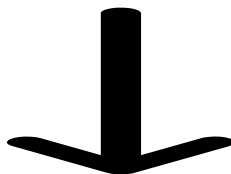


Instructions

It is recommended that you use [Adobe](#) to open this pdf document. If you do not have Adobe or otherwise have difficulty with completing this form, please inform your HR representative. (Note: The above link is listed as a free reader on the Adobe website. The agency will not reimburse the cost of using or purchasing any product that you may use to read and complete this form.) Please fill out the required fields in the forms below. Once you have completed the forms please return to this page and you can use the “Submit Button” below to send the completed pdf file. However, in the case your email does not open (and/or the pdf file of the completed forms is not attached) then save this file as a pdf file and send it separately to DOL.HR.Onboarding@ct.gov While you should be able to complete in the forms all of the required information, you must wait until you come to orientation to sign and date each form. HR will have your completed forms available for you when you come for orientation for you to do this.

On the next page please only change your name in the Human Resources section of the form if it is incorrect. Only use your legal name as it would appear on any tax forms. Do not make any other changes to the Human Resources section. Please complete as much of the Employee section of the form as possible. (For example, you may not have a secondary telephone number or a secondary emergency contact person.) Information from both sections of the form will be used to populate as much information as possible in the other forms. (Note: Because these fields are linked, if you make a change to a field in one documentation all similarly linked fields will change. As such, you cannot have one linked field in a document with one variation of your name and have another linked field in with another variation of your name.) Please pay attention to the I-9 form and the CT-W4 and W-4 form. These forms do not use any of the information provided in the Human Resources or Employee section of the form on the next page to complete any information in any of these documents. As such, you must type that information into each form.

Scroll to next pages



New Employee Orientation Packet

State of Connecticut, Department of Labor

This packet contains mandatory new hire documentation that needs to be completed to begin your employment with the CT Department of Labor. You may complete the forms online using Adobe.pdf reader and submit to DOL.HR.OnBoarding@ct.gov three (3) days prior to your start date. If you have any questions, please contact your HR Representative. Note: Working Test Period (WTP) end date is subject to change.

Human Resources Section:

Note to Employee: You may only make corrections to your name in the Human Resources Section. Do not change any other information in this section.

FName	M.I	LName
Employee ID	Unit Name	
Job Code	Job Title	
Start Date	WTP End	Record
Barg Name		Barg #
HR Rep	HR Rep Title	
HR Phone #	HR Email	

Employee Information Section:

- | | | |
|--|---------------|-------------------|
| 1. New Employee is required to fill in each field on this section. The information provided will automatically population the same fields in the forms below (with the exception of the I-9 form & Tax Forms | SSN | Primary Phone # |
| 2. Scroll through each form for completeness. | Date of Birth | Secondary Phone # |
| 3. Sign where specified and SAVE before submitting | Email Address | |
| 4. DO NOT close the browser window before saving. | Sex | Ethnicity/Gender |
| | Full Address | |

Emergency Contacts Section:

Primary Contact	Secondary Contact
Name	Name
Relationship	Relationship
Primary Phone Number	Primary Phone Number
Secondary Phone Number	Secondary Phone Number

The information requested is confidential and for emergency use only. If any of the above information changes, please contact Human Resources. This information is voluntary. By signing this form, you have authorized HR and its representatives to contact any of the above people on your behalf in case of an emergency.

Please check all information above, if all is true and correct, please sign:

Employee Signature: _____ **Date:** _____

CT Department of Labor

HR Policies and Procedures

Review of Policies and Signed Receipt (Ctrl + Click to follow links):

- [DOL Employee Handbook – DOL \(2023\)](#)
- [Acceptable Use of State Systems Policy - Statewide \(2019\)](#)
- [ADA Reasonable Accommodation Policy - DOL \(2023\)](#)
- [Affirmative Action Policy Statement – DOL \(2023\)](#)
- [AIDS Policy – DOL \(7/16/2012\)](#)
- [Background Check Policy and Procedures – DOL \(10/31/2022\)](#)
- [DAS Policy for Motor Vehicles Used for State Business GL#115 – Statewide \(9/2019\)](#)
- [Disposition of Public Records Policy – DOL \(11/28/2011\)](#)
- [Discrimination and Illegal Harassment Prevention Policy – DOL \(April 2023\)](#)
- [Drug Free Workplace State Policy – DOL \(7/16/2012\)](#)
- [Employee Conduct Policy – DOL \(8/3/2018\)](#)
- [Employee Dependability Policy – DOL \(7/16/2012\)](#)
- [Employee Discipline Policy – DOL \(7/16/2012\)](#)
- [Ethical Conduct Policy – DOL \(8/2013\)](#)
- [Family Violence Leave Policy – Statewide GL 34 \(1/2022\)](#)
- [Federal Family & Medical Leave Act – DOL \(7/16/2012\)](#)
- [Harassment/Discrimination Policy – DOL \(10/12/2018\)](#)
- [Health and Safety Policy – DOL \(7/16/2012\)](#)
- [Internal Discrimination Complaint Form – DOL \(April 2023\)](#)
- [Internal Security Standards - DOL](#)
- [Office Automation Policy, Standards and Guidelines – DOL \(7/16/2012\)](#)
- [Personal Wireless Device Policy \(Rev. 9/9/2020\)](#)
- [Phone Use Policy \(Rev. 4/23/2023\)](#)
- [Policy for DOL Facility Occupancy – DOL \(7/9/2020\)](#)
- [Professional Image Policy – DOL \(3/1/2023\)](#)
- [Prohibition of Weapons in DOL Worksites Policy – DOL \(8/10/16\)](#)
- [Public Officials and State Employees Guide to the Code of Ethics - Statewide \(11/2021\)](#)
- [Software Anti-Piracy Policy – DOL \(7/16/2012\)](#)
- [Violence in the Workplace Prevention – DOL \(4/2012\)](#)
- [Workers Compensation Rights Responsibilities and Claims \(ct.gov\) - Statewide](#)
- [Workplace Incident Report and Footprints Instructions – DOL \(2015\)](#)

I have received the material listed above and understand that as a condition of my employment, it is my responsibility to read this material as soon as possible and to comply with the policies and directives. I also understand that this is not an all-inclusive list of Department Policies and I will continue to view additional and/or updated Policies on the DOL Intranet. If I have a problem understanding any of the information, I will immediately request assistance from my supervisor and/or Human Resources. I understand that any violations of State of Connecticut and DOL Policies are subject to disciplinary actions up to and including termination. (Employee is to print name and sign/date below).

First Name _____ Last Name _____

SIGNATURE _____ Date _____

State of Connecticut

State Code of Ethics

Acknowledgement of Receipt

I, _____, have received a copy of the State Ethics Commission's Guide to the Code of Ethics for Public Officials and State Employees and the Ethics Statement for the Labor Department. I understand and agree that, as a public employee, I must use my best efforts to comply with the standards set forth within.

Signature

Date



STATE OF CONNECTICUT

Records Retention and Disposition Policy

Acknowledgement of Receipt

Pursuant to §1-240 and §53-153 of the *General Statutes of Connecticut*, unauthorized removal or destruction of public records, as defined in §1-200(5), is a misdemeanor or a felony offense and is punishable by fine or imprisonment.

I, _____, have received a copy of the State of Connecticut *Public Records Policy 05: Disposition of Public Records*. I understand the records retention and disposition requirements.
(Please type full name)

Employee Signature

Date

CC: File



STATE OF CONNECTICUT

Acceptable Use of State Systems Policy

Acknowledgement of Receipt

I _____ have received and read the [Acceptable Use of State Systems Policy](#) and understand that as a user of State of Connecticut systems I am responsible for adhering to this policy.

Signature _____

Date _____

Cc: File



INTERNAL SECURITY STANDARDS FOR LABOR DEPARTMENT EMPLOYEES

We as public employees are vested by the people of Connecticut with a trust and responsibility requiring the highest ethical standards. Employees of this Agency must continually strive to maintain the respect and confidence of the public. The following code of ethics is intended to insure that the highest standards of conduct are observed.

1. Participating in any case in which you are an interested party. You will be presumed to be an interested party in cases involving relatives (both natural and martial), personal friends, and private business associates.
2. Requesting or accepting any gratuity, reward, or other consideration in return for the performance of your official duties.
3. Divulging confidential information obtained in the performance of your work to any person, except when it is required and authorized by law in the performance of assigned duties.
4. Performing or soliciting to perform any private service outside of the agency which will impair your independence of judgment as to official duties, require or induce disclosure of confidential information gained in state service, or otherwise create a conflict of interest between your private interests and assigned responsibilities.
5. Improperly claiming unemployment benefits.
6. Intentionally manipulating any agency payment system in any manner not prescribed by agency procedure, unless approved by your supervisor.
7. Obtaining information through the computer terminal or other means for any purpose other than official business.
8. Divulging individual or agency computer passwords codes to any individual unless authorized to do so by your department head or internal security.
9. Removing source documents from the workplace, or storing claimant, applicant, or employer records, within your desk or in any other place unless it is within your unauthorized responsibilities.

10. Altering or destroying agency documents.

11. Tracing, attempting to duplicate, or otherwise forging a claimant's applicant's, employer's or co-worker's signature.

12. Assisting or encouraging an Unemployment compensation claimant, Job Service Applicant or employer to take any dishonest or illegal actions with the intent of improperly affecting the status of a claimant, applicant or employer in any way.

13. Using or removing from the workplace agency property, equipment, or office supplies (stationary, pre-stamped envelopes), or using agency phones to make personal toll calls.

14. Knowingly becoming involved in any scheme, plan, or activity with the intent to commit fraud or extortion against the state or any employee or claimant; causing improper or unnecessary processing of accounts; or otherwise purposely attempting to disrupt the timely function of the agency.

15. Investigating suspected fraud unless it is within your assigned duties. You must report any suspected internal fraud to your supervisor or the Internal Security Unit.

EMPLOYEE NAME

UNIT

DATE

I certify that I have read, understand, and have received a copy of the Internal Security Standards. I acknowledge that violation of the above standards and/or certain State Laws can result in disciplinary action including dismissal and possible criminal prosecutions.

SOCIAL SECURITY NUMBER

EMPLOYEE'S SIGNATURE

CC: File

DESIGNATION OF RETIREMENT PLAN BENEFICIARY FORM FOR ACTIVE/INACTIVE MEMBERS

CO-999 6/2018

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

I. EMPLOYEE PERSONAL INFORMATION

MEMBER STATUS: NEW MEMBER <input type="checkbox"/> ACTIVE MEMBER <input type="checkbox"/>				INACTIVE MEMBER <input type="checkbox"/>		
				INACTIVE MEMBERS (ONLY):		
				NEW ADDRESS <input type="checkbox"/>		NAME CHANGE <input type="checkbox"/>
LAST NAME	FIRST NAME	M.I.	EMPLOYEE NO.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>
ADDRESS (Street No., Name) (City, State, Zip Code)						
MARITAL STATUS	MARRIED <input type="checkbox"/>	DATE OF MARRIAGE	NAME OF SPOUSE			
	SINGLE <input type="checkbox"/>					

II. BENEFICIARY DESIGNATION

- I Type or PRINT clearly.
- I You may name any living person, your estate, a trust, or a charitable organization as your beneficiary.
- I At least one beneficiary must be named. If more than one primary beneficiary is named, the share of the beneficiary who dies before you shall be divided equally among the surviving beneficiaries.
- I A payment is made to a contingent beneficiary(ies) only if all primary beneficiaries die before you do.
- I If you survive all of the beneficiaries named, payment would be made to your estate.
- I To designate a trust as beneficiary enter the name and date of the trust agreement in the Beneficiary section of this form; leave the Relationship and Social Security sections blank; and indicate Primary or Contingent.
- I To designate your estate as beneficiary enter the word "Estate" in the beneficiary section of this form; leave the Relationship and Social Security sections blank; indicate Primary or Contingent.

Primary beneficiary(ies) must equal 100%. Contingent beneficiary(ies) must equal 100%. Please use whole percentages. If there are more than (4) beneficiaries designated, check the box to the right and attach an additional CO-999 form listing additional beneficiaries.

NAME OF BENEFICIARY PRIMARY <input type="checkbox"/>			SOCIAL SECURITY NUMBER	NAME OF BENEFICIARY PRIMARY <input type="checkbox"/> CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NUMBER
Last Name	First Name	M.I.		Last Name	First Name	M.I.	
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)		PERCENT	DATE OF BIRTH	(City, State, Zip Code)		PERCENT	DATE OF BIRTH
NAME OF BENEFICIARY PRIMARY <input type="checkbox"/> CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NUMBER	NAME OF BENEFICIARY PRIMARY <input type="checkbox"/> CONTINGENT <input type="checkbox"/>			SOCIAL SECURITY NUMBER
Last Name	First Name	M.I.		Last Name	First Name	M.I.	
ADDRESS (Street No., Name)			RELATIONSHIP	ADDRESS (Street No., Name)			RELATIONSHIP
(City, State, Zip Code)		PERCENT	DATE OF BIRTH	(City, State, Zip Code)		PERCENT	DATE OF BIRTH

III. MEMBER'S STATEMENT

I hereby revoke all previous appointments of beneficiaries made by me, if any, and designate the person(s) named above as beneficiary(ies) such person(s) to receive upon my death any and all sums due me from the Retirement System of which I am a member. This designation shall remain in effect unless I subsequently change it by written notice to the Retirement Services Division.

EMPLOYEE'S SIGNATURE	DATE
AUTHORIZED AGENCY SIGNATURE (& TITLE)	PHONE DATE

Forward completed form to: Retirement Services Division, Customer Service Center, 55 Elm Street, Hartford, CT 06106. Agency should retain one copy and provide one copy to employee.

DESIGNATION OF RETIREMENT PLAN ELECTION
Non-Higher Education Employment Only

CO-931 Rev. 04/2018
page 1 of 2

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

This form must be completed by the employing agency in conjunction with the employee. Return completed and signed form to the Retirement Services Division as soon as possible following the individual's employment date or effective date of any change.

CHECK TYPES OF ACTIONS BEING SUBMITTED ON THIS FORM

NEW EMPLOYEE (NO PRIOR STATE SERVICE) RE-EMPLOYED MULTIPLE AGENCY EMPLOYMENT AGENCY TRANSFER TRANSFER TO OR FROM HAZARDOUS DUTY CHANGE IN RETIREMENT ELIGIBILITY STATUS

I. EMPLOYEE PERSONAL INFORMATION

LAST NAME	FIRST NAME	M.I.	EMPLOYEE NO.	SOCIAL SECURITY NUMBER	DATE OF BIRTH	GENDER MALE <input type="checkbox"/>	FEMALE <input type="checkbox"/>
-----------	------------	------	--------------	------------------------	---------------	--------------------------------------	---------------------------------

ADDRESS (Street No., Name) (City, State, Zip Code)

MARITAL STATUS	MARRIED <input type="checkbox"/>	DATE OF MARRIAGE	NAME OF SPOUSE
	SINGLE <input type="checkbox"/>		

II. EMPLOYMENT INFORMATION

EMPLOYING AGENCY	RECORD NUMBER	AGENCY ADDRESS
------------------	---------------	----------------

EMPLOYMENT DATE/EFFECTIVE DATE	BARG UNIT	CORE-CT JOB CODE	EMPLOYMENT STATUS	TYPE STATUS
			Full-time <input type="checkbox"/> Part-time <input type="checkbox"/>	Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Durational <input type="checkbox"/> Intermittent <input type="checkbox"/>

IS EMPLOYEE CURRENTLY EMPLOYED WITH ANOTHER STATE AGENCY? YES If YES, provide Agency Name
NO

HAS EMPLOYEE WORKED FOR THE STATE BEFORE? YES If YES, provide Agency Name and termination date
NO

III. RETIREMENT INFORMATION

A. New Employees Only (No Prior State Employment):

State Statutes require that each State of Connecticut employee be covered by a retirement plan. This is a mandatory condition of employment. **Serious consideration must be given to the election of a retirement plan, as it is an irrevocable decision.**

New state employees automatically become members of the State Employee Retirement System (SERS) Tier IV retirement plan. However any teacher in state service, who is required as a condition of their employment to hold an appropriate certificate of qualification issued by the State Board of Education, may elect membership in the Teachers' Retirement System (TRS) in lieu of SERS Tier IV.

State Employees Retirement System (SERS) Tier IV

This is a governmental defined benefit plan intended to be qualified under section 401(a) of the Internal Revenue Code. The employee contribution is 5% of your salary to the state's defined benefit plan and an additional 1% of your salary to a defined contribution plan. The state will match the 1% contribution to the defined contribution plan. Contributions are made on a pre-tax basis. See the SERS Tier IV Summary Plan Description available on the Office of the State Comptroller's website <http://www.osc.ct.gov> for more details.

Teachers' Retirement System (TRS)

Effective January 1, 2018 the employee contribution is 8.25% of your annual salary. Contributions are made on a pre-tax basis. 7% is posted into your membership account and 1.25% is posted to the Health Insurance Fund which helps reduce the cost of health insurance for eligible retired members and spouses. See the TRS plan summary available on the Teachers' Retirement Board's website at <http://www.ct.gov/trb/site/default.asp>.

B. Employees with Prior State Service (Rehires):

Employees with prior state service must rejoin the retirement plan in which they previously participated unless the employee is hired in a position ineligible for participation in their prior retirement plan.

DESIGNATION OF RETIREMENT PLAN ELECTION
Non-Higher Education Employment Only

CO-931 Rev. 04/2018
page 2 of 2

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

Option 1 - State Employees Retirement System

(select applicable Tier)

Tier I

Tier II

Tier IIA

Tier III

Tier IV

Hazardous Duty? Yes No

Option 2 - Teachers' Retirement System (if eligible)

Ineligible for retirement plan membership Reason: _____

EMPLOYEE'S SIGNATURE

EMPLOYEE NO.

DATE

AUTHORIZED AGENCY SIGNATURE (& TITLE)

PHONE

DATE

Forward completed form to: Retirement Services Division, Customer Service Center, 55 Elm Street, Hartford, CT 06106. Agency should retain one copy and provide one copy to employee.

This form must be accompanied by Form CO-999 "Designation of Retirement Plan Beneficiary".

APPLICATION FOR PURCHASE OF RETIREMENT SERVICE CREDIT

CO-800 05/2023

STATE OF CONNECTICUT
OFFICE OF THE STATE COMPTROLLER
RETIREMENT SERVICES DIVISION

MEMBER INSTRUCTIONS:

- Each new member of the State Employees Retirement System must complete this application (CO-800) upon being hired by the State of CT.
- For purchase opportunities not addressed when hired, this application (CO-800) must be received by the Retirement Services Division prior to the member's effective retirement date.
- Submit all forms and documents to the following address: 165 Capitol Avenue, Hartford, CT 06106

PART I - APPLICATION INFORMATION	APPLICANT'S LAST NAME		FIRST NAME		M.I.	EMPLOYEE NO.		DATE OF BIRTH		
	ADDRESS (Street No., Name, City, State, Zip Code)							TIER		
	AGENCY NAME		DEPT ID		APPLICANT'S JOB TITLE			JOB CODE		
	PHONE NUMBER (Home or Cell)			PERSONAL EMAIL ADDRESS						
	TYPE OF PURCHASE None - No Purchasable Service Applies Prior Military Service: Deadline - Must Apply for Purchase Within One Year of Initial Hire Date Restoration of Prior SERS Service Previously Refunded - Not Eligible if a Permanent Break Has Occurred Prior Connecticut Municipal Service Prior Service - Attributable to Another State Military Leave Without Pay or With Partial Pay Medical, Personal Illness, or Qualifying Family/Parental Leave Without Pay Pursuant to the SERS Plan Provisions									
PART II - PERIODS REQUESTED FOR PURCHASE	PURCHASE REQUESTED (List the periods of time in chronological order).					DATE RANGE FROM TO		Please check FT or PT and provide % if Part-Time FT PT		
PART III - AUTHORIZATION	COST STATEMENT									
	The cost for purchasing Qualifying Retirement Service Credit is contingent on the following: Date(s) of Service, Date of Application and the Member's Plan/Tier Contribution requirement. Please review the Summary Plan Description (SPD) located on the Office of the State Comptroller website.									
	MEMBER STATEMENT									
	I certify that I have not received and am not entitled to receive any retirement allowance/pension from another source or the Federal Government for the same years of service I am requesting, with the exception of a combination of Active Duty Service and Reserve time. I further promise to diligently notify the Retirement Services Division if I become entitled to such a benefit in the future. Military Service Acknowledgment: I understand that prior military service must be applied for within one year of commencement of state service. I have read the information contained on this form and to the best of my knowledge, do not have any qualifying service as described on page two for which I may receive retirement credit, or have determined to make future application for municipal service or out of state service. I understand that if any required documentation necessary to review this purchase request is not enclosed, this application will not be processed and it will be returned to the member. Any alterations to this application will cause the application to be rejected and will be returned to the member.									
MEMBER SIGNATURE							DATE			

RETIREMENT CREDIT MAY BE PURCHASED FOR THE CATEGORIES LISTED BELOW:

- **WAR SERVICE/NATIONAL EMERGENCY MILITARY SERVICE**

Members of SERS are eligible to purchase retirement credit for active duty in the Armed Forces rendered during a period of wartime or national emergency followed by a release under honorable conditions for the time periods categorized by applicable law. Please note:

Prior Military Service – Must Be Applied for Purchase Within One Year of Initial Hire Date.

REQUIRED DOCUMENTS: A copy of discharge papers (DD-214) that clearly reflect dates of active duty rendered to the Armed Forces, including the condition of release (character of service). In some situations, a photocopy of the military retirement credit point history record will be required (Form 22 is not a sufficient document for this purpose). Retirement credit shall not exceed ten years in total, nor be awarded if a pension will be or is being received from another source other than the Federal Government for the same period(s), with the exception of a combination of Active Duty Service and Reserve Time.

- **RETIREMENT CREDIT RESTORATION REQUEST**

To purchase previously withdrawn retirement credit, the employee must be a SERS member without a permanent break in service. A permanent break in service occurs if you have had a break in service, are not vested, and the period of your severance from service date to your reemployment commencement date equals or exceeds your vesting service prior to that severance, or five years, whichever is greater.

- **CONNECTICUT MUNICIPAL EMPLOYMENT**

Any prior period of municipal service while a member of the Connecticut Municipal Employees Retirement System (MERS).

REQUIRED DOCUMENTS: A form issued by the municipality that includes the name of municipality, percentage of employment and actual dates of service.

NOTE: You may only apply for municipal service credit for periods during which you were a member of the MERS. Service is not creditable until you have at least ten years of vesting service in SERS.

- **EMPLOYMENT WITH OTHER STATES**

Active full-time state employment with other states that offer similar credit provisions as the State Employees Retirement System (SERS).

REQUIRED DOCUMENTS: (a) Official statement indicating employment with other state(s) was full-time; (b) actual dates of service; (c) verification of ineligibility for retirement benefits.

NOTE: At the time of retirement, you can only be credited with one year of employment with other state(s) for each two years of Connecticut state service. Retirement credit for service with another state shall not exceed ten years in total.

- **MILITARY LEAVE WITHOUT PAY or PARTIAL PAY**

Military Leaves without pay or partial pay may be creditable for retirement from date of entry into active duty (or beginning of military leave without pay) to date of reinstatement in state service, provided the employee returns to state service within ninety days of an honorable release. Please note a legible copy of the honorable discharge document (DD-214) that clearly reflects the dates of active duty is required.

- **MEDICAL LEAVE WITHOUT PAY**

Leaves without pay for medical, personal illness, or qualifying family/parental leave. may only be creditable in monthly blocks or twenty-two (22) working day increments to a limit of not more than fifteen (15) months in any five year period. For family or parental leave, the purchase application must be accompanied by documentation approving that the leave was granted pursuant to CGS Section 5-248(a), C.G.S. §31-51kk, or applicable collective bargaining agreement.

DIRECT DEPOSIT AUTHORIZATION AND INPUT FORM

CO-1040 REV. 10/22

STATE OF CONNECTICUT
OFFICE OF THE COMPTROLLER
PAYROLL SERVICES DIVISION
165 CAPITOL AVENUE
HARTFORD, CONNECTICUT 06106

INSTRUCTIONS: Please read carefully prior to completing this application. For processing State Employee Net Pay associated with State Employment. Only a checking or savings account at a U.S. bank are permitted for direct deposit. Third party and/or Brokerage or Mutual Fund Investment accounts are not permitted for direct deposit. Contact your agency with any questions about permitted accounts.

SECTION I

EMPLOYEE INFORMATION

DEPT ID

EMPLOYEE NUMBER

EMPLOYEE NAME

D I O I L 1 4 1 0 1 0 1 0 1 0

| | | | |

TYPE OF ACTION

New Change

Delete Account # _____

Other _____

Add Additional Account

COMPLETE SECTION I and III ONLY

ACCOUNT # 1

SECTION II

This section must be completed for first time Direct Deposit enrollees or if an employee is changing or deleting a prior account. If an employee is adding an additional account, please check off the "Add Additional Account ONLY" box in Section I, and complete Section III.

DIRECT DEPOSIT ACCOUNT INFORMATION FINANCIAL INSTITUTION NAME

ACCOUNT NUMBER

| | | | | | | | | | | | | | | |

ROUTING TRANSIT NUMBER

ACCT TYPE

| | | | | | | | | | | | | |

PLEASE NOTE:

Please see section III for Additional Account Requirements

C = Checking

S = Savings

COMPLETE THIS SECTION TO ADD AN ADDITIONAL ACCOUNT ONLY

ACCOUNT # 2

(Additional Account)

SECTION III

Additional Account Requirements:

Employee must have one existing account that has successfully completed the pre-note process in order to add an additional account. New employees or employees who are signing up for direct deposit for the first time are not permitted to sign-up for an additional account until Account #1 has successfully completed the pre-note process.

DIRECT DEPOSIT ACCOUNT INFORMATION FINANCIAL INSTITUTION NAME

ACCOUNT NUMBER

| | | | | | | | | | | | | | | |

ROUTING TRANSIT NUMBER

ACCT TYPE

| | | | | | | | | | | | | |

Flat Amount Option for Account # 2 \$ _____
Please note that the remainder of Net Pay will be deposited into Account #1 under the Flat Amount Option

Percentage Split Option for Account #1 and Account #2
Must be equal to 100% (e.g. 50% Account #1 and 50% Account #2, 40% Account #1 and 60% Account 2, etc.)

C = Checking

S = Savings

_____ % Percentage of Net Pay to be deposited into Account #1

_____ % Percentage of Net Pay to be deposited into Account # 2

AGREEMENT

PLEASE READ THE FOLLOWING CAREFULLY

I HEREBY AUTHORIZE THE STATE OF CONNECTICUT ("STATE") TO ELECTRONICALLY DEPOSIT MY NET SALARY TO THE BANK ACCOUNT(S) NAMED ABOVE. THIS AUTHORIZATION IS TO REMAIN IN FORCE UNTIL THE STATE HAS RECEIVED WRITTEN NOTIFICATION FROM ME OF ITS TERMINATION IN SUCH TIME AND MANNER AS TO AFFORD THE STATE, AND THE BANK(S) NAMED ABOVE, A REASONABLE OPPORTUNITY TO ACT UPON IT. IN THE EVENT THAT THE STATE NOTIFIES THE BANK(S) THAT FUNDS WHICH I DID NOT EARN HAVE BEEN DEPOSITED TO MY ACCOUNT (S) IN ERROR, I HEREBY AUTHORIZE AND DIRECT THE BANK(S) TO RETURN SAID FUNDS TO THE STATE AS SOON AS POSSIBLE. IN THE EVENT SUCH UNEARNED FUNDS HAVE BEEN DRAWN FROM THE ACCOUNT(S) SO THAT RETURN OF THOSE FUNDS BY THE BANK(S) TO THE STATE IS NOT POSSIBLE, I HEREBY AUTHORIZE THE STATE TO RECOVER THOSE FUNDS BY DEDUCTING THE AMOUNT OF SAID UNEARNED FUNDS FROM ANY FUTURE SALARY PAYMENTS FROM THE STATE UNTIL THE AMOUNT OF THE UNEARNED DEPOSIT(S) HAS BEEN RECOVERED IN FULL. IN THE EVENT MY EMPLOYMENT WITH THE STATE IS TERMINATED FOR ANY REASON WHATSOEVER, AND IF AT THE TIME OF SUCH TERMINATION I HAVE HAD UNEARNED PAY AUTOMATICALLY DEPOSITED IN MY CHECKING/SAVINGS ACCOUNT(S), I WILL IMMEDIATELY REPAY THE STATE THE FULL AMOUNT OF SUCH UNEARNED PAY. I FURTHER AGREE THAT IF I DO NOT IMMEDIATELY REPAY SUCH UNEARNED PAY, I WILL BE PERSONALLY LIABLE FOR ALL COSTS OF COLLECTION, INCLUDING REASONABLE ATTORNEY'S FEES INCURRED BY THE STATE IN THE COLLECTION OF SUCH UNEARNED PAY, TOGETHER WITH THE MAXIMUM INTEREST PERMITTED BY LAW.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE AGREEMENT.

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.

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.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>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.</p>		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.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

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 Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 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"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (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. 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 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</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"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*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 (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
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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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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 (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)	First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)	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.
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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 (Family Name)	First Name (Given Name)	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>)
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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.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
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Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	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>)
----------------	--------------------------	--

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.

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.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	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>)
----------------	--------------------------	--

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.

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.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
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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

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 surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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.

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). 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.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000	\$ _____	
	Multiply the number of other dependents by \$500	\$ _____	
	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		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)

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.

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 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 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
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 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
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 }
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-"
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
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 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

Form CT-W4

Employee's Withholding Certificate

Employee Instructions

- Read the instructions on Page 2 before completing this form.
- Select the filing status you expect to report on your Connecticut income tax return.

- Choose the statement that best describes your gross income.
- Enter the *Withholding Code* on Line 1 below.

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is less than or equal to \$24,000 or I am claiming exemption under the Military Spouses Residency Relief Act (MSRRA)* and no withholding is necessary.	E
My spouse is employed and our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500. See <i>Certain Married Individuals</i> , Page 2.	A
My spouse is not employed and our expected combined annual gross income is greater than \$24,000.	C
My spouse is employed and our expected combined annual gross income is greater than \$100,500.	D
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Qualifying Surviving Spouse	Withholding Code
My expected annual gross income is less than or equal to \$24,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is greater than \$24,000.	C
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

Married Filing Separately	Withholding Code
My expected annual gross income is less than or equal to \$12,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is greater than \$12,000.	A
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Single	Withholding Code
My expected annual gross income is less than or equal to \$15,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$15,000.	F
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Head of Household	Withholding Code
My expected annual gross income is less than or equal to \$19,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$19,000.	B
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

* If you are claiming the Military Spouses Residency Relief Act (MSRRA) exemption, see instructions on Page 2.

Employees: See *Employee General Instructions* on Page 2. Sign and return Form CT-W4 to your employer. Keep a copy for your records.

1. Withholding Code: Enter *Withholding Code* letter chosen from above. 1. _____
2. Additional withholding amount per pay period: If any, see instructions. 2. \$ _____
3. Reduced withholding amount per pay period: If any, see instructions. 3. \$ _____

Check if you are claiming the MSRRA exemption and enter state of legal residence/domicile: _____

First name	MI	Last name	Social Security Number
Home address (number and street, apartment number, suite number, PO Box)			
City/town	State	ZIP code	

Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Employee's signature	Date
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Employers: See *Employer Instructions*, on Page 2.

Is this a new or rehired employee? No Yes Enter date hired: _____ mm/dd/yyyy

Employer's business name	Federal Employer Identification Number
Employer's business address	
City/town	State ZIP code
Contact person	Telephone number - -

Form CT-W4 Instructions

Employee General Instructions

Form CT-W4, *Employee's Withholding Certificate*, provides your employer with the necessary information to withhold the correct amount of Connecticut income tax from your wages to ensure that you will not be underwithheld or overwithheld.

You are required to pay Connecticut income tax as income is earned or received during the year. You should complete a new Form CT-W4 at least once a year or if your tax situation changes.

If your circumstances change, such as you receive a bonus or your filing status changes, you must furnish your employer with a new Form CT-W4 within ten days of the change.

Gross Income

For Form CT-W4 purposes, **gross income** means all income from all sources, whether received in the form of money, goods, property, or services, not exempt from federal income tax, and includes any additions to income from *Schedule 1 of Form CT-1040*, *Connecticut Resident Income Tax Return*, or **Form CT-1040NR/PY**, *Connecticut Nonresident and Part-Year Resident Income Tax Return*.

Filing Status

Generally, the filing status you expect to report on your Connecticut income tax return is the same as the filing status you expect to report on your federal income tax return. However, special rules apply to married individuals who file a joint federal return but have a different residency status. Nonresidents and part-year residents should see the instructions to Form CT-1040NR/PY.

Check Your Withholding

You may be underwithheld if any of the following apply:

- You have more than one job;
- You qualify under *Certain Married Individuals*; or
- You have substantial nonwage income.

If you are underwithheld, you should consider adjusting your withholding or making estimated payments using **Form CT-1040ES**, *Estimated Connecticut Income Tax Payment Coupon for Individuals*. You may also select *Withholding Code "D"* to elect the highest level of withholding.

If you owe \$1,000 or more, after subtracting from your Connecticut income tax the amount withheld from your income for the prior taxable year, and any PE Tax Credit, you may be subject to interest on the underpayment at the rate of 1% per month or fraction of a month.

Certain Married Individuals

If you are a married individual filing jointly and you and your spouse both select *Withholding Code "A,"* you may have too much or too little Connecticut income tax withheld from your pay. This is because the phase-out of the personal exemption and credit is based on your combined incomes. The withholding tables cannot reflect your exact withholding requirement without considering the income of your spouse.

To minimize this problem and determine if you need to adjust your withholding using Line 2 or Line 3, see *Supplemental Tables in Informational Publication 2024(7), Is My Connecticut Withholding Correct?*

Nonresident Employees Working Partly Within and Partly Outside of Connecticut

If you work partly within and partly outside of Connecticut for the same employer, you should also complete **Form CT-W4NA**, *Employee's Withholding or Exemption Certificate - Nonresident Apportionment*, and provide it to your employer. The information on

Form CT-W4NA and Form CT-W4 will help your employer determine how much to withhold from your wages for services performed within Connecticut. Residents of states with a "convenience of the employer" test will be subject to similar rules for work performed for a Connecticut employer. Any nonresident who expects to have no Connecticut income tax liability should choose *Withholding Code "E."*

Armed Forces Personnel and Veterans

If you are a Connecticut resident, your armed forces pay is subject to Connecticut income tax withholding unless you qualify as a nonresident for Connecticut income tax purposes. If you qualify as a nonresident, you may request that no Connecticut income tax be withheld from your armed forces pay by entering *Withholding Code "E"* on Line 1.

Military Spouses Residency Relief Act (MSRRA)

If you are claiming an exemption from Connecticut income tax under the MSRRA, you must provide your employer with a copy of your military spouse's Leave and Earnings Statement (LES) and a copy of your military dependent ID card.

See **Informational Publication 2019(5)**, *Connecticut Income Tax Information for Armed Forces Personnel and Veterans*.

Employer Instructions

For any employee who does not complete Form CT-W4, you are required to withhold at the highest marginal rate of 6.99% without allowance for exemption. You are required to keep Form CT-W4 in your files for each employee.

Report Certain Employees Claiming Exemption From Withholding to DRS

Employers are required to file copies of Form CT-W4 with DRS for certain employees claiming "E" (no withholding is necessary). Mail copies of Forms CT-W4 to:

Department of Revenue Services
PO Box 2931
Hartford CT 06104-2931

Report New and Rehired Employees to the Department of Labor

New employees are workers not previously employed by your business, or workers rehired after having been separated from your business for more than sixty consecutive days.

Employers with offices in Connecticut or transacting business in Connecticut are required to report new hires to the Department of Labor (DOL) within 20 days of the date of hire.

New hires can be reported by:

- Using the Connecticut New Hire Reporting website at **www1.ctdol.state.ct.us/newhires**;
- Faxing copies of completed Forms CT-W4 to **800-816-1108**; or
- Mailing copies of completed Forms CT-W4 to:

Connecticut Department of Labor
Office of Research, CT-W4
200 Folly Brook Blvd
Wethersfield CT 06109

For more information on DOL requirements or for alternative reporting options, visit the DOL website at **portal.ct.gov/dol** or call DOL at 860-263-6310.