



Human Resource Services

5735 47th Avenue ● Sacramento, California ● 95824

INSTRUCTIONS:
Please answer all questions completely and accurately. Use ink or typewriter. (PLEASE PRINT)



Name (Last, First, Middle Initial)	Social Security #	Birth Date
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

Address:

City:

State:

Zip:

Home Phone:

Other Phone:

Social Security #

Human Resource Services

11/15/11 11:15 AM

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]



Human Resource Services

No. _____

employees to the State Board of Education and other governmental agencies.
employee you are required to furnish this information. Please: (1) indicate your gender;
(2) respond to Part A and Part B; and (3) sign and date at the bottom.

Gender: **Male** **Female**

Part A **Are you Hispanic or Latino? (Select only one.)**

No, not Hispanic or Latino

Instructions for Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge,

[REDACTED]

that includes the individual's citizenship status, immigration status, or national origin. Employers CANNOT specify which

Request for Question 1 under category of answers to their citizenship/immigration status for checking

[REDACTED]

one of the following four boxes provided on the form:

1. **A citizen of the United States**
2. **A noncitizen national of the United States:** Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.
3. **A lawful permanent resident:** A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration

[REDACTED]

Section 2. Employer or Authorized Representative Review and Verification

[Redacted content]

not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment within 2 business days of the employee's first day of employment. For example, if an employee begins

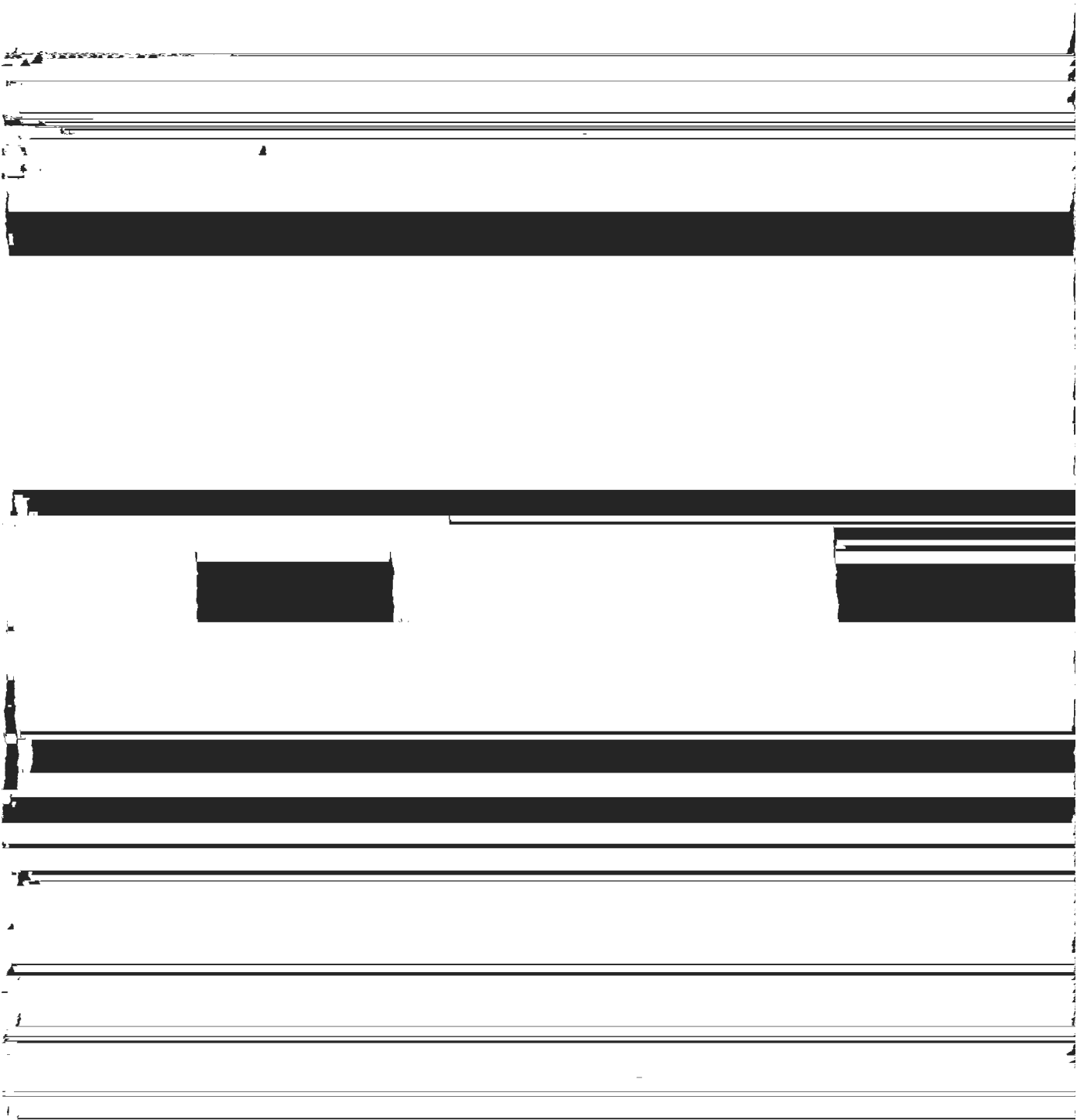
[Redacted content]

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in



has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose

the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to

You can also obtain information about Form I-9 from the USCIS Web site at
USCIS at

by e-mailing
or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

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

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work authorized individuals. Employers **CANNOT** specify which

[Redacted content]

Employer Completes Next Page

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 examine a combination of one document from List B and one document from List C as listed on

the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
ng		Document Title:		Document Title
Document Number:		Issuing Authority:		Issuing Authority:
Expiration Date (if any)(mm/dd/yyyy):		Document Number:		Document Number:
Document Title:		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
ng				
Document Number:				

3-D Barcode
Do Not Write in This Space

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

r - (2 1)

using this calculator if you have a more complicated tax situation, such as if you

Specific Instructions
Personal Allowances Worksheet

_____ Complete this worksheet on page 2 first to -

Department of the Treasury
Internal Revenue Service

201

State

Home address (number and street or rural route)

Note: If married filing separately, check "Married, but withhold at higher Single rate."

State of California

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

or

or

Filing Status Withholding Allowances

SINGLE or MARRIED (with two or more incomes)

MARRIED (with one income)

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

HEAD OF HOUSEHOLD

Number of allowances for Regular Withholding Allowances Worksheet A

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

[Redacted]

EXEMPTION FROM WITHHOLDING (continued): Under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from California income tax on your wages if (1) your spouse is a member of the armed

[Redacted content]

WORKSHEET C

TAX WITHHOLDING AND ESTIMATED TAX

- 1. Enter estimate of total wages for tax year 2013 1.
- 2. Enter estimate of nonwage income (line 6 of Worksheet B) 2.
- 3. Add line 1 and line 2. Enter sum 3.

5. _____ 5.

6. _____ 6.

- 5. Enter adjustments to income (line 4 of Worksheet B)
- 6. Add line 4 and line 5. Enter sum
- 7. Subtract line 6 from line 3. Enter difference 7
- 8. Figure your tax liability for the amount on line 7 by using the 2013 tax rate schedules below 8.
- 9. Enter personal exemptions (line F of Worksheet A x \$114.40) 9.
- 10. Subtract line 9 from line 8. Enter difference 10

- 11. Enter any tax credits. (See FTB Form 540) 11.
- 12. Subtract line 11 from line 10. Enter difference. This is your total tax liability 12.
- 13. e of 13.
- a
- o