Form W-4 (2015)

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 2015 expires February 16, 2016. 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 $1,000 and includes more than $350 of unemployment income (for example, interest and dividends).

Exemptions. 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 claims, 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 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. 565 to find out if you should adjust 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 1258, 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 2015. See Pub. 505, especially if your earnings exceed $100,000 (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/4.

Personal Allowances Worksheet (Keep for your records.)

| A | Enter "1" for yourself if no one else can claim you as a dependent. |
| B | Enter "1" if: |
|   | • 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. |
| C | Enter "1" for your spouse. But, you may choose to enter "0-0" if you are married and have either a working spouse or more than one job. (Entering "0-0" may help you avoid having too little tax withheld.) |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). |
| 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.) |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. |
| 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.) |

For accuracy, complete all worksheets that apply.

| I | 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. |
| J | 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 ($25,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. |
| K | If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. |

Employee’s Withholding Allowance Certificate

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.

| 1 | Your full name and middle initial |
| 2 | Your social security number |

| 3 | Single |
| 4 | Married |
| 5 | Married, but withholding at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |

| 6 | 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. |

| 7 | Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) |
| 8 | Additional amount, if any, you want withheld from each paycheck |
| 9 | 10 | Office code (optional) | Employer identification number (EIN) |

Employee’s signature (This form is not valid unless you sign it.) Date

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

**List A**
Documents that Establish Both Identity and Employment Authorization

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 a nonimmigrant alien authorized to work for a specific employer because of his or her status:
   a. Foreign passport; and
   b. Form I-94 or Form I-94A that has the following:
      (1) The same name as the passport; and
      (2) An endorsement of the alien's nonimmigrant status 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-84 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI

**List B**
Documents that Establish Identity

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
   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

**List C**
Documents that Establish Employment Authorization

1. A Social Security Account Number card, unless the card includes one of the following restrictions:
   (1) NOT VALID FOR EMPLOYMENT
   (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION
   (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION

2. Certification of Birth Abroad issued by the Department of State (Form FS-545)

3. Certification of Report of Birth issued by the Department of State (Form DS-1350)

4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal

5. Native American tribal document

6. U.S. Citizen ID Card (Form I-197)

7. Identification Card for Use of Resident Citizen in the United States (Form I-179)

8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the Instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.
**Employment Eligibility Verification**

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

**START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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.)*

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
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<tr>
<th>Address (Street Number and Name)</th>
<th>Apl. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
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I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident *(Alien Registration Number/USCIS Number)*: ________________
- An alien authorized to work until expiration date, if applicable, (mm/dd/yyyy) ___________________. Some aliens may write "N/A" in this field. *(See Instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: ____________________
   **OR**

2. Form I-94 Admission Number: ____________________

   If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

   Foreign Passport Number: ____________________

   Country of Issuance: ____________________

   Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See Instructions)*

**Signature of Employee: ____________________ Date (mm/dd/yyyy).**

**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion 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):**

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<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
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<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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**Employer Completes Next Page**
DIRECT DEPOSIT

The University is pleased to offer Direct Deposit to its employees. With Direct Deposit, you have the convenience of having your net pay automatically deposited on payday into either your checking or savings account at most financial institutions.

How to Enroll
- Complete the Authorization Agreement for Direct Deposit and staple a voided blank check (for deposit into a checking account) or a savings account deposit slip (Needs to have pre-printed account number on it) to the form and forward to the Payroll Office.
- Allow approximately 2 to 3 weeks for Direct Deposit to take effect. When it becomes effective, you will receive a blue non-negotiable pay stub instead of a pink paycheck. The pay stub lists gross pay, all deductions, and the net pay deposited. NOTE: A credit union will take 6-8 to be approved with or without a voided check.
- Direct Deposit is the responsibility between employer and employee. You should verify the posting of each pay with your bank. Failure to do so could result in overdraft charges for which you could be liable.
- If a voided check or deposit slip is not with this form, Direct Deposit can take up to 6-8 to be approved.

How to Change Accounts and/or Banks
Complete the Authorization Agreement for Direct Deposit checking the appropriate boxes at the top and attach either a voided blank check or a savings account deposit slip to form and forward it to the Payroll Office. Making changes or closing your account without notifying the Payroll Office will result in a $25.00 charge.
- Changing banks may cause a temporary break from Direct Deposit. Salary payments will return to regular payroll checks during this time.

How to Cancel
Complete the Authorization Agreement for Direct Deposit checking the box labeled “Stop Direct Deposit” and forward it to the Payroll Office. (It is not necessary to provide bank information.)
- Do not close your account until Direct Deposit is terminated.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

☐ BEGIN DIRECT DEPOSIT  ☐ ACCOUNT NUMBER CHANGE (SAME BANK)
☐ STOP DIRECT DEPOSIT  ☐ CHANGE OF BANK

I hereby authorize The University of Pennsylvania to initiate credits to the bank indicated below and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to the following account:

FULL BANK NAME:

BANK’S TRANSIT ROUTING NUMBER: ____________

YOUR ACCOUNT NUMBER: ________________________

☐ CHECKING  ☐ SAVINGS

NAME: ____________________________

SOCIAL SECURITY NUMBER: ____________

E-MAIL ADDRESS: ____________________________  UNIV. EXTENSION: ____________________________

This authority is to remain in full force and effect until the University has received a written notification from me of its termination in such time and in such manner as to afford the University a reasonable opportunity to act on said notification.

If the BANK sends me written notice of the BANK’S termination of this agreement, I will notify the University of the termination.

DATE: ____________________________  SIGNATURE: ____________________________

Direct Deposit Form  April, 2003
University of Pennsylvania Faculty and Staff Voluntary Self-Identification Form

The University of Pennsylvania is an equal opportunity employer. As a federal contractor, Penn complies with federal regulations pertaining to affirmative action, equal opportunity, and nondiscrimination. We ask your assistance in helping us to meet our federal compliance obligations of monitoring our recruitment, promotion and retention processes.

Name ___________________________       Penn ID ___________________________

Sex: ☐ Female ☐ Male

The race and ethnicity categories below have been defined by the U.S. Departments of Education and Labor.

I. Are you Hispanic or Latino? -- A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ Yes ☐ No

Which best describes your country/continent of origin?

☐ Central America
☐ Mexico
☐ Spain
☐ Other ___________________________

☐ Cuba
☐ Puerto Rico
☐ South America (excluding Brazil) ___________________________

II. Regardless of your answer to the question above, please check the groups below in which you consider yourself to be a member:

☐ American Indian/Alaska Native -- A person having origins in any of the original peoples of North America and South America (including Central America) and who maintain their tribal affiliation or community attachment.

Which best describes your country/continent of origin?

☐ Alaska Native
☐ Choctaw
☐ Navajo
☐ Other ___________________________

☐ Chippewa
☐ Cherokee
☐ Sioux

☐ Asian -- A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.

Which best describes your country/continent of origin?

☐ China
☐ Japan
☐ Pakistan
☐ Vietnam

☐ India
☐ Korea
☐ Philippines
☐ Other ___________________________

☐ Black or African American -- A person having origins in any of the black racial groups of Africa.

Which best describes your country/continent of origin?

☐ Africa
☐ Other ___________________________

☐ Caribbean

☐ Native Hawaiian or other Pacific Islander -- A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Which best describes your country/continent of origin?

☐ Guam
☐ Samoa

☐ Hawaii
☐ Other (excluding Philippines) ___________________________

☐ White -- A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Which best describes your country/continent of origin?

☐ Europe
☐ Middle East
☐ Other ___________________________
University of Pennsylvania Faculty and Staff Voluntary Self-Identification Form

Self-identification of a disability or veteran status is strictly voluntary. Declining to provide this information will not subject you to any adverse treatment. The information you provide on this form will be treated as confidential and completed forms are maintained in files separate from that individual's personnel file and are held in strict confidence, except that:

1. Administrators, managers, or supervisors may be informed of any work restrictions or reasonable accommodations;
2. First aid or safety personnel may be informed, to the extent necessary, to administer any emergency treatment; and
3. Government officials may review the forms in conjunction with an investigation or audit of the University's compliance with relevant federal, state, or local law.

Under federal law, a person with a disability is defined as follows:

☐ Person with a Disability—A person who (1) has a physical or mental impairment that substantially limits one or more major life activities; (2) has a record of such impairment; or (3) is regarded as having such impairment.

Faculty and staff who wish to request a reasonable accommodation should contact the Office of Affirmative Action and Equal Opportunity Programs, Sansom Place East, Suite 228, 3600 Chestnut Street, (215) 898-6993 (voice), (215) 898-7803 (TDD), eamnp@pobox.upenn.edu, or visit our website at http://www.upenn.edu/affirm-action/accommodations.html. Students should contact the Office of Student Disabilities Services, Weingarten Learning Resources Center, 3820 Locust Walk, Suite 110, (215) 573-9235 for all academic related accommodations. For student accommodations relating to on-campus employment, contact the Office of Affirmative Action and Equal Opportunity Programs.

Veteran status is defined as follows by the U.S. Department of Veterans Affairs. Please check all that apply.

☐ Disabled Veteran—(i) 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 (ii) a person who was discharged or released from active duty because of a service-connected disability.

☐ Special Disabled Veteran—(i) 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 Department of Veterans Affairs for a disability (A) rated at 30 percent or more, or (B) rated at 10 or 20 percent in the case of a veteran who has been determined under Section 38 U.S.C. 3106 to have a serious employment handicap or (ii) a person who was discharged or released from active duty because of a service-connected disability.

☐ Vietnam Era Veteran—a person who: (i) served on active duty in the U.S. military, ground, naval or air service for a period of more than 180 days, and who was discharged or released there from with other than a dishonorable discharge, if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other cases; or (ii) was discharged or released from active duty in the U.S. military, ground, naval or air service for a service-connected disability if any part of such active duty was performed: (A) in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or (B) between August 5, 1964, and May 7, 1975, in all other locations.

☐ Recently Separated Veteran—a 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.

☐ Armed Forces Service Medal Veteran—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 12983 (61 Fed. Reg. 1209).

☐ Other Protected Veteran—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 expedition for which a campaign badge has been authorized. Information required to make this determination is available at http://www.opm.gov/veterans/hmt/vgmedal2.htm. A copy of the list also may be obtained by calling (301) 305-6752 and requesting that a copy of the list be mailed to you.

If you have questions or request additional information, please call the Office of Affirmative Action and Equal Opportunity Programs at (215) 898-6993 (voice), (215) 898-7803 (TDD), or e-mail eamnp@pobox.upenn.edu

Signature: ___________________________ Date: ___________________________

Revised 12/2009
Intellectual Property Participation Agreement

The President and the Trustees of the University of Pennsylvania adopted on July 1, 1993 a restated Policy and Procedures on Inventions and Patents and a new Policy and Procedures on Tangible Research Property (collectively, "Policies and Procedures"). Those Policies and Procedures apply to faculty, employees and students of the University, and in particular to anyone who participates in externally sponsored programs.

Agreement

In order that the University may fulfill legal and contractual obligations to sponsors of research, and in consideration of my employment by the University, or my participation in sponsored research, or any use of funds, facilities, or other resources provided by the University, I hereby agree as follows:

1. I have read, and I understand and agree to be bound by, the terms of the Policies and Procedures as well as by the terms of any revisions or amendments adopted by the President and/or the Trustees of the University of Pennsylvania. I understand that words appearing as all capitalized letters in this Agreement are used as defined in the policies and Procedures.

2. I agree to report to the INTELLECTUAL PROPERTY ADMINISTRATOR ("IPA") any INVENTION which is conceived or reduced to practice in the course of my employment at the University, or from work directly related to professional or employment responsibilities at the University, or from work carried out on University time, or at University expense, or with substantial use of University resources under grants or otherwise. I also agree to assign in writing to "The Trustees of the University of Pennsylvania" all right, title and interest in and to any such INVENTION.

3. I acknowledge that any TANGIBLE RESEARCH PROPERTY, whether or not patentable, which is made in the course of employment at the University or from work directly related to professional or employment responsibilities at the University, or from work carried out on University time, or at University expense, or with substantial use of University resources under grants or otherwise is the property of the University. I also agree to assign in writing to the "The Trustees of the University of Pennsylvania" all right, title and interest in and to any such TANGIBLE RESEARCH PROPERTY.

4. I understand that the University incurs binding obligations to sponsors under the terms of sponsored research agreements. When I participate in sponsored research, I understand that it is my responsibility to ascertain and abide by the terms of the sponsored research agreement as it relates to me. In particular, when engaged in outside activity, such as consulting, I recognize my duty to protect the University's obligations to its research sponsors.

5. I also understand that on occasion University policy or the University's obligations to research sponsors may require that I assign my interest in copyrightable materials to the University. In such cases, I agree to assign all right, title, and interest in and to such materials to the "The Trustees of the University of Pennsylvania." I further understand that, in agreements with research sponsors, the University seeks to retain copyrights for its faculty.

6. I will cooperate fully with the University in the preparation and prosecution of patents, in the registration of copyrights and in the preparation and execution of all documents necessary or incidental thereof.

7. I accept the provisions for the sharing of royalties and equity in the Policies and Procedures as stated therein, and as amended from time to time.

8. I am under no obligation to any person, organization or corporation with respect to any INVENTION(S), TANGIBLE RESEARCH MATERIAL, or copyrightable materials which is, or could be reasonably be construed to be, in conflict with this agreement.

9. I agree that this Agreement is effective as of the first date of my employment, appointment or matriculation, as the case may be, and applies to any INVENTIONS, TANGIBLE RESEARCH MATERIAL, or copyrightable materials made during the time I am employed by the University, hold an appointment or continue to matriculate.

Signature: ___________________________ Date: ___________________________

Printed Name: ___________________________
Please bring your social security card with you when bring the completed funding documents to the Moore Business Office.