

Please return these completed documents to e.burke@wingate.edu

North Carolina New Hire Reporting Form

Send completed forms to:

Emily Burke

e.burke@wingate.edu
or bring them to the Financial Planning Office

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A	B	C	1	2	3
---	---	---	---	---	---

EMPLOYER INFORMATION																										
Federal Employer ID Number (FEIN) (Please enter the same FEIN used to report the employee's quarterly wages.)																										
5	6	-	6	0	4	9	9	3	5	State ID:					9	0	0	0	9	6	1	-				
Employer Name (Include middle initial):																										
W	I	N	G	A	T	E		U	N	I	V	E	R	S	I	T	Y									
Employer Payroll Address:																										
P	O		B	O	X		1	5	9																	
Employer City:															Employer State:					Zip Code (5 digit):						
W	I	N	G	A	T	E									N	C			2	8	1	7	4			
Employer Phone (optional):										Extension:					Employer Fax (optional):											
Email Address:																										
EMPLOYEE INFORMATION																										
Employee Social Security Number (SSN):																										
			-			-				Is this employee an Independent Contractor?					Yes:		No:		X							
Employee Name (Include middle initial):																										
Employee Address: WHERE YOU WANT YOUR CHECK SENT IN CASE DIRECT DEPOSIT DOESN'T GO THROUGH (CANNOT BE CHANGED)																										
Employee City:															Employee State:					Zip Code (5 digit):						
Date of Hire:										Date of Birth:																

REPORTS WILL NOT BE PROCESSED IF REQUIRED INFORMATION IS MISSING.

Employee's Withholding Certificate

OMB No. 1545-0074

2022▶ **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.****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 widow(er)		
<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, when to use the estimator at www.irs.gov/W4App, and privacy.

**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); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 and 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)

NC-4 Employee's Withholding Allowance Certificate

PURPOSE - Complete **Form NC-4** so that your employer can withhold the correct amount of State income tax from your pay. **If you do not provide an NC-4 to your employer, your employer is required to withhold based on the filing status, "Single" with zero allowances.**

FORM NC-4 EZ - You may use Form NC-4-EZ if you plan to claim either the N.C. Standard Deduction or the N.C. Child Deduction Amount (but no other N.C. deductions), and you do not plan to claim any N.C. tax credits.

FORM NC-4 NRA - If you are a nonresident alien you must use Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)

FORM NC-4 BASIC INSTRUCTIONS - Complete the **NC-4 Allowance Worksheet**. The worksheet will help you determine your withholding allowances based on federal and State adjustments to gross income including the N.C. Child Deduction Amount, N.C. itemized deductions, and N.C. tax credits. However, you may claim fewer allowances than you are entitled to if you wish to increase the tax withheld during the tax year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be "Head of Household" after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

TWO OR MORE JOBS - If you have more than one job, determine the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the "Multiple Jobs Table" to determine the additional amount to be withheld on Line 2 of Form NC-4 (See page 4).

NONWAGE INCOME - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax

payments using Form NC-40 to avoid underpayment of estimated tax interest. Form NC-40 is available on the Department's website at www.ncdor.gov.

HEAD OF HOUSEHOLD - Generally you may 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.

SURVIVING SPOUSE - You may claim "Surviving Spouse" filing status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will complete the NC-4 Allowance Worksheet based on the filing status, "Married Filing Jointly" or "Married Filing Separately."

- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Jointly" should consider the sum of both spouses' income, federal and State adjustments to income, and State tax credits to determine the number of allowances.
- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Separately" should consider only his or her portion of income, federal and State adjustments to income, and State tax credits to determine the number of allowances.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

NC-4 Employee's Withholding Allowance Certificate

1. Total number of allowances you are claiming

(Enter zero (0), or the number of allowances from Page 2, Line 17 of the NC-4 Allowance Worksheet)

2. Additional amount, if any, withheld from each pay period (Enter whole dollars)

_____ .00

Social Security Number _____-_____-____		Filing Status <input type="radio"/> Single or Married Filing Separately <input type="radio"/> Head of Household <input type="radio"/> Married Filing Jointly or Surviving Spouse	
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) _____	M.I. _____	Last Name _____	
Address _____ _____		County (Enter first five letters) _____	
City _____	State _____	Zip Code (5 Digit) _____	Country (If not U.S.) _____

Employee's Signature _____

Date _____

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above.



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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.)*

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

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page



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	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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: <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 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-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<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 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 	<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

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

Refer to the instructions for more information about acceptable receipts.



Student Confidentiality Agreement for Campus Employment

To the extent I have in my possession, custody, or control any Protected Information (defined below), I agree not to access, use, or disclose the Protected Information in any manner, except solely to carry out my employment duties at Wingate. "Protected Information" means all information, whether in written, oral, electronic, or any other form, furnished prior to or during your employment by or on behalf of Wingate, including, without limitation: (i) finances, financial or business information, financial aid data, policies and procedures, advertising and marketing plans, and donor lists; (ii) all information related to institutional structure, information technology infrastructure, computer and electronic systems, personnel and operations; (iii) information protected by the Family Educational Rights and Privacy Act of 1974 (codified at 20 U.S.C. 1232g) and its implementing regulations, the Higher Education Act of 1965 (codified at 20 U.S.C. 1001) and its implementing regulations, the Health Insurance Portability and Accountability Act of 1996 (codified at 42 U.S. Code § 1320d) and its implementing regulations, the European Union's General Data Protection Regulation, or any other applicable law; (iv) know-how, techniques, trade secrets, technology, inventions, software programming code, documentation, and all other intellectual property information or data; (v) all information, that, if released to unauthorized persons, could be detrimental to the educational or business interests of Wingate; or (vi) information that is designated as confidential or due to its nature, recipients know or should know is confidential. You agree that use of Protected Information in an unlawful manner will cause irreparable harm and there is no adequate remedy at law.

I understand no Protected Information should be disclosed to anyone other than my supervisor, including specifically not to any roommates, parents, faculty, staff, friends, or anyone else within or outside of the University.

I further understand that any breach of confidentiality on my part will result in the termination of my student work assignment and an honor code violation. In addition, this policy does not preclude further action resulting from the application of pertinent laws and regulations of the State of North Carolina and/or the United States of America.

This agreement is binding for the entire time of my employment at Wingate University.

Student Name (Print) _____

Student Signature _____

Date _____



HUMAN RESOURCES STUDENT PAYROLL ENROLLMENT FORM

Effective August 19, 2021: As a condition of new or continued employment, all student employees are required to enroll in electronic payment for their paychecks with one of the following: (1) Direct Deposit or (2) Wisely Card

EMPLOYEE INFORMATION *(print and complete all fields)*

First Name	Middle Initial	Last Name
Date of Birth (mm/dd/yyyy) ____ / ____ / ____	Social Security Number ____ - ____ - ____	Student ID
Campus Address		Campus Box
City	State	Zip Code
Home Phone () -	Mobile Phone () -	Email Address
Home (Permanent) Address		

WAGE PAYMENT ELECTION

CHOOSE DIRECT DEPOSIT OR WISELY PAY CARD:

☐ **Direct Deposit**

____ I will add my bank information in ADP (see directions on reverse side)

____ I prefer HR Payroll to enter my bank information.

**** REQUIRES Bank printout or screenshot showing routing # and account # ****

☐ **Wisely Pay by ADP card**

I want to receive my full net pay on the Wisely Pay card every payday.

(YOU MUST PROVIDE CAMPUS BOX NUMBER FOR THIS)

REQUIRED ACKNOWLEDGEMENT

____ I agree to notify HR Payroll of any change or cancellation associated with my bank account and if
(initial) failing to do so results in a returned check, I will be charged a service fee of \$25.00.

____ I agree to cash any printed check within 6 months (180 days) of issue and if failing to do so results in a
(initial) voided check, I will be charged a service fee of \$25.00.

Student Signature _____ Date _____



Student Payroll Policy

Effective August 19, 2021:

- I. All new hire packets for student workers will include the **Student Payroll Enrollment Form** (HR FORM PAV-022). Any previous versions or modified Wisely forms will not be accepted.
- II. As a condition of new or continued employment, all student employees are required to enroll in electronic payment for their paychecks with one of the following: (1) **Direct Deposit** or (2) **Wisely Card**.
 - i. For direct deposit, students can choose:
 - a) Add bank information in ADP themselves (directions on reverse side).
 - b) HR Payroll enters bank information. This choice requires a bank printout or screenshot showing **routing #** and **account #** (no handwritten bank information accepted).
 - ii. For Wisely Card, HR Payroll will notify the student when to pick up the card.
 - iii. Live (paper) checks are not a choice. They will only be issued during the pay period while electronic payment is set up. It may take an entire pay cycle for account verification, so students might receive one or two live checks before the electronic payment implementation is complete
- III. Students will initial and sign the following acknowledgement:
 - ✓ I agree to notify HR Payroll of any change or cancellation associated with my bank account and if failing to do so results in a returned check, I will be charged a service fee of \$25.00.
 - ✓ I agree to cash any printed check within 6 months (180 days) of issue and if failing to do so results in a voided check, I will be charged a service fee of \$25.00.
- IV. Students accounts will be charged with these service fees by the Business Office.



WINGATE UNIVERSITY STUDENT PAYROLL ENROLLMENT

ADP Student Payroll: How To add Direct Deposit

Go to <http://workforcenow.adp.com/>

workforcenow.adp.com/the/index.t

ADP

MYSELF MY TEAM PEOPLE PROCESS REPORTS SETUP

HOME

Payment C

Personal Information Employment **Pay**

Dependents & Beneficiaries My Documents

Then go to Myself>> Pay>>Payment Options

Personal Accrued Time Annual Statements

Payment Options Tax Withholdings Total Rewards Pay Statements

How do you Compensation Notices Documents

REVEAL ACC

Bank Account Direct Deposit

Account # [REDACTED]

Deposit amount Everything

EDIT

Bank Account Direct Deposit

Account # None

Deposit amount 0.0%

+ ADD BANK ACCOUNT

Enter bank information here

With your current settings, any pay that exceeds your direct deposit deductions will be sent to you as a paper check. To avoid this, ensure one of your accounts is set to "deposit everything here" or "deposit the remainder of my pay".