn City Hall, Personnel
Lynn MA 01905

EAN: 78305280

The above-named employer has been approved by the Massachusetts Department of Unemployment Assistance for certification as a seasonal employer. This applies only to the category of employees listed on the Notice of Seasonal Determination dated 8/24/2016.

If you are a seasonal employee, seasonal wages cannot be used to establish an Unemployment Insurance benefit claim, except under certain conditions. A seasonal employee is one who is hired to work for a specific time period totaling less than 20 weeks in a calendar year.

If you were hired as a seasonal employee, you must be notified in writing by your employer before beginning your seasonal employment.

Employee Signature

City of Lynn provided me with a copy of the Seasonal Determination from the Department of Unemployment Assistance dated 8/24/2016. I understand that I am a seasonal employee and that wages from this occupation cannot be used to establish an Unemployment Insurance benefit claim, except under certain conditions.

Employee Name: _____ (PRINT)

Employee Signature: _____ Date: _____

Employer Signature

I have provided the above-referenced employee with a copy of the Seasonal Determination from the Department of Unemployment Assistance dated 8/24/2016. The employee understands that he/she is a seasonal employee and that wages from this occupation cannot be used to establish an Unemployment Insurance benefit claim, except under certain conditions.

Name of Employer Representative: _____ (PRINT)

Employer Rep. Signature: _____ Date: _____