



ARCHDIOCESE OF BOSTON
66 BROOKS DRIVE
BRAintree, MASSACHUSETTS 02184-3839

Dear Transition Assistance Program Applicant:

Enclosed are several documents regarding the Transition Assistance Program (TAP), including a Summary Description and the Application for Benefits.

To apply for this benefit, please provide the Notification of Separation/Application for Benefits to the Pastor/Administrator/Principal at your location to complete the top portion and return to you. Please complete the Staff Member portion of the Application and send to the Archdiocese of Boston Human Resources Office, along with the W-4, M-4 tax forms and your Direct Deposit form.

Following receipt of your application, tax forms and Direct Deposit form, Human Resources will notify you in writing of the status of your claim.

Also enclosed are a blank Affidavit of Employment Status and Job Search Activity. If your application is approved, you will be required to send a completed affidavit to Human Resources every two weeks during the period you are unemployed and receiving TAP benefits. Please make blank copies for future use. Enclosed is a schedule of Affidavit due dates, pay periods and corresponding pay dates. If we do not receive an Affidavit by the due date, you will not receive a TAP payment for that pay period. If an Affidavit is received late, a TAP payment will be made for that period on the next scheduled pay date.

If you become employed at any time during the duration of your TAP benefit, please notify Human Resources as soon as possible. In accordance with the TAP Plan Document, Participant shall be ineligible to receive benefits under the Program after the one (1) year anniversary of the Termination Date.

Please feel free to contact Human Resources with any questions.

Human Resources
Archdiocese of Boston
(617) 746-5825

Archdiocese of Boston
Transition Assistance Program Summary Description

Human Resources Office
66 Brooks Drive
Braintree, MA 02184
Phone: (617) 746-5825 Fax: (617) 746-5754

Eligible Population

Lay staff with one year or more of continuous service who work at least 20 hours per week (schools/other 10-month assignments require 24 hours per week) in parishes, Corporation Sole entities, and other enrolled Archdiocesan entities, who are not covered by Massachusetts unemployment compensation insurance.

Participating Events

A qualified involuntary job loss is any separation initiated by the employing unit except for gross and/or willful misconduct, or by reason of death, disability, or retirement. This includes, but is not necessarily limited to, reduction in force, job restructure/elimination, institution closing, and termination due to performance issues other than gross or willful misconduct. Gross and/or willful misconduct is defined as violation of written and/or normative standards of conduct. Examples include, but are not limited to, theft, destruction of organization property, sexual or racial harassment, insubordination, reporting to work under the influence of alcohol or drugs, engaging in felonious activity, falsification of records, serious policy violations, etc.

Benefit Level

50% of base weekly wage* to a maximum adjusted annually to reflect the Massachusetts unemployment benefit maximum. Benefits are payable bi-weekly for a maximum duration of 30 calendar weeks. FICA, Medicare, Federal and State taxes are withheld. Voluntary deductions (*i.e.*, health benefits, 401(k), etc.) are not available. W-2 forms are issued at year's end. Effective March 1, 2016, outplacement benefits are also available (see details below).

When Benefits are Payable

Benefits are not automatic. A Notification of Separation/Application for Benefits form must be filed with Human Resources. All claims are subject to review and approval by the Plan Administrator.

There is a Waiting Period for TAP benefits. The Waiting Period commences on the Termination Date and ends (but excludes) the first Sunday following the expiration of 7 calendar days after the Termination Date. Benefits will also be delayed to take into account other payments, including, but not limited to, payouts for unused vacation, severance benefits, or other contractual payments. In cases where severance payments have been made to a Participant, TAP benefits will begin immediately following the expiration of the severance payment period. In schools or other environments with a shortened work year, benefits are generally not payable until the beginning of the next work year, usually after September 1.

Continued payment is contingent upon periodic verification of an active job search. Benefits will cease when the participant fails to meet the active job search requirements, verified through bi-weekly submission of a completed affidavit OR when the participant obtains comparable employment. It is the responsibility of the participant to notify Human Resources upon obtaining employment. In the event employment is accepted that is not comparable to previous employment, the participant may be eligible for pro-rated benefits. Earnings exclusions up to the weekly benefit rate may be applied. (Note: Payments made under the TAP program are not applied in calculating income or service credit for Pension purposes.)

* Base weekly wage calculation is based on the reported annual salary divided by 52 weeks.



Success Associates Career Services

97 Bright Road, Belmont, MA 02478 www.careersuccessassociates.com

Larry Elle Tel. (617) 325-4521 Email: lelle@ix.netcom.com

RCAB Transition Assistance: Career Counseling Sessions with Success Associates Career Services

Session One: In the first session, we will focus on helping the client assess their readiness, practically and emotionally, to search for work. Each client will be helped to clarify their career direction. We will also look at any emotional barriers to reemployment, i.e., issues of confidence, self-esteem, cognitive attitudes that can impede a successful job search.

A resume preparation form will be provided to help clients create a resume. A *Job Search Status Survey* is available to assess where a client will need help in their job search. Online career interest and skill assessments are also available to those seeking to move into a different job function and/or industry. This initial session will also help a client identify their “unique special advantage” and introduce them to PAR Statements, which help job applicants demonstrate their value to an employer.

Readings and helpful exercises will also be provided from the Career Success Binder of materials and the book *Secrets and Strategies For Success In An Uncertain World*, by Martin Yate. Goals will be set each week to encourage accountability, and clients will be encouraged to integrate stress management and confidence building activities into their job search routine.

Session Two: In this session, the client’s resume will be reviewed and suggestions made for improvement. Each client will also be given instructions about how to prepare a LinkedIn Profile, if appropriate. Teachers will be provided with detailed information about the specifics of applying for teaching work in the state of Massachusetts. Clients will also be instructed in how to compose Cover and Thank You letters to employers. Each session ends with goal setting for the next meeting. Readings and helpful exercises will be provided around networking from the Career Success Binder and textbook to help the client prepare for the third session.

Session Three: In this session clients will develop a working “value statement” or “Elevator Speech” to be used when networking and interviewing, with practice time spent delivering their speech with the counselor. The mechanics of networking will be explained and information about local networking groups and professional societies provided. Clients will be encouraged to utilize state funded One-Stop Career Centers and to join job search support groups. For those using LinkedIn, their profile will be reviewed and instructions provided on how best to use social media to “be found” by employers and to research potential employers and networking contacts. Goals will be set for the fourth session. Readings and helpful exercises around interviewing will also be provided from the Career Success Binder and textbook to help the client prepare for the fourth session.

Session Four: This session will focus on developing each client’s interviewing and self-presentation skills. Typical interview questions and answers will be discussed, practice time provided, and attention paid to how someone answers a question as well as to what they say. Measures to bolster confidence and self-esteem will be discussed with helpful activities assigned to reinforce job search resiliency. We will also discuss the roadblocks a person is encountering and propose ways to overcome those obstacles. Clients will leave with a Job Search Action Plan outlining the steps they need to take to land a job.

Each client will be asked to complete an evaluation form to provide feedback to Success Associates and the TAP Plan Trustees about the effectiveness of our program and to suggest ways to improve delivery of services.

Clients will be encouraged to participate in upcoming Job Search Success Teams for those who may want additional time and support for their job search.

**ARCHDIOCESE OF BOSTON
TRANSITION ASSISTANCE PROGRAM (TAP)**

Notification of Separation/Application for Benefits

TO BE COMPLETED IN FULL BY PASTOR/ADMINISTRATOR/PRINCIPAL:

Parish/Agency/School Name: _____ Inst.#: _____

Pastor/Administrator/Principal Name: _____

Address: _____

Telephone # _____ Fax#: _____

Staff Member's Name: _____

Address: _____

E-mail: _____ Phone: _____ Cell: _____

Social Security#: _____ D.O.B.: _____

Position/Title: _____

Date of Hire: _____ Date Paid Through: _____

Hours worked per week: _____ Months Worked per Year (10 or 12): _____

Annual Base Salary: \$ _____ Vacation: _____
(Number of accrued **DAYS** at separation)

Severance Pay/Number of Weeks (if any): _____ Other Contractual Payments: _____

Reason for Separation (Use reverse side of form if necessary):

Signature of Pastor/Administrator/Principal

Date

Pastor/Administrator/Principal: Please keep a copy for your records.

**TO BE COMPLETED BY STAFF MEMBER:
Certification and Application**

Do you anticipate receiving additional payments within the next year (i.e. wages from temporary or part time employment, retirement/pension, Workers' Compensation, long-term disability)?

Yes _____ No _____ If Yes, please describe: _____

I certify that the above information is accurate. * I have received information pertaining to the Transition Assistance Program and understand the provisions thereof. I hereby apply for Transition Assistance benefits.

Signature of Staff Member

Date

*Please use reverse side of form to explain any discrepancies.

Return original form to:

Human Resources Office, Archdiocese of Boston, 66 Brooks Drive, Braintree, MA 02184

ARCHDIOCESE OF BOSTON – TRANSITION ASSISTANCE PROGRAM
AFFIDAVIT OF EMPLOYMENT STATUS AND JOB SEARCH ACTIVITY (Please make copies of this form for future use.)

Please complete, sign and return form by 4p.m. on the due date (refer to TAP Schedule):

By U.S. Mail: Archdiocese of Boston, TAP-Human Resources, 66 Brooks Drive, Braintree, MA 02184 or

By fax: (617) 746-5754 or

By e-mail: HR@rcab.org Subject: TAP Affidavit Job Search Dates: _____ to _____

Name: _____ Telephone: _____

Former place of employment: _____

During the past two (2) weeks, I have applied for employment with:

1. Name of Organization: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Contact Person: _____

Position applied for: _____

Date of application: _____

Outcome of application: _____

Method of Application: Resume sent In-Person Application Online submission Interview

2. Name of Organization: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Contact Person: _____

Position applied for: _____

Date of application: _____

Outcome of application: _____

Method of Application: Resume sent In-Person Application Online submission Interview

3. Name of Organization: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Contact Person: _____

Position applied for: _____

Date of application: _____

Outcome of application: _____

Method of Application: Resume sent In-Person Application Online submission Interview

CERTIFICATION OF EMPLOYMENT AND PAY STATUS

This affidavit covers the two-week period ending on the Thursday prior to the TAP pay date. Please check all options below that apply to you.

I certify that I am unemployed, capable of working, available for work and actively seeking work. I hereby authorize the Archdiocese of Boston to verify my employment search activity.

I certify that during the period covered by this affidavit, I have earned gross wages of \$ _____ working for _____ (Name of employer). I understand, per the TAP Plan document, any wages earned in excess of 1/3 of my weekly TAP benefits may be offset against my TAP payments.

Signature: _____ Date: _____

SCHEDULE FOR TAP - 2019

Dates Your Affidavits Are Due To HR	Affidavits Need To Show Job Searches Between These Dates (Pay Periods)	TAP PAY DATES
January 3	December 23 to January 3	January 11, 2019
January 16	January 6 to January 16	January 25
January 31	January 20 to January 31	February 8
February 13	February 3 to February 13	February 22
February 28	February 17 to February 28	March 8
March 14	March 3 to March 14	March 22
March 28	March 17 to March 28	April 5
April 10	March 31 to April 10	April 19
April 25	April 14 to April 25	May 3
May 9	April 28 to May 9	May 17
May 22	May 12 to May 22	May 31
June 6	May 26 to June 6	June 14
June 20	June 9 to June 20	June 28
July 4	June 23 to July 4	July 12
July 18	July 7 to July 18	July 26
August 1	July 21 to August 1	August 9
August 15	August 4 to August 15	August 23
August 28	August 18 to August 28	September 6
September 12	September 1 to September 12	September 20
September 26	September 15 to September 26	October 4
October 9	September 29 to October 9	October 18
October 24	October 13 to October 24	November 1
November 6	October 27 to November 6	November 15
November 20	November 10 to November 20	November 29
December 5	November 24 to December 5	December 13
December 18	December 8 to December 18	December 27
January 2	December 22 to January 2	January 10, 2020

**Shaded areas indicate early deadlines*

Pay dates are normally on Fridays except when on a Federal holiday

Affidavits showing job searches can be sent by email to hr@rcab.org, or fax to [617-746-5754](tel:617-746-5754),
or mailed to HR at [66 Brooks Drive, Braintree, MA 02184](mailto:hr@rcab.org).

NOTE: We ask that you please remember to submit Affidavits to HR before 4 pm on the due date for that specific pay period. We can not guarantee timely payment for Affidavits received after the due date. When Affidavits are received late, those payments will normally be made on the following pay date.

Form W-4 (2019)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

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

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

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

General Instructions

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

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

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

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

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

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

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Personal Allowances Worksheet

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

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

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

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

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin:0;">2019</h1>
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5	
6 Additional amount, if any, you want withheld from each paycheck	6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment
		10 Employer identification number (EIN)

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee’s first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

Box 10. Enter the employer’s employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D	_____
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	_____
G	<p>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F</p>	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4 Enter the number from line 2 of this worksheet **4** _____
 - 5 Enter the number from line 1 of this worksheet **5** _____
 - 6 **Subtract** line 5 from line 4 **6** _____
 - 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9 **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 who claims no withholding allowances; 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 aren't required to provide the information requested on a form that's 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.

FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 1/12



Print full name

Social Security no.

Print home address

City..... State Zip

Employee:

File this form or Form W-4 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. If you claim **more** than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. 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.

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 withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "4" in line 2. Using "4" is the 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.

IF THE ALLOWABLE MASSACHUSETTS WITHHOLDING EXEMPTIONS ARE THE SAME AS YOU ARE CLAIMING FOR U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.

Archdiocese of Boston

Payroll

Direct Deposit Form

P/R:	_____
By:	_____
Date:	_____

Employee: _____
(please print name)

Location: _____

New Participant

Change

Choose one or more of the following:

Full to Checking

Bank Name: _____

Account #: _____

Transit #: _____

Full to Savings

Bank Name: _____

Account #: _____

Transit #: _____

Partial: Checking
(check one) Savings

Amount: \$ _____ Bank Name: _____

Account #: _____

Transit #: _____

Partial: Checking
(check one) Savings

Amount: \$ _____ Bank Name: _____

Account #: _____

Transit #: _____

Notes:

I hereby authorize the Archdiocese of Boston to deposit the payment described above to my account at the financial institution named above. Also, the Archdiocese of Boston is authorized to adjust any other deposit which is caused to be made to my account. I will not hold the financial institution named above liable for any erroneous deposits or adjustments made by the Archdiocese of Boston.

Direct Deposit is normally active at the SECOND payday after the initial data is entered into payroll.

Please check your payroll check stub to verify account and dollar amounts.

Signed: _____

Date: _____

Note: **For Checking Accounts: Attach a voided check or a copy of one with this form**