



NORTH ATTLEBOROUGH – TOWN GOVERNMENT DPW SEASONAL NEW EMPLOYEE CHECKLIST

The following is a list of the forms/information necessary to process employment paperwork for new employees. As you complete the paperwork with the employee, place a check in the box next to the information provided to ensure that it was completed and sign and date the bottom of the form. All forms must be returned in a timely fashion or the employee's pay may be delayed. New employees should not begin working until background checks are complete.

EMPLOYEE NAME: _____

JOB TITLE: _____

GRADE/STEP: _____

PAY RATE: _____

START DATE: _____

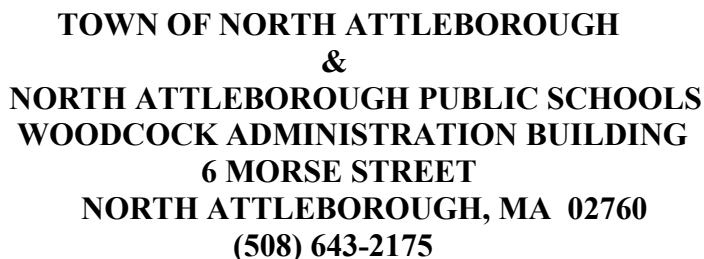
EMPLOYMENT FORMS TO BE COMPLETED/SIGNED

- ☐ Employment Application (*Resume & Offer letter should be included*)
- ☐ I-9 Employment Eligibility Form (*Two forms of ID required*)
- ☐ EEO-4 Self Identification Form
- ☐ W-4 Employee's Federal Withholding Certificate
- ☐ M-4 Employee's Massachusetts Withholding Certificate
- ☐ Criminal Records Check (CORI) Sexual Offender Records Check (SORI) sign off (Erin to verify ID and sign bottom of form.)
- ☐ Position Audit Form
- ☐ Direct Deposit Form (Attach Voided Check, Savings Account Deposit Slip, or a Bank Statement with Routing # and Account #)
- ☐ Social Security Statement
- ☐ Signed Summary of the Conflict of Interest Law for Municipal Employees Form
- ☐ Ethics Training Certificate provided
- ☐ OBRA Form (***Required for all employees working < 20 hours***) (*Please remember the beneficiary's Social Security Number*)
- ☐ Acknowledgement of receipt and reading of town policies.
- ☐ Town Staff Emergency Form

I have reviewed the checklist with the employee and confirmed that all documents are complete.

Authorized Signature

Date



The Town of North Attleborough / North Attleborough Public Schools are equal opportunity / affirmative action employer. We are committed to a policy of non-discrimination in our programs, activities and employment practices. Applicants are considered for all positions without regard to race, color, religion, sex, sexual orientation, national origin, age, marital or veteran's status, disability or any other legally protected status.

Veteran of U.S. Military service? Yes _____ No _____ If Yes, Branch _____

EXPERIENCE

Begin with your present / last job. You may complete this section or attach a resume to this form.

EMPLOYER _____ TELEPHONE _____

DATES EMPLOYED _____

ADDRESS _____ JOB TITLE _____

DUTIES PERFORMED _____

SUPERVISOR _____ REASON FOR LEAVING _____

EMPLOYER _____ TELEPHONE _____

DATES EMPLOYED _____

ADDRESS _____ JOB TITLE _____

DUTIES PERFORMED _____

SUPERVISOR _____ REASON FOR LEAVING _____

EMPLOYER _____ TELEPHONE _____

DATES EMPLOYED _____ JOB TITLE _____

ADDRESS _____

DUTIES PERFORMED _____

SUPERVISOR _____ REASON FOR LEAVING _____

EMPLOYER _____ DATES EMPLOYED _____

ADDRESS _____ JOB TITLE _____

DUTIES PERFORMED _____

SUPERVISOR _____ REASON FOR LEAVING _____

REFERENCES

Provide information for three work-related references:

NAME _____ TITLE _____

ADDRESS _____ TEL # _____

RELATIONSHIP _____ EMAIL _____

NAME _____ TITLE _____

ADDRESS _____ TEL # _____

RELATIONSHIP _____ EMAIL _____

NAME _____ TITLE _____

ADDRESS _____ TEL # _____

RELATIONSHIP _____ EMAIL _____

EDUCATION

	Name / Location	Course of Study	Years Completed/ Current Year	Did you Graduate?	Degree Pursuing/ed
Example	Framingham State University - Framingham, MA	Elementary Education	3 - Senior Year	☐ YES ☒ NO	Bachelor's
High School				YES NO	
College				YES NO	
Other				YES NO	

SPECIAL SKILLS AND QUALIFICATIONS

Please describe any special training, experience, or job related skills that you have that will help us evaluate your application for employment. Include special skills, machines operated, licenses, professional affiliations, honors and awards, publications, etc.

CERTIFICATION AND RELEASE

- ☐ I certify that answers given herein are true and complete to the best of my knowledge. I understand that any false or misleading information given in my application or interview, including any omission, may result in disqualification for employment or discharge at any time during employment.
- ☐ I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.
- ☐ I understand that any offer of employment may be contingent upon the successful result of a medical exam, employment references, education, professional certifications and/or licenses, driver's license (if required for the job), and/or background check.
- ☐ In the event of employment, I understand that I am required to abide by all rules and regulations of the Town of North Attleborough and/or North Attleborough Public Schools.

SIGNATURE

DATE

While the Town of North Attleborough/North Attleborough Public Schools does not require or request applicants or employees to take a lie detector test, state law requires the following notice:

“It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment. An employer who violates this law shall be subject to criminal penalties and civil liability”



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

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

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.):				
		☐ 1. A citizen of the United States				
		☐ 2. A noncitizen national of the United States (See Instructions.)				
		☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)				
		☐ 4. An alien 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		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
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			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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
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: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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		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, sex, 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, sex, 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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (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 For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central. The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
• 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.

TOWN OF NORTH ATTLEBOROUGH/ NORTH ATTLEBOROUGH PUBLIC SCHOOLS

EEO-4 (Town) and EEO-5 (School)

Voluntary Self Identification Form

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires the Town of North Attleborough/North Attleborough Public Schools to determine this information by visual survey and/or other available information.

GENDER: (Please check one below)

☐ **Male** ☐ **Female** ☐ **Non-Binary**

RACE/ETHNICITY: (Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

☐ **Hispanic or Latino:** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White (Not Hispanic or Latino):** A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

☐ **Black or African American (Not Hispanic or Latino):** A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Pacific Islander (Not Hispanic or Latino):** A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian (Not Hispanic or Latino):** A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam.

☐ **American Indian or Alaska Native (Not Hispanic or Latino):** A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

☐ **Two or more races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

☐ **I do not wish to disclose.**

NAME: _____ **JOB TITLE:** _____

DEPARTMENT/SCHOOL: _____ **DATE COMPLETED:** _____

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.****2026****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) ☐ Single or Married filing separately ☐ Married filing jointly or Qualifying surviving spouse ☐ 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.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.		

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 Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(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):

(a) Multiply the number of qualifying children under age 17 by \$2,200 **3(a)** \$

(b) Multiply the number of other dependents by \$500 **3(b)** \$

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here **3** \$

**Step 4:
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.** Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . . . **4(c)** \$

**Exempt from
withholding**

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . ☐

**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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

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 of tax withheld 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 (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. 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.

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 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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 when you file your tax return.

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 5. 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 5 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 5 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 (plus any other additional amount you want withheld) **4** \$ _____

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

See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1	Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.	
a	Qualified tips. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000	1a \$ _____
b	Qualified overtime compensation. If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the "and-a-half" portion of time-and-a-half compensation	1b \$ _____
c	Qualified passenger vehicle loan interest. If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000	1c \$ _____
2	Add lines 1a, 1b, and 1c. Enter the result here	2 \$ _____
3	Seniors age 65 or older. If your total income is less than \$75,000 (\$150,000 if married filing jointly):	
a	Enter \$6,000 if you are age 65 or older before the end of the year	3a \$ _____
b	Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment	3b \$ _____
4	Add lines 3a and 3b. Enter the result here	4 \$ _____
5	Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information	5 \$ _____
6	Itemized deductions. Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:	
a	Medical and dental expenses. Enter expenses in excess of 7.5% (0.075) of your total income	6a \$ _____
b	State and local taxes. If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately)	6b \$ _____
c	Home mortgage interest. If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums)	6c \$ _____
d	Gifts to charities. Enter contributions in excess of 0.5% (0.005) of your total income	6d \$ _____
e	Other itemized deductions. Enter the amount for other itemized deductions	6e \$ _____
7	Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here	7 \$ _____
8	Limitation on itemized deductions.	
a	Enter your total income	8a \$ _____
b	Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9	8b \$ _____
9	Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$	9 \$ _____
10	If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here	10 \$ _____
11	Standard deduction.	
Enter:	$\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$	11 \$ _____
12	Cash gifts to charities. If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly)	12 \$ _____
13	Add lines 11 and 12. Enter the result here	13 \$ _____
14	If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12	14 \$ _____
15	Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4	15 \$ _____

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	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

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	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

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	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

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.

COMPLETED FORM MUST BE RETURNED IN PERSON WITH PHOTO IDENTIFICATION

**TOWN OF NORTH ATTLEBOROUGH
NORTH ATTLEBOROUGH PUBLIC SCHOOLS
HUMAN RESOURCES DEPARTMENT**
John Woodcock Administration Building
6 Morse Street
North Attleborough, MA 02760

- ☐ New Hire Date: _____
☐ Volunteer / Non-Employee
☐ Field Day/Field Trip Date: _____
☐ Kindergarten Screening
☐ Employee Renewal

**CORI/SORI REQUEST FORM
EMPLOYEE/APPLICANT/VOLUNTEER**

COMPLETE THE FOLLOWING INFORMATION (PLEASE PRINT)

(CIRCLE ONE) SCHOOL TOWN

LAST NAME: _____ FIRST: _____ MIDDLE: _____

SOCIAL SECURITY # (last 6 digits required): XXX - _____ - _____ DATE OF BIRTH: _____

MAIDEN NAME (or other names by which you have been known): _____

CURRENT ADDRESS: _____ PHONE #: _____

FORMER ADDRESS: _____ SEX: _____ RACE: : _____
(if at current address less than 3 years or out of state)

MOTHER'S MAIDEN NAME: _____ FATHER'S FULL NAME: _____

POSITION HELD/APPLIED FOR: _____ DEPARTMENT: _____

VOLUNTEER POSITION HELD/APPLIED FOR: _____ NAME OF SCHOOL(S): _____

STUDENT(S) NAME: _____

The Town of North Attleborough and the North Attleborough Public Schools are registered under the provisions of M.G.L. c.6, Sec. 172 to receive criminal offender record information (CORI) for the purposes of screening current and otherwise qualified prospective employees, subcontractors, and volunteers. As a prospective or current employee, subcontractor, or volunteer, I understand that a CORI check will be submitted for my personal information to the Department of Criminal Justice Information System (DCJIS). I hereby acknowledge and provide permission to submit a CORI check for my information to the DCJIS. By signing below, I provide my consent to a CORI check and acknowledge that the information provided below is true and accurate. Additionally, I understand that the Town and the District will request and receive sexual offender record information (SORI) from the Massachusetts Sex Offender Registry Board (SORB). I also understand that, if my position requires, I will be provided with information on how to register for a fingerprint appointment in order that a national criminal history check may be conducted.

Please note that this form must be submitted in person along with a government-issued ID. We kindly ask that you do not submit the form via interoffice mail or email as we cannot verify a person's identity using this method. Please be sure to allow at least two weeks prior to your event date when submitting your request. Without this advanced notice, we cannot guarantee that your results will be processed in time to grant permission to attend the event or to have your name included on the volunteer list.

Thank you for your understanding and cooperation.

Employee/Applicant/Volunteer Signature

Date

BELOW TO BE COMPLETED BY EMPLOYER

The above information was verified by reviewing the following forms of government-issued ID:

Reviewed by: _____

Signature of Verifying Employee: _____

GOVERNMENT ISSUED ID:

- ☐ Driver's License (State: _____)
☐ State ID Card (State: _____)
☐ United States Passport
☐ Other: _____

TOWN OF NORTH ATTLEBOROUGH POSITION AUDIT FORM

This audit form is intended to identify those Town/School employees who may have conflict situations under Section 20 of the conflict of interest law G.L. c. 268A.

Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Position hired/appointed to: _____ Date of Hire: _____

SECTION A: POSITION/S CURRENTLY OR PREVIOUSLY HELD WITHIN THE TOWN/SCHOOL.

List all positions and/or offices previously or currently held with any agency or department of the Town of North Attleborough (other than the one currently hired/appointed to listed above) in the categories indicated. If you have not previously held any position within the Town/School then please write "NONE" on the line where you would write the title of the position.

1. **Full time paid position:** _____ **Department:** _____

Dates of Employment: _____

2. **Part time paid position/s.**

Please list approximate dates for each position and estimate the number of hours per year in each position. (Example: Park & Rec. Counselor 6/96-8/96 – 300 hours)

Part time paid position. _____ **Department:** _____

Dates of Employment: _____ Estimated Hours: _____

Part time paid position. _____ **Department:** _____

Dates of Employment: _____ Estimated Hours: _____

3. **Elected offices, paid/unpaid:** _____ **Department:** _____

Dates of service: _____

4. **Appointed position/s, paid or unpaid held individually or on boards/committees**

Appointed position held: _____ **Board/Committee** _____

Dates of service: _____

SECTION B: FINANCIAL INTERESTS

Do you have any financial interest, by virtue of ownership or of employment with, any business which contracts with any agency or department of the Town of North Attleboro to provide goods or services? If yes, please describe:

Signature: _____ Date: _____



Town of North Attleborough
Human Resources Department
North Attleborough Public Schools & Town Government

DIRECT DEPOSIT AUTHORIZATION FORM
(FOR CREDIT UNIONS AND BANK INSTITUTIONS)

For your protection, we recommend verifying all Account and ABA routing numbers with your Financial Institution prior to submitting the form.

Name: _____

Home phone: _____ Cell phone: _____

Social Security Number: _____ Department: _____

Circle One	DEPOSIT #1 _____ CHECKING _____ SAVINGS _____ \$ or % _____
NEW	ABA Routing Number (9 Digits): _____
CHANGE	Name of Bank/Financial Institution: _____
STOP	Account Number: _____

Circle One	DEPOSIT #2 _____ CHECKING _____ SAVINGS _____ \$ or % _____
NEW	ABA Routing Number (9 Digits): _____
CHANGE	Name of Bank/Financial Institution: _____
STOP	Account Number: _____

I hereby authorize the Town of North Attleborough to deposit the payments described above to my account at the above named financial institutions. The Town of North Attleborough is also authorized to adjust any over-deposit which is made to my account. I will not hold the financial institutions named above liable for any erroneous deposits or adjustments made by the Town of North Attleborough. It is also my understanding that the Town of North Attleborough will make every attempt to deposit monies by the appropriate paycheck date but under certain circumstances, such as holidays, a late deposit may occur.

Date: _____

Signature: _____

Attach Voided Check, Savings Account Deposit Slip, or a Bank Statement
with Routing # and Account # Here

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

Employee Name: _____

Employee ID#: _____

Employer Name: _____

Employer ID#: _____

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.

**TOWN OF NORTH ATTLEBOROUGH and
NORTH ATTLEBOROUGH PULIC SCHOOLS
NOTICE TO MUNICIPAL EMPLOYEES
REGARDING
STATE ETHICS COMMISSION MANDATES**

On July 1, 2009 the Governor signed into law Chapter 28 of the Acts of 2009, An Act to Improve the Laws relating to Campaign Finance, Ethics and Lobbying. The Bill's changes to the Conflict of Interest Law statute under G.L. c. 268A, took effect on September 29, 2009. These changes require two very important mandates for Municipal Employees.

The 1st mandate – Annual Distribution and acknowledgement of the summary of the law.

The first mandate is that each employee must receive a copy of the summary of the conflict of interest law and acknowledge receipt on an annual basis. Town employees will receive this at the beginning of every calendar year. For School Department employees this will be distributed in **September** with the information package received at the beginning of every school year. You are required to forward the acknowledgement to your Principal/Department Head who will send it along to the Town Clerks Office.

The summary and acknowledgement form will be distributed by your Principal/Department Head and also may be obtained from the Human Resources Department or website under the Policies section.

The 2nd mandate - Requires that all employees complete an on-line training program that is currently on the Ethics Commission's website.

For new employees hired this must be accomplished within 30 days of hire and will be required once every two years after that. After you complete the program, you are to forward your certification to your Principal/Department Head who will sent it to the Town Clerk's office in Town Hall.

Employees who have access to a computer may complete the on-line training during work hours. This training may take up to 30 minutes to complete. If you do not have access to a computer, please contact your Principal/Department Head who will attempt to schedule a date/time for you to either access a computer or participate in a group training.

Below are the instructions to complete this requirement:

1. The training is to be done using a computer either at work or at home. If you are unable to access a computer, please speak to your Principal/Department Head.
2. Be sure that the computer is connected to a printer and has internet access so that you can print out the completion certificate at the end.
3. Go to the website <https://www.mass.gov/how-to/complete-the-online-training-program-for-municipal-employees> and follow the directions on the website.
4. Print out a copy of the certification form when you finish the program.
5. Send a copy of the verification form to the Human Resources Department and they will **forward** it to the Town Clerk's Office in Town Hall as they are the official "keeper of the records" for this mandate.

Please be advised that the penalty for not complying with the mandate rests with you as the employee and as such you are responsible for ensuring that you participate and receive a certification of completion.

**Summary of the Conflict of Interest Law
for Town of North Attleborough and
North Attleborough Public Schools Employees**

ACKNOWLEDGMENT OF RECEIPT

I, _____, an employee for the
(PLEASE PRINT – First and Last Name)

Town of North Attleborough/North Attleborough Public Schools hereby
acknowledge that I received a copy of the summary of the conflict of interest law
for Municipal Employees, revised November 14, 2016.

Signature

Date

*All new hires will be provided with the summary and the **acknowledgement of receipt form** that will be forwarded to the Clerk's Office from Human Resources.*

*All municipal employees should complete the **acknowledgment of receipt form** annually with the distribution and return it to:*

**Office of the Town Clerk
43 South Washington Street
North Attleboro, MA 02760.**

Alternatively, Municipal employees may send an e-mail acknowledging receipt of the summary to the Town Clerk at naclerk@nattleboro.com.

G:\POLICIES\ETHICS\Conflict of Interest School And Town



Beneficiary Designation

INSTRUCTIONS

LEVEL 3

To designate a beneficiary or to change your existing beneficiary designation on your plan, complete all applicable sections of this form, obtain any required signatures, and return it Bencor at P.O. Box 1429 Brentwood TN 37024-1429 or fax to 1-888-500-7111. If you have any questions regarding this form, please contact us at 1-866-296-9712.

PLAN SPONSOR INFORMATION

Company/Plan Sponsor	Town of North Attleboro 457(b) FICA Alternative Plan		
Contract/Account No.	102417	Affiliate No.	
		Division No.	

PERSONAL INFORMATION

Social Security No.		Date of Birth (mm/dd/yyyy)	
First Name/Middle Initial		Last Name	
Mailing Address			
City		State	
		Zip Code	
Phone No.		Ext.	
E-mail Address			

PARTICIPANT SIGNATURE

I hereby warrant that all of the statements and information contained in this request/form (including my current marital status) are true in all respects. I understand that if I have made any false or misleading statements in this request that such statements could result in significant tax consequences and/or other monetary damages to the Plan, my Plan Sponsor and BENCOR. Moreover, I hereby agree to indemnify and hold (a) the Plan, (b) Bencor, and (c) my Plan Sponsor harmless from any tax consequences and/or other monetary damages that may result in whole or in part from my false and misleading statements. I certify that the information provided on this form is correct and complete.

X _____	X _____
Participant Signature	Date
X _____	X _____ - -
Print Name	Social Security Number

APPROVAL

This beneficiary designation request is subject to approval by BENCOR.

PRIMARY BENEFICIARY DESIGNATION - WILL RECEIVE BENEFITS IN THE EVENT OF YOUR DEATH

This designation will apply to the account number above. You must designate a specific percentage for each beneficiary. Shares must be whole percentages and total 100%. If you do not indicate shares, benefits will be split equally among surviving beneficiaries. If the named beneficiary is a trust, please specify the name and date of the trust, and the name of the trustee.

Note: Share of benefits must total 100% for primary beneficiaries. If additional space is needed to designate multiple beneficiaries, complete the Supplemental Beneficiary Designation page.

Type of Beneficiary Designation ☐ Individual ☐ Trust ☐ Estate

Share of Benefits		% (whole percentages only)	Relationship	
Social Security No.		Date of Birth (mm/dd/yyyy)		
First Name/Middle Initial		Last Name		
Name of Trust/Estate				
Trustee/Executor				
Trust/Estate Tax ID		Effective Date		
Mailing Address				
City		State		Zip Code

PRIMARY BENEFICIARY DESIGNATION (CONTINUED)

Type of Beneficiary Designation ☐ Individual ☐ Trust ☐ Estate

Share of Benefits		% (whole percentages only)	Relationship	
Social Security No.		Date of Birth (mm/dd/yyyy)		
First Name/Middle Initial		Last Name		
Name of Trust/Estate				
Trustee/Executor				
Trust/Estate Tax ID		Effective Date		
Mailing Address				
City		State		Zip Code



Town of North Attleborough Town Government Employees

Acknowledgment of Receipt for the following Policies

- ✓ Code of Professional Conduct
- ✓ Domestic Violence Leave Policy
- ✓ Drug-Free Workplace
- ✓ Internet and Computer Use Policy
- ✓ Safety Policy
- ✓ Harassment Policy
- ✓ Social Media Policy
- ✓ Whistleblower Policy

As an employee of the “Town of North Attleborough” I hereby state that I have received a copy and understood and agree to abide by the terms of these policies.

Print Name: _____

Employee Signature: _____

Date: _____



TOWN OF NORTH ATTLEBOROUGH
NORTH ATTLEBOROUGH, MA

STAFF EMERGENCY FORM

Date: _____

Name: _____

Address: _____

Home Phone _____ Cell Phone: _____

Automobile:

Make, Model & Color _____

License Plate Number _____
(State) (Number)

PERSONS TO NOTIFY IN CASE OF AN EMERGENCY

Name: _____ Telephone : _____

Name: _____ Telephone: _____

Name: _____ Telephone: _____