

(Returning paid coaches and returning Volunteers to the District only)

Please check if you are a Returning Paid Coach or Volunteer Coach

RETURNING PAID COACH _____
RETURNING VOLUNTEER COACH _____

- Please do not fill out tax forms if Volunteering

Step 1

Applicant submits the following to the site Athletic Director:

- Advanced Research Background Check form - **attached**

Step 2

- **Athletic Director** submits applicant name on coaching spreadsheet and attaches all required documents to Lea Vasquez.

Step 3

District office verifies all pertinent forms and documents are in the coaches' file:

If any documents/forms are missing from the applicant's file, Lea Vasquez will send Athletic Director notice/forms to give to coach to complete.

- When Advanced Research background check report is received and is favorable including all required documents for non-staff coaches, Lea Vasquez will notify Athletic Director applicant may begin to coach. All non-staff coaching hires are contingent upon Governing Board approval.

NO COACH SHALL BEGIN COACHING UNTIL ALL STEPS ARE COMPLETED.

Athletic Director Signature

Date

Athletic Director submits this form with attachments to the HR Specialist-Classified (Lea Vasquez).

**Consumer Report / Investigative Consumer Report
Disclosure and Release of Information Authorization**

APPLICANTS CURRENT INFORMATION

Last Name (s) * _____ First _____ Middle _____

Address _____ City _____ State _____ Zip _____

How long have you lived at this address? _____ **If Less Than 7 Years, List Previous Addresses Below**

Phone _____ Cell _____

Your Name **AS IT CURRENTLY APPEARS** on Drivers License _____

Drivers License # _____ State of issue _____

Social Security # _____ Date of Birth _____

PREVIOUS NAMES AND ADDRESSES

* If you have used more than one name (married, maiden etc.) please be sure the correct name(s) are listed with the corresponding address. Please indicate at **which addresses** you used **more than one name** due to a **Marriage or Divorce. ADDRESS HISTORY MUST COVER 7 YEARS Please attach additional sheets if necessary.**

Name(s) _____ Dates You Lived There _____

Address _____ City _____ State _____ Zip _____

Name(s) _____ Dates You Lived There _____

Address _____ City _____ State _____ Zip _____

Name(s) _____ Dates You Lived There _____

Address _____ City _____ State _____ Zip _____

If employed in CA, MN, or OK; I would like a copy of my report. Yes No

Maine and New York: You have the right, upon request, to be informed of whether a consumer report about you was requested by the below-named company.

In connection with my employment, I authorize Tolleson Union High School District to procure a Consumer Report from Advanced Research Systems. I hereby authorize Advanced Research Systems to solicit information about my personal background, including but not limited to previous employment, civil records, criminal records, driving records, military service, workers compensation, education, professional licenses, and any other information requested by the prospective employer. I also authorize the procurement of a consumer credit report. I understand that such a report may contain information about my mode of living, background and personal character. I hereby release all persons, companies, and corporations from any and all liabilities resulting from providing the prospective employer and/or its designees this information.

I may request a copy of any report that is prepared regarding me and I have been provided with a copy of "A Summary of Your Rights under the Fair Credit Reporting Act." According to the FCRA, I am entitled to know if employment has been denied because of information contained in a consumer report and if employment is denied, I will be notified and provided with the name and address of the consumer reporting agency: Advanced Research Systems 1867 Ygnacio Valley Rd Suite 129 Walnut Creek CA 94598 1.888.239.3040

I hereby certify all the statements and answers set forth are true and complete to the best of my knowledge.

Applicants Signature _____ **Date** _____

Type or print your Full Name		Your Social Security Number	
Home Address – number and street or rural route			
City or Town		State	ZIP Code

Choose either box 1 or box 2:

- 1** Withhold from gross taxable wages at the percentage checked (**check only one percentage**):
- 0.8%
 1.3%
 1.8%
 2.7%
 3.6%
 4.2%
 5.1%
- Check this box and enter an extra amount to be withheld from each paycheck \$
- 2** I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the election marked above.	
SIGNATURE _____	DATE _____

Employee's Instructions

Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.

What are my "Gross Taxable Wages"?

For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.

New Employees

Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not file this form, the department requires your employer to withhold 2.7% of your gross taxable wages.

Current Employees

If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage to change the extra amount withheld.

What Should I do With Form A-4?

Give your completed Form A-4 to your employer.

Electing a Withholding Percentage of Zero

You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.

Voluntary Withholding Election by Certain Nonresident Employees

Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ Whether you're 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 first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)				3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
City or town, state, and ZIP code				4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)	



Tolleson Union High School District # 214 Direct Deposit Authorization

EMPLOYEE NAME _____

NAME OF BANK _____

Check one:

<input type="checkbox"/>	CHECKING
<input type="checkbox"/>	SAVINGS
<input type="checkbox"/>	ADDITIONAL ACCT. \$ _____

Check one:

<input type="checkbox"/>	START DATE _____
<input type="checkbox"/>	STOP DATE _____

I hereby authorize the Maricopa County School Superintendent's Office to initiate credit entries to my/our account (indicated above), and the depository named above to credit the same to such account. This authority is to remain in full force and effect until you have received written notification from me of its termination. I understand that my participation in this program will be terminated if my wages are garnished or assigned.

VOIDED CHECK OR OFFICIAL BANK FORM IS REQUIRED

SIGNATURE _____ DATE _____