

Mandatory payroll forms:

- ☐ Personal Data Sheet
- ☐ Voluntary Self-Identification of Veterans

- ☐ State and Federal Tax forms

Note: international employees will receive an e-mail regarding the University's SprintTax international tax information program. Please complete both the following tax forms and the SprintTax process.

- ☐ I-9 Employment Eligibility Verification Form
- ☐ Direct Deposit Form
- ☐ Statement Concerning Your Employment in a Job Not Covered By Social Security

I have received, read, understood and acknowledge my responsibility to conduct myself consistent with University and Commonwealth requirements. Policies provided online at https://bit.ly/UMA_Policies include but are not limited to the following:

- | | |
|---|--|
| – Principles of Employee Conduct; Policy Against Intolerance; UMass Statement on Bullying | – Summary of the Conflict of Interest Law for State Employees |
| – Policy Against Discrimination, Harassment and Related Interpersonal Violence | – Affirmative Action and Equal Opportunity Statement |
| – Drug Free Workplace Policy; Tobacco Free Campus Policy; Firearms and Weapons Policy | – Family Medical Leave Act, MA Pregnant Workers Fairness Act |
| – Small Necessities Leave Act notice | – Employment Leave to Address an Abusive Situation notices |
| – Policy on Fraudulent Financial Activities | – MA Right to Know Workplace notice |
| – Overview of Health Insurance Marketplaces (ACA) / MA Health Connector information | – Export Control Policy & corresponding employee obligations |
| – Public Records: Your Responsibilities as a Public Employee | – MA Earned Sick Time & MA Paid Family and Medical Leave notices |
| – Equal Employment Opportunity notices | – Policy on Consensual Relationships |

I hereby request a printed copy of the policies listed above ☐

Provided _____ (date) by _____ (printed name)

I additionally acknowledge that:

- Once I have received my first payment from the University I must log into the HR Direct System (www.umass.edu/humres) to verify receipt of the Summary of Conflict of Interest Law for State Employees.
- Within the first thirty (30) days of employment I must successfully complete the Massachusetts State Ethics Commission on-line training program and return the certificate of completion to Human Resources.
- Within the first six (6) months of employment I will register for, and attend, the Introduction to anti-Bullying and Harassment Prevention trainings.

Required University trainings: www.umass.edu/humres/new-employee-required-workshops

Signature

Date

Printed Name

Employing Department

Personal Data Sheet

General Employee Information

Name: _____ Date of Birth: _____ / _____ / _____
First Middle Initial Last Suffix Month Day Year

Gender: ☐ Female ☐ X ☐ Male

Highest Level of Education Completed:

- ☐ Less than High School Graduate ☐ Some College (Undergraduate) ☐ Some Graduate School
☐ High School Grad/Equivalent ☐ Associate's Degree (2 year college) ☐ Master's Degree
☐ Technical School ☐ Bachelor's Degree ☐ Ph.D.
☐ Professional Degree (e.g. MD, JD, DDS)

List the schools you have attended beyond high school. Include business, technical, military, professional, college, & university.
Please begin by listing your *highest* level of education.

School Name	Major	Degree or Certificate	Year Awarded

Personal Information

Marital Status: ☐ Married ☐ Single

Social Security Number _____ - _____ - _____
Leave this field blank if you do not yet have an SSN

Home Address:

Number Street Apt #
City State Postal Code Country (if not U.S.A.)

Mailing Address: (if different)

Number Street Apt #
City State Postal Code Country (if not U.S.A.)

Home Telephone:

Voluntary disclosure/self identification of race/ethnicity: Please answer *both* questions:

- 1) Do you consider yourself Hispanic or Latino? ☐ Yes ☐ No
- 2) Please select one or more of the following racial categories to describe yourself:
- ☐ American Indian or Alaskan Native ☐ Asian ☐ White
☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander

Please also complete second page of this form and sign & date at the bottom >>>

Voluntary selection of pronouns: you can update chosen pronouns in HR Direct at any time when your employment record is active. Please feel free to choose one of the following:

- | | | |
|---|---|--|
| <input type="checkbox"/> she/her | <input type="checkbox"/> he/him | <input type="checkbox"/> they/them |
| <input type="checkbox"/> xe/xem | <input type="checkbox"/> ze/zir | <input type="checkbox"/> he/any (he/him or any pronoun) |
| <input type="checkbox"/> he/she (he/him & she/her) | <input type="checkbox"/> he/they (he/him & they/them) | <input type="checkbox"/> he/xe (he/him & xe/xem) |
| <input type="checkbox"/> he/ze (he/him & ze/zir) | <input type="checkbox"/> she/any (she/her or any pronoun) | <input type="checkbox"/> she/they (she/her & they/them) |
| <input type="checkbox"/> she/xe (she/her & xe/xem) | <input type="checkbox"/> she/ze (she/her & ze/zir) | <input type="checkbox"/> they/any (they/them or any pronoun) |
| <input type="checkbox"/> they/xe (they/them & xe/xem) | <input type="checkbox"/> they/ze (they/them & ze/zir) | <input type="checkbox"/> xe/any (xe/xem or any pronoun) |
| <input type="checkbox"/> xe/ze (xe/xem & ze/zir) | <input type="checkbox"/> ze/any (ze/zir or any pronoun) | <input type="checkbox"/> any pronoun |
| <input type="checkbox"/> name only | <input type="checkbox"/> choose not to disclose | |

Pronouns selected here will be reflected in HR Direct. For more information about these pronouns and where this data appears please refer to the HR Direct Employee Data webpage (www.umass.edu/hr/benefits-and-pay/hr-direct-employee-data).

Emergency Contact(s) – who should be notified in case of emergency?

Primary Emergency Contact

Secondary Emergency Contact (optional)

Name : _____
(first name, last name)

Name : _____
(first name, last name)

Relationship to you: _____

Relationship to you: _____

Address: ☐ Same address as employee

Address: ☐ Same address as employee

Telephone number: ☐ Same phone as employee

Telephone number: ☐ Same phone as employee

Signature

Date Signed

Voluntary Identification of Gender Identity

General Employee Information

Legal Name: _____ Date of Birth: _____ / _____ / _____
First Middle Last Suffix Month Day Year

Voluntary gender identity: you can update gender identity in HR Direct at any time after your employment record is activated.
Please feel free to choose one of the following:

- | | |
|--|--|
| <input type="checkbox"/> Agender | An individual who identifies as not having a gender. Agender people may identify as neutrois, genderless, or gender neutral, having an unknown or indefinable gender, or deciding not to label their gender. |
| <input type="checkbox"/> Cisgender (non-trans) man | An individual who identifies as a man and was assigned male at birth. |
| <input type="checkbox"/> Cisgender (non-trans) woman | An individual who identifies as a woman and was assigned female at birth. |
| <input type="checkbox"/> Demigender | An individual who feels a partial connection to a particular gender identity. Examples of demigender identities include demigirl, demiboy, and demiandrogyne. |
| <input type="checkbox"/> Genderfluid | An individual whose gender varies over time. A genderfluid person may at any time identify as male, female, genderless, or any nonbinary gender identity, or as some combination of gender identities. |
| <input type="checkbox"/> Genderqueer | An umbrella term and a specific identity for an individual who identifies as neither male nor female (but as another gender), as somewhere in between or beyond genders, or as a combination of genders. |
| <input type="checkbox"/> Nonbinary | An umbrella term and a specific identity for an individual who does not fit into traditional "male" and "female" gender categories. Nonbinary people include individuals who identify as bigender, genderfluid, genderqueer, pangender, and many additional genders. |
| <input type="checkbox"/> Questioning | An individual who is uncertain about how they identify their gender. |
| <input type="checkbox"/> Trans man | An individual who identifies as a man but was assigned female at birth. |
| <input type="checkbox"/> Trans woman | An individual who identifies as a woman but was assigned male at birth. |
| <input type="checkbox"/> I prefer not to respond | |

Signature

Date Signed

Voluntary Self-Identification of Protected Veteran Status

Why Are You Being Asked to Complete This Form?

This employer is a Government contractor subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA). VEVRAA requires Government contractors to take affirmative action to employ and advance in employment protected veterans. To help us measure the effectiveness of our outreach and recruitment efforts of veterans, we are asking you to tell us if you are a veteran covered by VEVRAA. Completing this form is completely voluntary, but we hope you fill it out. Any answer you give will be kept private and will not be used against you in any way.

For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at www.dol.gov/ofccp.

How Do You Know if You Are a Veteran Protected by VEVRAA?

Contrary to the name, VEVRAA does not just cover Vietnam Era veterans. It covers several categories of veterans from World War II, the Korean conflict, the Vietnam era, and the Persian Gulf War which is defined as occurring from August 2, 1990 to the present.

If you believe you belong to any of the categories of protected veterans please indicate by checking the appropriate box below. The categories are defined on the back side of this form and explained further in an "[Am I a Protected Veteran?](#)" infographic provided by OFCCP.

Please select one of the following:

- ☐ I identify as one or more of the classifications of protected veteran listed below.
- ☐ I am not a protected veteran.
- ☐ I do not wish to answer.

Your Name

Today's Date

What Categories of Veterans Are “Protected” by VEVRAA?

“Protected” veterans include the following categories: (1) disabled veterans; (2) recently separated veterans; (3) active duty wartime or campaign badge veterans; and (4) Armed Forces service medal veterans. These categories are defined below.

1. A “disabled veteran” is one of the following:
 - 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
 - a person who was discharged or released from active duty because of a service-connected disability.
2. A “recently separated veteran” means any 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.
3. An “active duty wartime or campaign badge veteran” means 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 under the laws administered by the Department of Defense.
4. An “Armed forces service medal veteran” means 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 12985.

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name

Social Security no.

Print home address.....

City..... State..... Zip

Employee:

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.
3. Write the number of your qualified dependents. See Instruction D.
4. Add the number of exemptions which you have claimed above and write the total.
5. Additional withholding per pay period under agreement with employer \$
 - A. ☐ Check if you will file as head of household on your tax return.
 - B. ☐ Check if you are blind.
 - C. ☐ Check if spouse is blind and not subject to withholding.
 - D. ☐ Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date. Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholdingg exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

Employee's Withholding Certificate

OMB No. 1545-0074

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.****2025****Step 1:**
Enter
Personal
Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2:
Multiple Jobs
or Spouse
Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:
Claim
Dependent
and Other
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$**Step 4**
(optional):
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period**

4(c) \$**Step 5:**
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

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

Date

Employers
Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 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 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **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 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet *(Keep for your records.)*

- 1** Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse	}	2	\$ _____
	• \$22,500 if you're head of household				
	• \$15,000 if you're single or married filing separately				

- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **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)). 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



Employment Eligibility Verification

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

USCIS

Form I-9

OMB No. 1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)				
		If you check Item Number 4., enter one of these:				
		USCIS A-Number		OR	Form I-94 Admission Number	OR Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the Preparer and/or Translator Certification on Page 3.

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

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

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

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name University of Massachusetts Amherst		Employer's Business or Organization Address, City or Town, State, ZIP Code 325 Whitmore Bldg. 181 Presidents Dr. Amherst MA 01003		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<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 <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.			
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

Name (Last Name, First Name): _____

Phone: _____ E-mail: _____

Please write clearly. Note: the following direct deposit will overwrite all prior direct deposit information on record and you will receive an e-mail confirming when the information has been processed into HR Direct.

Action Requested (check one) <input type="checkbox"/> Start Direct Deposit <input type="checkbox"/> Change* (add/delete a bank, increase/decrease fixed amount or select new balance acct.)				
Bank Name _____	Routing #: _____ Acct#: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<input type="checkbox"/> Full Deposit or <input type="checkbox"/> Fixed Amount: \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this acct.

If depositing into more than one (1) bank you must choose one Balance Account.

Bank Name _____	Routing #: _____ Acct#: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<input type="checkbox"/> Full Deposit or <input type="checkbox"/> Fixed Amount: \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this acct.
Bank Name _____	Routing #: _____ Acct#: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<input type="checkbox"/> Full Deposit or <input type="checkbox"/> Fixed Amount: \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this acct.
Bank Name _____	Routing #: _____ Acct#: _____	<input type="checkbox"/> Checking or <input type="checkbox"/> Savings	<input type="checkbox"/> Full Deposit or <input type="checkbox"/> Fixed Amount: \$ _____	<input type="checkbox"/> Balance Account Deposit any balance of net pay to this acct.

I authorize the University of Massachusetts to deposit my net pay via direct deposit into the account(s) indicated above. If funds to which I am not entitled are deposited into my account(s), I authorize the University to direct the financial institution(s) to return said funds.

I understand it is my responsibility to verify that payments have been credited to my account(s) and that the University assumes no liability for overdrafts for any reason. I understand that in the event my financial institution(s) is/are not able to deposit any electronic transfer into my account due to any action I take, the University cannot reissue funds to me until the funds are returned to the University by my financial institution(s).

I understand this authorization will override any previous authorization and will remain in effect until replaced by an updated direct deposit authorization.

I understand I must immediately notify University Human Resources before I close any/all account(s) listed above while this authorization is in effect.

Employee Signature: _____ Date: _____

Tips for Completing the Direct Deposit Form

Action Requested:

- **Start** To initiate your first direct deposit with the University.
- **Change** To add or delete a bank account, increase or decrease a fixed amount, and/or change the Balance Account. Allow at least one (1) payperiod for the change to take effect. A change replaces all direct deposit account information and authorizations on file. Please complete all rows of information.

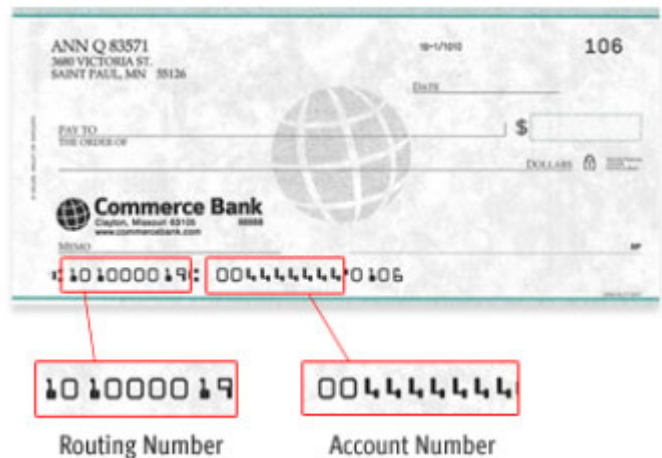
Deposit Options:

Your entire net pay must be direct deposited (full or partial payment via check & partial payment via Global Cash Card are not allowed). There are two deposit options available:

1. Deposit 100% of your net pay into one checking or savings account.
2. Assign a fixed dollar amount to go into as many as four (4) different banks with one bank as the Balance Account.

Account Information

- Please provide the name of each banking institution.
- Routing # - enter the nine digit Electronic/Paper ABA Routing number (NOT the Wire Transfer Routing number).
- Indicate if the account is a checking or savings account



Statement Concerning Your Employment in a Job Not Covered by Social Security

Employee Name:

Date of Birth (month day year):

Employer Name: University of Massachusetts Amherst

Employer ID#: 046002284

Your earnings from this job are not covered under Social Security (i.e., you will not pay Social Security taxes). This means that you will not earn credits for Social Security retirement or disability benefits in this job. If you retire or become disabled, and you are eligible for a Social Security benefit based on other work, your earnings from this job will not be used to compute your Social Security benefit. In addition, we will not consider these non-covered earnings for the future potential calculation of survivor benefits based on your earnings. Your earnings from this job are subject to Medicare taxes and will count for purposes of the Medicare program. For information on how you may qualify for Social Security benefits, visit www.ssa.gov.

For More Information

Social Security publications and additional information are available at www.ssa.gov. You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778 or contact your local Social Security office.

I certify that I have received Form SSA-1945 and understand that my earnings from this job are not covered under Social Security and will not be used to determine eligibility to or the amount of my potential future Social Security Benefits.

Signature of Employee: _____

Date:

Information about Social Security Form SSA-1945 Statement Concerning Your Employment in a Job Not Covered by Social Security

The Social Security Protection Act of 2004, Pub. L. No. 108-203, Section 419 requires State and local government employers to provide a statement to employees hired January 1, 2005, or later in a job not covered under Social Security. Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers must use to meet the requirements of the law.

While the earlier version of the SSA-1945 discussed the effect of the Windfall Elimination Provision and/or Government Pension Offset on an employee's potential future benefits, the Social Security Fairness Act (SSFA) of 2023 enacted on January 5, 2025, eliminated the reduction of Social Security benefits under the Windfall Elimination Provision and/or Government Pension Offset for individuals entitled to certain pensions from work not covered by Social Security, starting January 2024. However, this did not remove the requirement for State and local government employers to provide a statement to employees hired January 1, 2005, or later in jobs not covered under Social Security. This version of SSA-1945 explains to an employee that non-covered earnings will not be used to determine eligibility to or calculate the amount of potential future benefits.

Employers must:

- Get the employee's signature on the form
- Give the signed statement and information page to the employee prior to the start of employment
- Submit a copy of the signed form to the pension paying agency.

Social Security will not be setting any additional guidelines for the use of this form.

A fillable, downloadable version of the SSA-1945 is available online at the Social Security website, www.ssa.gov/online/ssa-1945.pdf.

FICA/OBRA

The Federal Insurance Contribution Act (FICA) is a mandatory Social Security and Medicare contribution paid by everyone receiving a paycheck in Massachusetts. FICA withholdings are 1.45% of gross pay.

The Omnibus Budget Reconciliation Act (OBRA) is a mandatory employee funded retirement contribution plan for all part-time, seasonal and temporary employees in Massachusetts. OBRA withholdings are 7.50% of gross pay.

Graduate student employees receiving a paycheck in graduate hourly and/or graduate assistantship positions will have FICA/OBRA deductions made from their paychecks, unless they qualify for an exemption.

Exemptions:

During the academic year, graduate student employees are exempted from FICA/OBRA withholdings if:

- They are enrolled half-time or more, that is 6 or more credits, OR
- They are enrolled in 1-5 credits with full or half time status declared and reported by the academic department. [This is submitted by the academic department to the Graduate Student Service Center.]

During the summer*, graduate student employees are exempted from FICA/OBRA withholdings if:

- They are enrolled in 6 or more credits through Continuing Education, OR
- They are enrolled in 1-5 credits through Continuing Education with full or half time status declared and reported by the academic department. [This is submitted by the academic department to the Graduate Student Service Center.]

*Summer registration must be completed by May 15, to qualify for the exemptions.

No Exemptions:

Graduate student employees who are not enrolled through Continuing Education during the summer, are not eligible for FICA/OBRA exemptions.

Other instances where graduate student employees do **NOT** qualify for FICA/OBRA exemptions:

- Graduate student employment work exceeds 34 hours/week, OR
- Graduate student employee is registered for Continuous Enrollment (Program Fee).

International students on J-1 or F-1 visa status are exempt from FICA/OBRA withholdings regardless of the number of credit hours they are enrolled in or whether their employment work exceeds 34 hours/week, until they have been present in the U.S. for more than 4 calendar years.

Late Summer Enrollment in Continuing Education credits, i.e. after May 15, and/or **late submission** by the academic department, i.e. after May 15, declaring enrollment status override may make you ineligible for FICA/OBRA exemptions. Please notify the Graduate Assistantship Office (GAO) as soon as possible of your change in enrollment and to request the FICA/OBRA exemption. Exemptions are not guaranteed and will not be retroactive.

OBRA INFORMATION GUIDE





Basic facts about OBRA and the Massachusetts Deferred Compensation SMART Plan

As a part-time, seasonal or temporary employee of the Commonwealth of Massachusetts—or a part-time, seasonal or temporary employee of a participating Massachusetts local government employer not eligible to participate in the employer's retirement program or not covered under a Section 218 Agreement—you are required to participate in the Massachusetts Deferred Compensation SMART Plan (SMART Plan).¹ The SMART Plan is an alternative to Social Security as permitted by the federal Omnibus Budget Reconciliation Act of 1990 (OBRA). OBRA, passed by the U.S. Congress, requires that beginning July 1, 1991, employees not eligible to participate in their employer's retirement program be placed in Social Security or another program meeting federal requirements. The SMART Plan meets those federal requirements.

Mandatory contributions

As an OBRA employee, you must contribute at least 7.5% of your gross compensation per pay period to the SMART Plan. This contribution is deducted on a pretax basis, reducing your current taxable income. This means that you will not pay any tax on this money until it is distributed from your account.

Your human resources or payroll center representative will provide you with an OBRA Mandatory Participation Agreement. Please complete and return the form to either your human resources or payroll center representative.

Investment option

The qualified default investment option (QDIA) for OBRA mandatory accounts is the SMART Capital Preservation Fund. The SMART Capital Preservation Fund is designed to help protect your principal and maximize potential earnings. Your account will earn interest based upon the prevailing rates for this type of investment. Mandatory contributions may not be transferred out of the SMART Capital Preservation Fund.²

Additional information regarding the SMART Capital Preservation Fund may be obtained online at www.mass-smart.com > *Investing* > *Investment Options* or via the SMART Plan Service Center at 877-457-1900.

Carefully consider the investment option's objectives, risks, fees and expenses. Contact Empower for a prospectus, summary prospectus for SEC-registered products or disclosure document for unregistered products, if available, containing this information. Read each carefully before investing.

As of October 1, 2022, the SMART Plan is offering enhanced opportunities to save for the future!

The Massachusetts Deferred Compensation SMART Plan – Mandatory OBRA is now offering SMARTPath Retirement Funds and My Total Retirement™.³ To learn more about these investment options, visit the **OBRA page** on the SMART Plan **website**.

Online Advice and My Total Retirement are part of the Empower Advisory Services suite of services offered by Empower Advisory Group, LLC, a registered investment adviser.



Voluntary contributions

You may make additional contributions (voluntary contributions) above the mandatory contribution of 7.5% of compensation per pay period. Any voluntary contributions that you elect to make may be invested among the SMART Plan's wide array of investment options and are freely transferable among options in accordance with the terms of the SMART Plan. OBRA voluntary contributions will not be charged an additional administrative fee.

To set up voluntary contributions or to learn more, please contact your local SMART Plan Retirement Plan Advisor by calling **877-457-1900** and saying "representative."

Account management

Once you are enrolled in the SMART Plan, you will have access to your account 24 hours a day, seven days a week through the website at **www.mass-smart.com** or via the SMART Plan Service Center at **877-457-1900**. To register your account for the first time, click on the *REGISTER* button.

Through either the website or SMART Plan Service Center, you can:

- Obtain your account balance(s), allocations and transaction history.
- Obtain investment option information and returns.
- Update your beneficiary information as needed.

Statements

Your last annual statement will be delivered in January 2023. Beginning in April 2023, you will receive quarterly statements that show your contributions as well as any earnings, fees or distributions and the total value of your account. Please review your statement carefully to ensure your information is correct. It is extremely important that you keep the SMART Plan administrator advised of your current address.

To update your mailing or email address, call the SMART Plan Service Center at **877-457-1900** or visit **www.mass-smart.com**. Once you log in to your account, click on your name in the top right corner to update your personal account information.

Distributions

Distribution of your SMART Plan benefits can only be made upon:

- Severance from employment.
- Unforeseeable emergency (OBRA voluntary plan only).
- Attainment of age 59½.
- Your death.

Severance from employment occurs because of your voluntary or involuntary termination of employment. There is no early withdrawal penalty for taking a distribution of your account upon separation of service, regardless of your age.²

If you no longer work for the Commonwealth of Massachusetts or a Massachusetts local government employer, you may leave the assets in your OBRA account; take a lump-sum distribution (payable to you or to your beneficiary upon your death); or roll over your assets into another eligible employer-sponsored plan or traditional individual retirement account.

As with any financial decision, you are encouraged to discuss moving money between accounts, including rollovers, with a financial advisor and to consider costs, risks, investment options and limitations prior to investing.

A leave of absence is not a severance from employment. Also, a change from part-time to full-time employment, or any similar change, is not considered an event that could result in a distribution from the SMART Plan. Benefits attributable to your voluntary contribution account may be distributed under other options available in the SMART Plan.

You may elect to receive your distribution immediately upon severance from employment. For more information or to access a Distribution Request form, please contact the SMART Plan Service Center at **877-457-1900** or visit **www.mass-smart.com > About your plan > OBRA > Forms**.

Beneficiaries and death

If you die before receiving all of your SMART Plan assets, the funds will go to your designated beneficiary. If you do not designate a beneficiary, your funds will be paid to your estate and will be distributed in accordance with Massachusetts probate law.

It is essential that you designate a beneficiary on the Enrollment form to ensure your assets will pass on as you intended.

Updating your beneficiary is quick and easy. There are two ways:

Online

Log in to the SMART Plan website at www.mass-smart.com. Then go to *My Accounts > Beneficiaries*.

Paper

Go to www.mass-smart.com > *About your plan > OBRA > Forms*. Click on the OBRA Mandatory Beneficiary Designation form. Mail or fax the completed form to the address or fax number provided on the form.

You will receive a written confirmation after your beneficiary information has been updated. It is extremely important that you keep the SMART Plan administrator advised of your beneficiary changes.

Converting to full-time status

If you become a permanent, full-time employee and at one time made contributions to an OBRA mandatory account, you may elect to transfer your OBRA mandatory account to your voluntary account in the SMART Plan. In order to take advantage of this option, you cannot be actively contributing to the OBRA mandatory plan. To implement this change or to learn more, please contact your local Retirement Plan Advisor by calling **877-457-1900** and saying "representative."

Service buyback

If you reach a point where you are no longer making OBRA mandatory contributions but you're still working for a Commonwealth of Massachusetts state agency or municipality, you may be eligible for a service buyback of your creditable years of service to your qualified governmental defined benefit retirement plan. Service buybacks may be funded from transferred assets from the OBRA mandatory and/or voluntary contribution accounts.

OBRA and Social Security

Distributions from payments from your OBRA plan may reduce Social Security benefits under the provisions of the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO). Additional information is available in footnote 1 below or on Form SSA-1945 available on the Social Security Administration website.

To obtain additional information, please call the SMART Plan Service Center at **877-457-1900** from 8 a.m. to 10 p.m. Eastern time Monday through Friday and 9 a.m. to 5:30 p.m. Saturday.

Fees

Effective October 19, 2022, an annual recordkeeping and communications fee will be charged at the following rates:

Account balance under \$1,000

- \$12 annually per account

Account balance over \$1,000

- \$14.40 annually per account
- An annual administration fee of 0.13825% of your account balance not to exceed \$125.00 annually

These fees are capped at \$139.50 annually and assessed monthly.

1 The Social Security Administration website at www.socialsecurity.gov/form1945 reminds state and local governmental employers of the requirement under the Social Security Protection Act of 2004 to disclose the effect of the Windfall Elimination Provision (WEP) and the Government Pension Offset (GPO) to employees hired on or after January 1, 2005, in jobs not covered by Social Security. Some jobs may not be covered under Social Security because they are not subject to mandatory coverage and there is no Section 218 agreement that covers them. The GPO provision impacts the amount of Social Security benefits received as a spouse or as an ex-spouse. The WEP affects the retirement or disability benefits received under Social Security if an individual has worked for an employer who does not withhold Social Security taxes. The law requires newly hired public employees to sign a statement, Form SSA-1945, that they are aware of a possible reduction in their future Social Security benefit entitlement. A copy of Form SSA-1945 is available at www.socialsecurity.gov/form1945/SSA-1945.pdf.

2 Withdrawals may be subject to income tax.

3 There are fees associated with this option.

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University of Massachusetts Payroll Schedule

Pay Period Begin Date	Pay Period End Date	Paydate	No Insurance Deduction
11/03/24	11/16/24	11/22/24	
11/17/24	11/30/24	12/06/24	*
12/01/24	12/14/24	12/20/24	
12/15/24	12/28/24	01/03/25	
12/29/24	01/11/25	01/17/25	
01/12/25	01/25/25	01/31/25	
01/26/25	02/08/25	02/14/25	
02/09/25	02/22/25	02/28/25	
02/23/25	03/08/25	03/14/25	
03/09/25	03/22/25	03/28/25	
03/23/25	04/05/25	04/11/25	
04/06/25	04/19/25	04/25/25	
04/20/25	05/03/25	05/09/25	
05/04/25	05/17/25	05/23/25	
05/18/25	05/31/25	06/06/25	*
06/01/25	06/14/25	06/20/25	
06/15/25	06/28/25	07/04/25	
06/29/25	07/12/25	07/18/25	
07/13/25	07/26/25	08/01/25	
07/27/25	08/09/25	08/15/25	
08/10/25	08/23/25	08/29/25	
08/24/25	09/06/25	09/12/25	
09/07/25	09/20/25	09/26/25	
09/21/25	10/04/25	10/10/25	
10/05/25	10/18/25	10/24/25	
10/19/25	11/01/25	11/07/25	
11/02/25	11/15/25	11/21/25	
11/16/25	11/29/25	12/05/25	*
11/30/25	12/13/25	12/19/25	

GRAD

EMPLOYEE



BENEFITS 2024-25

Apply for benefits at portal.hwtf.org/login (use QR code below)! Benefits are made possible through a provision in your union contract. Grad employees are eligible for benefits if they earn \$6205.40 in a GEO-eligible position (or equivalent). These benefits are designed to supplement your student health insurance plan. Unlike student health, you must proactively apply for Trust Fund benefits to be enrolled.

Dental & Vision Insurance

- FREE for you / inexpensive for families
- 100% coverage for dental exams, x-rays and 4 cleanings/yr
- **NEW** • Free vision exam; \$150 contact & \$185 frame benefit
- Nationwide network of providers

Reimbursements

- **NEW** • \$240 wellness reimbursement for gyms, equipment & more
- \$215K+ fund available to reimburse families for childcare
- Prepaid rock climbing, yoga, massage therapy & outdoor memberships

Extras

- Low-cost MetLife prepaid legal plan
- Free access to the Calm app & Daily Burn
- Free access to MetLife's financial wellness workshops
- Subsidized childcare slots at CEEC
- Up to \$250 in Outschool class fees for families

GET BENEFITS



BENEFITS

SOCIAL

REGISTER
FOR
EVENT >



Aug 29th, 4-6 pm @ the UMass Old Chapel

free food - ask questions - sign up for benefits - prizes - meet new folks

University of Massachusetts Amherst HR Direct Access Your Pay Statement Online

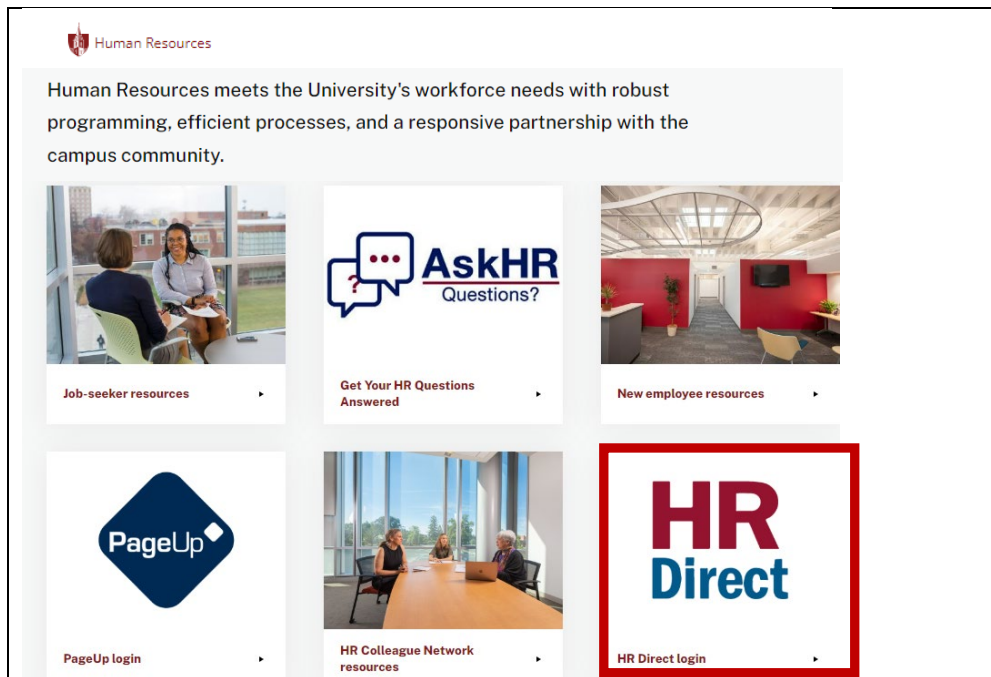
To access your UMass pay statement online you must:


1. Know your UMass NetID and password
2. Enroll in two-step multi-factor authentication (www.umass.edu/it/authentication) to access the University's payroll system, HR Direct
3. Disable your pop-up blockers for the HR Direct website in your internet browser to access your UMass pay statement as a PDF.

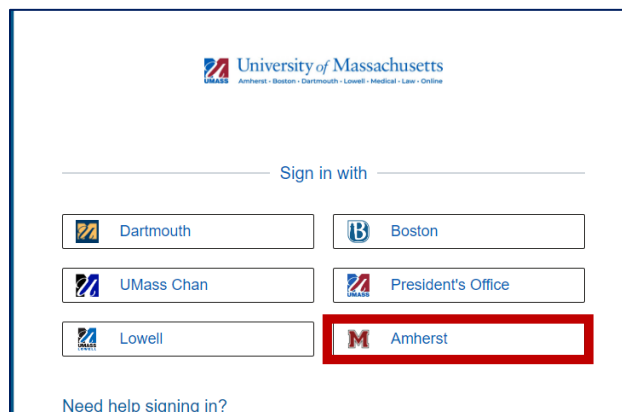
Please consult the University's Information Technology helpdesk (A109 Lederle Graduate Research Center/ telephone: 413-545-9400) if you require assistance with your NetID, authentication or pop-up blockers.

To access your UMass pay statement online:

Navigate to www.umass.edu/hr in an internet browser and click on "HR Direct Login"

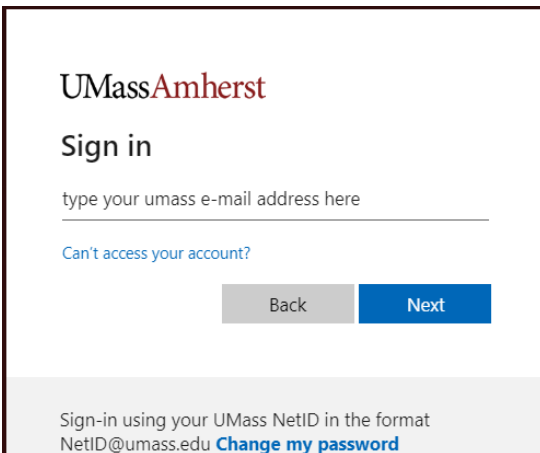


Click on "Sign in with"  Amherst



University of Massachusetts Amherst HR Direct Access Your Pay Statement Online

Sign in using your University NetID & password (your SPIRE ID & password).



UMassAmherst

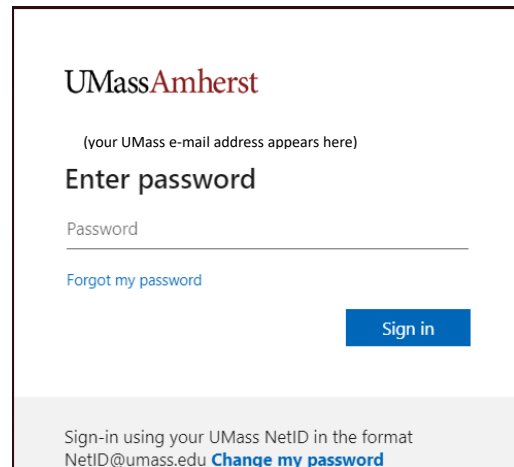
Sign in

type your umass e-mail address here

[Can't access your account?](#)

[Back](#) [Next](#)

Sign-in using your UMass NetID in the format NetID@umass.edu [Change my password](#)



UMassAmherst

(your UMass e-mail address appears here)

Enter password

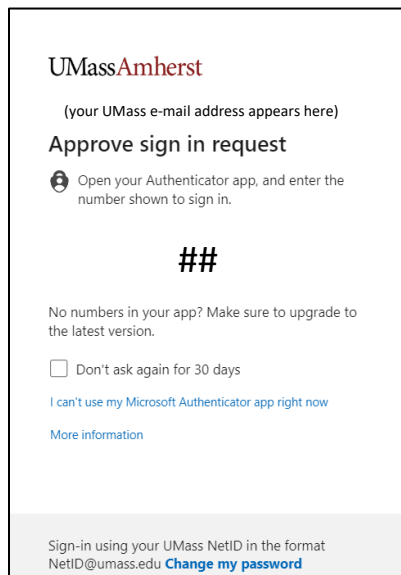
Password

[Forgot my password](#)

[Sign in](#)

Sign-in using your UMass NetID in the format NetID@umass.edu [Change my password](#)


You will be prompted to **authenticate** your identity. Open your Authenticator app and enter the number that appears on the screen (sample below):



UMassAmherst

(your UMass e-mail address appears here)

Approve sign in request

 Open your Authenticator app, and enter the number shown to sign in.

##

No numbers in your app? Make sure to upgrade to the latest version.

☐ Don't ask again for 30 days

[I can't use my Microsoft Authenticator app right now](#)

[More information](#)

Sign-in using your UMass NetID in the format NetID@umass.edu [Change my password](#)

From the **Employee Self Service Homepage** select Payroll to access your pay statements:



Employee Self Service ▾

Payroll



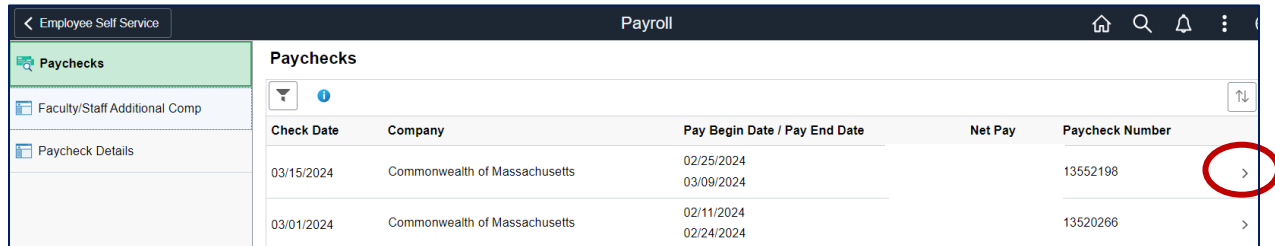
Last Pay Date **03/15/2024**

University of Massachusetts Amherst

HR Direct Access Your Pay Statement Online

A list of pay statements will be displayed.

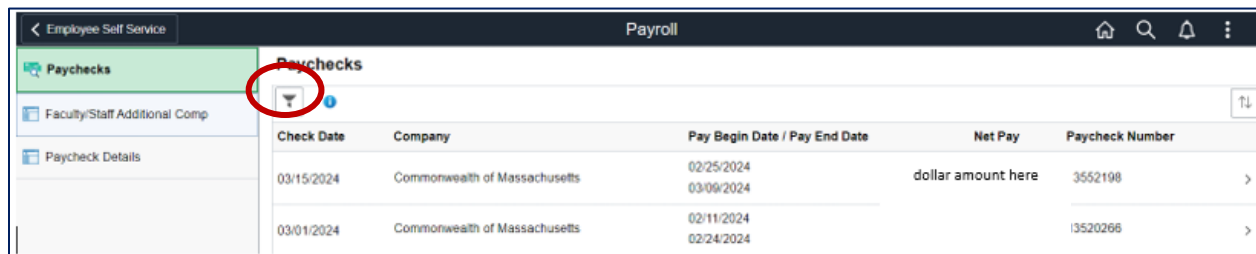
Click on the arrow to the right of the paycheck you wish to view:



Check Date	Company	Pay Begin Date / Pay End Date	Net Pay	Paycheck Number
03/15/2024	Commonwealth of Massachusetts	02/25/2024 03/09/2024		13552198
03/01/2024	Commonwealth of Massachusetts	02/11/2024 02/24/2024		13520266

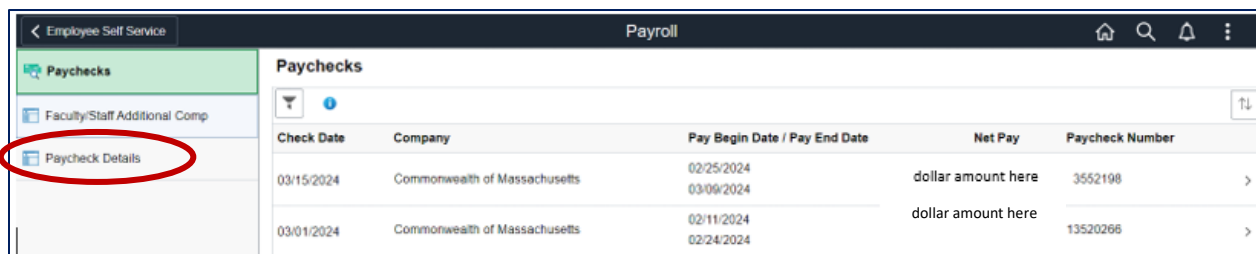
Your bi-weekly paystatement will open as a PDF in a new window. If it does not, make sure you have disabled pop-up blockers for this website in your internet browser.

From this same screen you can also use the filter icon to view a different date range of paystatements:

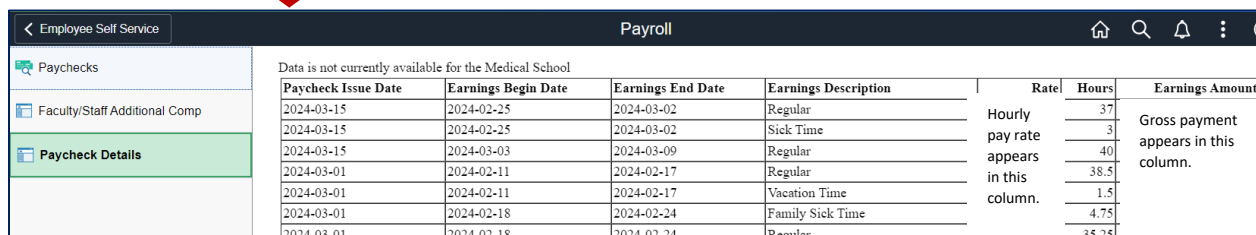


Check Date	Company	Pay Begin Date / Pay End Date	Net Pay	Paycheck Number
03/15/2024	Commonwealth of Massachusetts	02/25/2024 03/09/2024	dollar amount here	3552198
03/01/2024	Commonwealth of Massachusetts	02/11/2024 02/24/2024		13520266

Click on Paycheck Details to **view the details behind any pay statement** (rate of pay, hours paid, accrued time used, etc.)



Check Date	Company	Pay Begin Date / Pay End Date	Net Pay	Paycheck Number
03/15/2024	Commonwealth of Massachusetts	02/25/2024 03/09/2024	dollar amount here	3552198
03/01/2024	Commonwealth of Massachusetts	02/11/2024 02/24/2024	dollar amount here	13520266



Paycheck Issue Date	Earnings Begin Date	Earnings End Date	Earnings Description	Rate	Hours	Earnings Amount
2024-03-15	2024-02-25	2024-03-02	Regular		37	
2024-03-15	2024-02-25	2024-03-02	Sick Time		3	
2024-03-15	2024-03-03	2024-03-09	Regular		40	
2024-03-01	2024-02-11	2024-02-17	Regular		38.5	
2024-03-01	2024-02-11	2024-02-17	Vacation Time		1.5	
2024-03-01	2024-02-18	2024-02-24	Family Sick Time		4.75	
2024-03-01	2024-02-18	2024-02-24	Regular		35.25	