





# PLUS & SYEP 2020

# PARTICIPANT CHECK LIST

Name: \_\_\_\_\_

nta	ke/Eligibility	
<b>-</b> 3	Social Security Card	Photo/Video/Travel Release Forms
	Valid State ID/Driver's License/or School ID	Code of Conduct Policy
<b>_</b> ]	ID/Proof of Age	Discipline Procedures
<b>.</b>	Applications & Online Confirmation #	Attendance & Payroll Policy
<b>_</b> ]	Parental Consent Form	I-9 Form
<b>o</b> ]	Participant Orientation Form	W4 Form
<b>o</b> ]	Participant Consent Form	Illinois W4
	Participant Payroll Information	





First Na	ame:		Last Nar	ne:_			
Addres	ss:		City:				Zip:
Phone:			Email	:			
Gender	Male	_Fem	nale Birthdate		_//	Age:	
Last Gi	rade Completed:		_				
Social	Security #						
State II	O or Driver's License#	<u> </u>					
Do you	speak a language oth	er tha	nn English fluently?				
High S	chool:						
College	e or Other Higher Edu	catio	n:				
_	ency Contact Informa Relationship		:		Phone Number		
Please	check skills you have	ехро	erience in:				
			Word Typing		Physical Labor		Clerical
	Computer Skills		Maintenance		Tutoring/Phone	_	Writing
	Excel		Gardening		Customer		Filing
	Power-Point		<u> </u>	_	Service Skills	_	Tuing
	Warehouse		Other				
Particip	ant Signature & Date:					_Online	ID:





### **CODE OF CONDUCT**

PRINT NAME CLEARLY:	

- 1. I agree to display appropriate behavior at all times including while at my worksite. I will not subject myself to the following examples of disruptive behavior:
  - Leaving the worksite or an event, unless my supervisor grants permission.
  - Bringing radios, CD players, iPods, and video games to the worksite, unless otherwise noted.
  - Using my cell phone at the worksite including texting and email messaging. I will keep my cell phone on silent and out of sight. The supervisor is allowed to confiscate the mobile or technological device until end of program day. Employee will receive it back upon the day's completion.
- 2. I understand that the following behaviors are examples of inappropriate conduct. Please note that this list is not comprehensive:
  - Sexual misconduct including kissing, inappropriate touching, and massages of any kind
  - Verbal sarcasm
  - Any form of unwanted affection
  - Comments that relate to a Participant's body.
  - Running and/or making excessive noise at the worksite
  - Loitering
  - Exhibiting any profane, obscene, indecent, or offensive language or gestures
  - Displaying any behavior that is disruptive to the orderly process of worksite instruction
  - Defying (disobeying) the authority of supervisors
  - Failing to abide by the rules and regulations of the worksite not otherwise listed in the Code of Conduct
  - Destruction of any on site property or equipment
- 3. I agree to demonstrate proper values by my language and behavior including but not limited to:
  - Respecting supervisors and other participants.
  - Respecting the rights and property of others. I understand that neither vandalism nor stealing
    will be tolerated and financial obligations that result from such behavior will be the sole
    responsibility of self and my family.
  - I will dress appropriately. I understand that this prohibits shorts, tank tops, sagging pants, and any clothing that has any reference to tobacco or alcohol products including insignias or advertisements.
  - I will not possess any drugs, tobacco, alcohol, fireworks, matches, cigarette lighters, knives, guns, or items that would endanger people, pets, wildlife, or property or any item that would be classified illegal. I understand that possession of any of these items or if I appear under the influence of any drugs or alcohol, I will be subject to immediate disciplinary action and possibly dismissed from the program.



Parent Signature

## One Summer Chicago 2020



# ACKNOWLEDGMENT AND RECEIPT/ACCEPTANCE OF THE PARTICIPANT CODE OF CONDUCT AND PHOTO RELEASE

#### WAIVER & RESPONSIBILITY & PHOTO RELEASE

By signing the participant agreement: I (We) also grant the <u>Phalanx Family Services</u> and its employees, agents and assigns the right to photograph my dependent without charge and use the photo and or other digital reproduction of him/her or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the Internet. (Check one)

whethe	er electronic, print, digital or electronic pub	olishing via the Internet. (Check one)
0	I Authorize Use of My Photograph	
0	I Do Not Authorize Use of My Photograp	oh
Participar	nt Signature and Date	Parent Signature & Date (If under 18)
	CIPANT AGREEMENT	
		of Conduct for the One Summer Chicago Program. I agree at if I do not abide by these rules, I may lose the privilege
of atter	nding a scheduled activity or, depending	g on the situation, I may be sent home or dismissed from
-	ogram which will impact the stipend ar or. <b>As a participant, I agree to abide b</b>	mount. I will be responsible for all consequences of my by these guidelines.
Participar	nt Signature and Date	Parent Signature & Date (If under 18)
PAREN	NT GUARDIAN AGREEMENT	
Phalanz a safe a	x Family Services believes that you should	d be informed regarding our effort to create and maintain Please read the Participant Code of Conduct and sign the d understanding.
Conduction Summer all disc	ct. I understand that by signing this doc er Participant Employment Program and i	ned participant. I have received and read the Code of ument, I agree to support and promote the goals of the make every effort to work with the agencies in resolving y youth is dismissed, I am responsible for picking them agree to these guidelines.

Date





### PARENTAL CONSENT TO PARTICIPATE

I,, the	Parent/Guardian and hereby grant permission to, who is under 18 years of age, to participate in the One
Summer Chicago Program 2020.	
in the program. I understand that the inform shared with other entities for the purpose referrals to possible employers. I authorize	legal guardian and give him/her permission to participate nation provided by my child on his/her application will be ed of administering programs, research, and providing the release of my child's application information to such have the right to inspect this information and to request stering agency.
Parent/Guardian Signature	Date



# One Summer Chicago 2020 CONSENT TO PARTICIPATE



### (AGES 18 & UP)

I	, accept the offer	r to participate in t	he One Summer Chicag	go
Program 2020.				
I certify that I am the appli	cant, and I am	years of age.	I understand that the	
information provided on m research, and providing re such entities and employers corrections through the add	ferrals to possible e s. I understand that I	employers. I author I have the right to i	rize the release of my a	pplication information to
I also agree to uphold the y	outh's pledge which	h states:		
By accepting this summer emplo opportunities, support Chicago'			o, I pledge to complete high	school, pursue post secondary
Applicant Signature:			_ Date_	
CONSENT TO PARTIC  I,			(see approval from my	
parent/guardian via consen				
I understand that the inform administering programs, re application information to information and to request	search, and providing such entities and en	ng referrals to pos nployers. I underst	sible employers. I autho and that I have the right	rize the release of my
I also agree to uphold the y	outh's pledge with	states:		
By accepting this summer emplo opportunities, support Chicago'			o, l pledge to complete high	school, pursue post-secondary
Applicant Signature:			_ Date_	





#### PHOTOGRAPH, SOCIAL MEDIA & VIDEO RELEASE FORM

I hereby grant permission to the rights of my image, likeness and sound of my voice as recorded on audio or video tape without payment or any other consideration. I understand that my image may be edited, copied, exhibited, published or distributed and waive the right to inspect or approve the finished product wherein my likeness appears. Additionally, I waive any right to royalties or other compensation arising or related to the use of my image or recording. I also understand that this material may be used in diverse educational settings within an unrestricted geographic area.

Audio, photographic, social media or video recordings may be used far the following purposes:

- Conference Presentations
- Educational presentations or courses
- Informational Presentations
- Educational Video
- Marketing for the City of Chicago

I will be consulted about the use of the photographs or video recording for any purpose other than those listed above.

There is no time limit on the validity of this release nor is there any geographic limitation on where these materials may be distributed.

By signing this form I acknowledge that I have completely read and fully understand the above release and agree to be bound thereby.1 hereby release any and all claims against any person or organization utilizing this material for educational purposes.

Participant Name:	
Participant Signature:	Date
Parent or Guardian Signature:	Date
☐ Please check off and sign here if you do not wish to	sign for the release
Applicant Name:	
Parent or Guardian Name:	<del></del>
Parent or Gaurdian Signature:	





### TRAVEL RELEASE FORM

I,consent to my/min acknowledge that I fully understand my/minor's participat indemnify and agree to hold harmless to Phalanx Family mentors, and persons transporting my child to or from wor and from the work site arranged by Phalanx Family Sebike, train, van, and/or walking.	ion in travel and do hereby waive, release, absolve, <b>Services</b> ; Board of Directors, organizers, instructors, rk sites and community gardens. This includes all travel. to
I,, have provided Family Services and completed the emergency applicant name) will bring my required medication to t	coarser form. <i>I</i> ,,
I understand that if I have any risk concerns regarding to the risks associated with my/minor's participation with this document and before travel begins.	· · · · · · · · · · · · · · · · · · ·
Participant Name (Print):	
Participant Signature:	Date:
Parent or Guardian Name (Printed):	
Parent or Guardian Signature	Data





#### **DISCIPLINE PROCEDURES**

#### (Please provide copy to participant)

The One Summer Chicago Program follows a 5-STEP procedure for addressing behavioral issues that interfere with participant learning or safety. Please refer to the CODE OF CONDUCT for acceptable program behaviors. Breaking the CODE OF CONDUCT will be handled in the following steps.

**STEP ONE: WARNING** —At the first sign of problems the Worksite Supervisor will place the participant on S 1 EP ONE and work with participant to find solutions to prevent the problem from occurring again. There may be consequences for the first step.

**STEP TWO: WRITE UP** — In STEP TWO, the participant will be removed from the worksite to work with the Worksite Supervisor. The participant will talk to the Worksite Supervisor, discuss why the problem has continued, and find solutions with the participant to correct their behavior. Together they will complete and sign an incident report.

**STEP THREE: INTERVENTION** — In STEP THREE, the participant is removed from the worksite to work with the Worksite Supervisor. The employment specialist or clinical team will be notified that the participant is in STEP THREE. Parents will be contacted for youth under the age of 18. Before STEP THREE is completed, the participant must sign their incident report,

STEP FOUR: DISMISSED FOR DAY — In STEP FOUR, the participant is removed from worksite and taken to the Worksite Supervisor. The supervisor is notified, and the participant is dismissed for the day. Parents will be contacted for youth under the age of 18. An Incident Report is completed. A Family Action Plan will be developed with and the family prior to the participant's return.

**STEP FIVE: DISMISSED FROM PROGRAM - In SIEP** FIVE, the participant is removed from the program. Parents will be contacted for youth under the age of 18. Parents will be asked to pick up youth under the age of 18 from the worksite if necessary. The participant will conference with the Worksite Supervisor.

#### LEAVING THE WORKSITE WITHOUT PERMISSION —AUTOMATIC DISMISSAL

- Immediate call to supervisor and parent if youth is under the age of 18
- Incident Report completed by program provider documenting the automatic termination from program
- Supervisor meets with family for counseling and follow-up

# VIOLENCE (violent acts, threatening remarks, gestures, etc.) **AND POSSESSION OF WEAPONS** – *AUTOMATIC DISMISSAL*

- Worksite Security is called (if a weapon is involved it will be confiscated by security immediately)
- Worksite Supervisor contacts agency staff
- If youth is under the age of 18 they will be held on-site until parent can pick-up
- Incident Report completed by program provider documenting the automatic termination from program
- Supervisor meets with family for counseling and follow-up

I have read and understand the DISCIPLINE PROCEDURES and intend to stay in compliance. If I am dismissed from the program for a disciplinary issue, I agree to participate in mandatory counseling with my supervisor.

Participant Signature:	Date:
, ,	
Parent/Guardian Signature:	Date:





### **ATTENDANCE & PAYROLL POLICY**

Please provide copy to participant)

#### GENERAL PROCEDURES

Each absence, late, and early dismissal will be recorded as excused or unexcused along with noting specific reason for absence. Excused absences are defined as: an absence due to personal illness, illness or death in the family, family travel, religious observance, quarantine, or required court appearance. Exceptions will be made on a case-by-case basis.

No distinction will be made between "excused" or "unexcused" when determining the total number of days absent from program.

Any absence, lateness, or early dismissal will be documented. It is the participant's responsibility to notify program provider within 24 hours of absence AND to provide a written excuse upon the participants return to the worksite. The written note should include participant name, date of absence, and reason for absence. Youth fewer than 18 will be required to get a parent's signature. Each time a participant is absent a phone call is requested; however, all absences will be recorded as unexcused until a written note is received.

#### NOTIFICATION SEQUENCES AND CONSEQUENCES FROM CLASSROOM

When a participant exceeds the maximum number of absences, this participant will be dismissed from the program.

After 1<sup>st</sup> Absence: Program provider will give participant a warning.

After 2<sup>nd</sup> Absence: Program provider will meet with participant to address absence and create action steps to avoid any future

absences.

After 3<sup>rd</sup> Absence: Program provider will meet with participant to address absence and create

action steps to avoid any future absences; additionally, if a youth is under 18 a parent will be notified

in person.

After 4<sup>th</sup> Absence: Program provider will request a joint meeting with participant and parent if youth is under 18 as a

warning that any future absences will result in program dismissal.

After 5<sup>th</sup> Absence: Participant will be dismissed from the Summer Youth Employment Program (SYEP) Program.

#### NOTIFICATION SEQUENCES AND CONSEQUENCES FROM WORKSITE

Youth will be required to complete weekly time sheets. Consequences of absences from worksites will result in pay deductions.

#### PAYROLL POLICY

Participants will receive paychecks or pay cards. Pay deductions will be taken from each paycheck reflecting any absences within the pay period.

- Consequences of absences from worksites will result in pay deductions.
- Program providers will be responsible for the distribution of paychecks or pay cards to participants.

State Unemployment Insurance (SUI): Due to this TEMPORARY SUBSIDIZED GOVERNMENT FUNDED 6 weeks' summer employment program, I AM NOT ELIGIBLE to make a claim for Unemployment Compensation.

have read and understand the DISCIPLINE PROCEDURES and UNEMPLOYMENT DISCLOSURE STATEMENT and intend to stay
n compliance. If I am dismissed from the program for a disciplinary reason, I agree to participate in mandatory counseling with my
supervisor/mentor/coach.

Participant Signature	Date	







### **PARTICIPANT PAYROLL INFORMATION**

Date:			
Employee Name:			
Address:			
City:	State:	Zip Code:	
Phone Number:	Cell Phone Num	nber:	
Social Security:			
Birthdate:	Age:		
Start Date:	_		
<ul> <li>One Summer Chicago (OS</li> <li>Summer Youth Employment</li> <li>Chicagobility</li> <li>Summer Youth Employment</li> </ul>	ent Program (SYEP)		





### **PARTICIPANT ORIENTATION FORM**

I.	Introduction of Phalanx Family Services	
II.	Introduction of Youth Services Staff	
III.	One Summer Chicago Plus Program (OSC	+)
	☐ Hours per week	
	□ Wages per hour	
	□ Learn	
	Mentors	
	☐ Financial Literacy	
	□ Calendar (Competitions, back to school	l, LRNG, Job Readiness)
IV.	Youth Program Handbook (Teams	
	□ Employer Expectations	
	□ Code of Conduct	
	☐ Attendance Policy	
	<ul><li>Discipline Procedures</li></ul>	
	<ul> <li>Other Policies and Procedures</li> </ul>	
V.	Worksites &Pay Checks Submission/Pick-	Up
	<ul><li>Letter of Direction</li></ul>	
	□ July 4 <sup>th</sup> Work Time	
	□ Pay Schedules	
	☐ Time Sheets	
	□ Transportation	
	□ Check Pick-Up Policy	
VI.	Completion of Handbook Receipt	
VII.	Q&A	
	articipated in a program orientation with PHA documents.	ALANX FAMILY SERVICES and have received copies of
Participa	ant Name (Printed):	Date:
Participat	ant Signature:	Date:



#### **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 Nam	ne)	Middle Initial	Other Last Names Used (if any)			
Address (Street Number and Name)	Apt. Number	City or Town	City or Town		State	ZIP Code	
Date of Birth (mm/dd/yyyy)  U.S. Social Sec	Security Number Employee's E-mail Address			Eı	Employee's Telephone Number		
I am aware that federal law provides for connection with the completion of this f	form.			or use of	false do	ocuments in	
I attest, under penalty of perjury, that I a	am (check one of the	e following box	es):				
1. A citizen of the United States							
2. A noncitizen national of the United States	(See instructions)						
3. A lawful permanent resident (Alien Reg	gistration Number/USCI	S Number):					
4. An alien authorized to work until (expira	• • • • • • • • • • • • • • • • • • • •			_			
Some aliens may write "N/A" in the expira	•	,	=		Q	R Code - Section 1	
Aliens authorized to work must provide only on An Alien Registration Number/USCIS Number	•		,			ot Write In This Space	
Alien Registration Number/USCIS Number:     OR							
2. Form I-94 Admission Number:  OR							
3. Foreign Passport Number:							
Country of Issuance:							
Signature of Employee			Today's Date	e (mm/dd/	<i>(</i> уууу)		
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 E	Date (mm/d	dd/yyyy)	
Last Name (Family Name)		First Nam	ne (Given Name)				
Address (Street Number and Name)		City or Town			State	ZIP Code	

ST0F

Employer Completes Next Page

STOP

Form I-9 10/21/2019 Page 1 of 3



# **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

#### Section 2. Employer or Authorized Representative Review and Verification (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.") Last Name (Family Name) M.I. First Name (Given Name) Citizenship/Immigration Status **Employee Info from Section 1** OR I ist A List B **AND** List C Identity **Identity and Employment Authorization Employment Authorization** Document Title Document Title Document Title Issuing Authority Issuing Authority Issuing Authority Document Number Document Number Document Number Expiration Date (if any) (mm/dd/yyyy) Expiration Date (if any) (mm/dd/yyyy) Expiration Date (if any) (mm/dd/yyyy) **Document Title** QR Code - Sections 2 & 3 Additional Information Issuing Authority Do Not Write In This Space Document Number Expiration Date (if any) (mm/dd/yyyy) **Document Title** Issuing Authority Document Number Expiration Date (if any) (mm/dd/yyyy) Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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. The employee's first day of employment (mm/dd/yyyy): (See instructions for exemptions) Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Title of Employer or Authorized Representative Last Name of Employer or Authorized Representative First Name of Employer or Authorized Representative Employer's Business or Organization Name State Employer's Business or Organization Address (Street Number and Name) City or Town ZIP Code Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) B. Date of Rehire (if applicable) A. New Name (if applicable) Last Name (Family Name) Middle Initial Date (mm/dd/yyyy) First Name (Given Name) C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below. **Document Title Document Number** Expiration Date (if any) (mm/dd/yyyy) 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

Name of Employer or Authorized Representative

the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Today's Date (mm/dd/yyyy)

Signature of Employer or Authorized Representative

# 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	Docume	LIST B nts that Establish Identity	ID	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card  Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  Foreign passport that contains a temporary I-551 stamp or temporary	- ) - 	State or outl United State photograph name, date color, and ac		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
4.	I-551 printed notation on a machine- readable immigrant visa  Employment Authorization Document that contains a photograph (Form I-766)		government provided it c information s gender, heig	ed by federal, state or local agencies or entities, ontains a photograph or such as name, date of birth, pht, eye color, and address	2.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION  Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  a. Foreign passport; and		. Voter's regis	ard with a photograph stration card card or draft record endent's ID card	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
	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	9.	. U.S. Coast ( Card	Guard Merchant Mariner	5.	Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of
			government  For persons unable to	under age 18 who are present a document		Resident Citizen in the United States (Form I-179)  Employment authorization document issued by the Department of Homeland Security
6.	limitations identified on the form.  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> <li>School reco</li> <li>Clinic, doct</li> </ol>	ord or report card or, or hospital record r nursery school record		

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

Refer to the instructions for more information about acceptable receipts.

Form I-9 10/21/2019 Page 3 of 3



### Form IL-W-4

# **Employee's Illinois Withholding Allowance Certificate and Instructions**

#### Who must complete Form IL-W-4?

If you are an employee, you must complete this form so your employer can withhold the correct amount of Illinois Income Tax from your pay. The amount withheld from your pay depends, in part, on the number of allowances you claim on this form.

Even if you claimed exemption from withholding on your federal Form W-4, U.S. Employee's Withholding Allowance Certificate, because you do not expect to owe any federal income tax, you may be required to have Illinois Income Tax withheld from your pay (see Publication 130, Who is Required to Withhold Illinois Income Tax). If you are claiming exempt status from Illinois withholding, you must check the exempt status box on Form IL-W-4 and sign and date the certificate. Do not complete Lines 1 through 3.

If you are a resident of Iowa, Kentucky, Missouri, or Wisconsin, or a military spouse, see Form W-5-NR, Employees Statement of Nonresidence in Illinois, to determine if you are exempt.

Note If you do not file a completed Form IL-W-4 with your employer, if you fail to sign the form or to include all necessary information, or if you alter the form, your employer must withhold Illinois Income Tax on the entire amount of your compensation, without allowing any exemptions.

#### When must I file?

You must file Form IL-W-4 when Illinois Income Tax is required to be withheld from compensation that you receive as an employee. You should complete this form and give it to your employer on or before the date you start working for your employer. You may file a new Form IL-W-4 any time your withholding allowances increase. If the number of your previously claimed allowances decreases, you **must** file a new Form IL-W-4 within 10 days. However, the death of a spouse or a dependent does not affect your withholding allowances until the next tax year.

# When does my Form IL-W-4 take effect?

If you do not already have a Form IL-W-4 on file with your employer, this form will be effective for the first payment of compensation made to you after this form is filed. If you already have a Form IL-W-4 on file with this employer, your employer may allow any change you file on this form to become effective immediately, but is not required by law to change your withholding until the first payment of compensation

is made to you after the first day of the next calendar quarter (that is, January 1, April 1, July 1, or October 1) that falls at least 30 days after the date you file the change with your employer.

**Example:** If you have a baby and file a new Form IL-W-4 with your employer to claim an additional exemption for the baby, your employer may immediately change the withholding for all future payments of compensation. However, if you file the new form on September 1, your employer does not have to change your withholding until the first payment of compensation is made to you after October 1. If you file the new form on September 2, your employer does not have to change your withholding until the first payment of compensation made to you after December 31.

#### How long is Form IL-W-4 valid?

Your Form IL-W-4 remains valid until a new form you have filed takes effect or until your employer is required by the department to disregard it. Your employer is required to disregard your Form IL-W-4 if you claim total exemption from Illinois Income Tax withholding, but you have not filed a federal Form W-4 claiming total exemption. Also, if the Internal Revenue Service (IRS) has instructed your employer to disregard your federal Form W-4, your employer must also disregard your Form IL-W-4. Finally, if you claim 15 or more exemptions on your Form IL-W-4 without claiming at least the same number of exemptions on your federal Form W-4, and your employer is not required to refer your federal Form W-4 to the IRS for review, your employer must refer your Form IL-W-4 to the department for review. In that case, your Form IL-W-4 will be effective unless and until the department notifies your employer to disregard it.

#### What is an "exemption"?

An "exemption" is a dollar amount on which you do not have to pay Illinois Income Tax. Therefore, your employer will withhold Illinois Income Tax based on your compensation minus the exemptions to which you are entitled.

#### What is an "allowance"?

The dollar amount that is exempt from Illinois Income Tax is based on the number of allowances you claim on this form. As an employee, you receive one allowance unless you are claimed as a dependent on another person's tax return (e.g., your parents claim you as a dependent on their tax return). If you are married, you may claim additional allowances for your spouse and any dependents that you are entitled to

claim for federal income tax purposes. You also will receive additional allowances if you or your spouse are age 65 or older, or if you or your spouse are legally blind.

# How do I figure the correct number of allowances?

Complete the worksheet on the back of this page to figure the correct number of allowances you are entitled to claim. Give your completed Form IL-W-4 to your employer. Keep the worksheet for your records.

Note If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

#### What if I underpay my tax?

If the amount withheld from your compensation is not enough to cover your tax liability for the year, (e.g., you have non-wage income, such as interest or dividends), you may reduce the number of allowances or request that your employer withhold an additional amount from your pay. Otherwise, you may owe additional tax at the end of the year. If you do not have enough tax withheld from your pay, and you owe more than \$500 tax at the end of the year, you may owe a late-payment penalty. You should either increase the amount you have withheld from your pay, or you must make estimated tax payments.

You may be assessed a **late-payment penalty** if your required estimated payments are not paid in full by the due dates.

You may still owe this penalty for an earlier quarter, even if you pay enough tax later to make up the underpayment from a previous quarter.

For additional information on penalties, see Publication 103, Uniform Penalties and Interest. Visit our website at **tax.illinois.gov** to obtain a copy.

#### Where do I get help?

- · Visit our website at tax.illinois.gov
- Call our Taxpayer Assistance Division at 1 800 732-8866 or 217 782-3336
- Call our TDD (telecommunications device for the deaf) at 1 800 544-5304
- Write to

ILLINOIS DEPARTMENT OF REVENUE PO BOX 19044 SPRINGFIELD IL 62794-9044

### **Illinois Withholding Allowance Worksheet**

#### **General Information**

Complete this worksheet to figure your total withholding allowances.

Everyone must complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Adjustments worksneet for federal Form vv-4.	help avoid having too little tax withhel	d.
Step 1: Figure your basic personal allow	wances (including allowances f	or dependents)
Check all that apply:		
☐ No one else can claim me as a dependent.		
☐ I can claim my spouse as a dependent.		
1 Write the total number of boxes you checked.		1
<ul><li>Write the number of dependents (other than you or your spo</li></ul>	ouse) you will claim on your tax return	2
3 Add Lines 1 and 2. Write the result. This is the total number		-
you are <b>entitled</b> .	or badio percental allowarieses to writeri	3
4 If you want to have additional Illinois Income Tax withheld fro	om your pay, you may reduce the	
number of basic personal allowances or have an additional a		
of basic personal allowances you elect to claim on Line 4 an	nd on Form IL-W-4, Line 1.	4
Step 2: Figure your additional allowanc	es	
Check all that apply:  ☐ I am 65 or older.  ☐ I am legal	D. L.P. d	
	-	
	se is legally blind.	5
5 Write the total number of boxes you checked.	in a good Adivistor south Maybe and	5
6 Write any amount that you reported on Line 4 of the Deducti for federal Form W-4.	ions and Adjustments Worksneet	6
<ul><li>Divide Line 6 by 1,000. Round to the nearest whole number.</li></ul>	Write the result on Line 7	7
8 Add Lines 5 and 7. Write the result. This is the total number		
you are <b>entitled</b> .	or additional allowances to which	8
9 If you want to have additional Illinois Income Tax withheld fro	om your pay, you may reduce the	
number of additional allowances or have an additional amou		
of additional allowances you elect to claim on Line 9 and on	Form IL-W-4, Line 2.	9
If you have non-wage income and you expect to owe Illinois amount withheld from your pay. On Line 3 of Form IL-W-4, write  ———————————————————————————————————	the additional amount you want your employ our employer. Keep the top portion for your records. — -	
**	Write the total number of basic allowand	ces that you
Social Security number	are claiming (Step 1, Line 4, of the work	sheet). <b>1</b>
	2 Write the total number of additional allow	
Name	you are claiming (Step 2, Line 9, of the	
Ctroat address	Write the additional amount you want w (deducted) from each pay.	3
Street address	I certify that I am entitled to the number of wi	
City State ZIP	this certificate.	unioding allowances claimed on
Check the box if you are exempt from federal and Illinois		
Income Tax withholding and sign and date the certificate.	Your signature	Date

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you still may be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

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.

THE THE THE TOTAL OF									
Step 1:	(a) First name and middle initial	Last name		(b) Social security number					
Enter Personal Information	Address	·		► Does your name match the name on your social security card? If not, to ensure you get					
mormation	City or town, state, and ZIP code			credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.					
	(c) Single or Married filing separately								
	Married filing jointly (or Qualifying widow(er))								
	Head of household (Check only if you're unma	rried and pay more than half the costs	of keeping up a home for yo	ourself and a qualifying individual.)					
	ps 2–4 ONLY if they apply to you; otherwing from withholding, when to use the online		e 2 for more informatio	on on each step, who can					
Step 2: Multiple Jobs	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.								
or Spouse	Do only one of the following.								
Works	(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 2020 income, including as an independent	-		se) have self-employment					
	ps 3–4(b) on Form W-4 for only ONE of thate if you complete Steps 3–4(b) on the Form			bs. (Your withholding will					
Step 3:	If your income will be \$200,000 or les	ss (\$400,000 or less if married	filing jointly):						
Claim Dependents	Multiply the number of qualifying c	hildren under age 17 by \$2,000	\$						
	Multiply the number of other depe	endents by \$500	\$						
	Add the amounts above and enter th	e total here	#_# # # # # # # #	3 \$					
Step 4 (optional): Other	(a) Other income (not from jobs). If this year that won't have withholdi include interest, dividends, and reti	ng, enter the amount of other							
Adjustments									
-ajusunents	(b) Deductions. If you expect to cla and want to reduce your withhold enter the result here			1 1					
	(c) Extra withholding. Enter any add	litional tax you want withheld	each pay period	4(c) \$					
Step 5: Sign	Under penalties of perjury, I declare that this cert	ificate, to the best of my knowled	dge and belief, is true, co	orrect, and complete.					
Here									
	Employee's signature (This form is not	valid unless you sign it.)	) <u>D</u> a	ite					
Employers Only	Employer's name and address			Employer identification					
Cilly									

#### **General Instructions**

#### **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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
- 3. Have self-employment income (see below); or
- 4. 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.

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

**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	<b>Two jobs.</b> 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, <b>skip</b> to line 3	1	\$
2	<b>Three jobs.</b> 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.		
	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	2a	\$
	<b>b</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	2b	\$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	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	3	
4	<b>Divide</b> the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in <b>Step 4(c)</b> of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) – Deductions Worksheet (Keep for your records.)		*
1	Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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	1	\$
2	Enter:   • \$24,800 if you're married filing jointly or qualifying widow(er) • \$18,650 if you're head of household • \$12,400 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

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 possessions 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.