



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

Start Date: \_\_\_\_\_

<b>WELCOME TO THE TOWN OF WRENTHAM. IN ORDER TO COMPLETE YOUR EMPLOYMENT PROCESS PLEASE READ AND COMPLETE EACH OF THE ATTACHED FORMS.</b>		
<b>FORMS/DOCUMENTS</b>	<b>ENCLOSED</b>	<b>RETURNED</b>
W-4 (Income Tax Withholding)		
M-4 (State Tax Withholding)		
SOCIAL SECURITY ACKNOWLEDGEMENT		
FORM I-9 EMPLOYMENT VERIFICATION (See list of acceptable documents)		
DIRECT DEPOSIT **Please include a voided check or a letter from your bank which includes your account number and routing number		
CORI ACKNOWLEDGEMENT FORM		
VOYA FINANCIAL ENROLLMENT FORM		
AUTHORIZATION TO RELEASE INFORMATION		
EMPLOYEE INFORMATION DATA		
SEASONAL CERTIFICATION		
WORK PERMIT (obtain from your school)—For 14-17 Year Old		

\_\_\_\_\_  
Employee's Full Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

**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.**

**2023**

<b>Step 1: Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**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, other details, and privacy.

**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) Reserved for future use.

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

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

**TIP:** If you have self-employment income, see page 2.

**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.)

<b>Step 3: Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5: Sign Here</b>	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

<b>Employers Only</b>	Employer's name and address <b>Town of Wrentham 79 South Street Wrentham, MA 02093</b>	First date of employment	Employer identification number (EIN) <b>046001376</b>
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## General Instructions

Section references are to the Internal Revenue Code.

### 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](http://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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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.

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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

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

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



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

FORM  
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name .....  
Print home address.....

Social Security no. ....  
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.

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

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Employee Name \_\_\_\_\_ Employee ID# \_\_\_\_\_  
Employer Name Town of Wrentham Employer ID# 04-6001376

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

### Windfall Elimination Provision

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2013, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$395.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

### Government Pension Offset Provision

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

### For More Information

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.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 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on 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

New legislation [Section 419(c) of Public Law 108-203, the Social Security Protection Act of 2004] 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. The statement explains how a pension from that job could affect future Social Security benefits to which they may become entitled.

Form SSA-1945, **Statement Concerning Your Employment in a Job Not Covered by Social Security**, is the document that employers should use to meet the requirements of the law. The SSA-1945 explains the potential effects of two provisions in the Social Security law for workers who also receive a pension based on their work in a job not covered by Social Security. The Windfall Elimination Provision can affect the amount of a worker's Social Security retirement or disability benefit. The Government Pension Offset Provision can affect a Social Security benefit received as a spouse, surviving spouse, or an ex-spouse.

Employers must:

- Give the statement to the employee prior to the start of employment;
- Get the employee's signature on the form; and
- 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.

Copies of the SSA-1945 are available online at the Social Security website, [www.socialsecurity.gov/online/ssa-1945.pdf](http://www.socialsecurity.gov/online/ssa-1945.pdf). Paper copies can be requested by email at [ofsm.oswm.rqct.orders@ssa.gov](mailto:ofsm.oswm.rqct.orders@ssa.gov) or by fax at 410-965-2037. The request must include the name, complete address and telephone number of the employer. Forms will not be sent to a post office box. Also, if appropriate, include the name of the person to whom the forms are to be delivered. The forms are available in packages of 25. Please refer to Inventory Control Number (ICN) 276950 when ordering.





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identify and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business or Organization Name		
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		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. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		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. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: 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 alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
	<b>For persons under age 18 who are unable to present a document listed above:</b>			
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		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		

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

**Refer to the instructions for more information about acceptable receipts.**

**DIRECT DEPOSIT AUTHORIZATION**

COMPANY NAME:  
**TOWN OF WRENTHAM**

COMPANY ID NUMBER:

I hereby authorize The Town of Wrentham to initiate credit entries and to initiate debit entries and adjustments for any credit entries made in error to my account at the depository financial institution(s) named below.

NAME \_\_\_\_\_ EMPLOYEE # \_\_\_\_\_

BANK \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

ROUTING NUMBER \* \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ TYPE: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

AMOUNT \_\_\_\_\_ (OR) NET PAY \_\_\_\_\_

BANK \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

ROUTING NUMBER \* \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ TYPE: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

AMOUNT \_\_\_\_\_ (OR) NET PAY \_\_\_\_\_

BANK \_\_\_\_\_ CITY/TOWN \_\_\_\_\_

ROUTING NUMBER \* \_\_\_\_\_

ACCOUNT # \_\_\_\_\_ TYPE: CHECKING \_\_\_\_\_ SAVINGS \_\_\_\_\_

AMOUNT \_\_\_\_\_ (OR) NET PAY \_\_\_\_\_

**IF FUNDS ARE TO BE DEPOSITED INTO YOUR CHECKING ACCOUNT, PLEASE ATTACH A COPY OF A VOIDED CHECK OR A STATEMENT FROM YOUR BANK SHOWING ACCOUNT INFORMATION**

\* This information can be found on the bottom of your personal checks, just preceding your account number. If you are unsure about the routing number, please contact your financial institution representative.

Signature \_\_\_\_\_ Date \_\_\_\_\_

This authorization is to remain in full force and effect until The Treasurer's Office has received written notification from me of its termination in such time and in such manner as to afford Treasurer's Office and Depository a reasonable opportunity to act on it.



# Enrollment Form

## For Part-Time Employees In 457 Public Employer Deferred Compensation Plans

Voya Retirement Insurance and Annuity Company  
P.O. Box 990063  
Hartford, CT 06199-0063

Fax Number: 1-800-643-8143

*In this form, Voya Retirement Insurance and Annuity Company may also be referred to as the Company. Eligibility to receive Employer Contributions is determined by the Employer. Completion of this Enrollment Form does not establish your eligibility to receive Employer Contributions.*

<b>Information About You</b>  <i>Please print.</i>  <i>Changes to the Social Security No. or Date of Birth must be initialed by the Participant.</i>	Employer Name		Billing Group No. <b>VFG368</b>	
	Participant Name (First, Middle Initial, Last)		Social Security No.	
	Participant Resident Address (No. & Street)		PO Box	
	City/Town		State	Zip Code
	Date of Birth	Home Telephone No. (   )	Work Telephone No. (   )	
<b>Anti-Fraud Statement</b>	We are required by the insurance regulations of your state to provide you with the following information: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance may be guilty of a crime and may be subject to fines and confinement in prison.			
<b>Mandatory Salary Reduction</b>	I acknowledge that I have received the Fixed Annuity Disclosure Booklet and understand that all contributions will be deposited into the Voya Fixed Account [002].			
<b>Signature</b>	This Agreement is made between the Participant and the Employer. I understand that the information indicated above will remain in effect until later changed or revoked by me. I also understand that I am required to contribute a mandatory amount (as defined by my Employers Plan) into the Voya Fixed Account until my status as a Part Time employee is otherwise changed as permitted by the plan.			
	Participant's Signature		Date (mm/dd/yyyy)	

# Beneficiary Designation Form

## Part-Time Employee - Section 457 Deferred Compensation Program

### *Participant Information*

<b>Participant Name</b> ( <i>Last, First, Middle Initial</i> )	<b>Social Security No.</b>	<b>Date of Birth</b> (mm/dd/yyyy)	<b>Sex</b> (M/F)
<b>Street Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>Work Department</b> (Location)	<b>Work Telephone</b>		<b>Home Telephone</b>

### *Primary Beneficiary Information*

<b>Beneficiary Name</b> ( <i>complete legal name required</i> )	<b>Beneficiary Social Security No.</b>		<b>Primary Beneficiary Percentage</b>
<b>Beneficiary Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Beneficiary Date of Birth</b> (mm/dd/yyyy)			<b>Relationship</b>

### *Contingent Beneficiary Information*

<b>Contingent Beneficiary Name</b> ( <i>complete legal name required</i> )	<b>Contingent Benef. Social Security No.</b>		<b>Contingent Beneficiary Percentage</b>
<b>Contingent Beneficiary Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Contingent Beneficiary Date of Birth</b> (mm/dd/yyyy)			<b>Relationship</b>

<b>Contingent Beneficiary Name</b> ( <i>complete legal name required</i> )	<b>Contingent Benef. Social Security No.</b>		<b>Contingent Beneficiary Percentage</b>
<b>Contingent Beneficiary Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Contingent Beneficiary Date of Birth</b> (mm/dd/yyyy)			<b>Relationship</b>

<b>Contingent Beneficiary Name</b> ( <i>complete legal name required</i> )	<b>Contingent Benef. Social Security No.</b>		<b>Contingent Beneficiary Percentage</b>
<b>Contingent Beneficiary Address</b>	<b>City</b>	<b>State</b>	<b>Zip Code</b>
<b>Contingent Beneficiary Date of Birth</b> (mm/dd/yyyy)			<b>Relationship</b>

### *Signature*

I have read and acknowledged the above provisions and those contained on attachments to this Agreement. I understand that my elections above will remain effective until later changed or revoked.

<b>Participant's Signature</b> ( <i>Required</i> )	<b>Printed Name</b>	<b>Date</b> ( <i>required</i> ) (mm/dd/yyyy)
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**Town of Wrentham  
Wrentham, MA 02093**

## **Authorization to Release Information**

**Please Accurately And Completely Provide The Following Information** (print clearly in ink or type, and attach additional sheets as necessary):

\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Suffix

Previous Name(s) Or Alias(es) (Include Maiden name): \_\_\_\_\_

**Current Residential Address** (physical address, not a Post Office Box):

\_\_\_\_\_  
Number              Street                                      City/town                      State      Zip Code

**Mailing Address** (if different):

\_\_\_\_\_  
Address    City/town                      State      Zip Code

In connection with my application for employment and/or employment with the Town of Wrentham, Massachusetts (the "Town"), I hereby authorize and request full and complete disclosure to the Town of Wrentham of any information pertaining to my personal character and employment record (including but not limited to dates of employment, compensation, positions held, attendance, complaints, performance and disciplinary records; pre-employment and post-employment information; education, criminal background, civil complaints, and driving history).

I hereby release the Town of Wrentham and anyone providing such information, and their representatives and agents, from any and all liability or damages of whatever kind that may result to me because of compliance (or attempted compliance) with this authorization and request at any time on or after the date of this authorization and, if hired, throughout my employment.

I understand that any information obtained or developed, directly or indirectly, in whole or in part, upon this Authorization to Release Information may be considered in determining my suitability for employment by the Town, and will become the property of the Town.

I understand a photocopy of this release form will be valid as an original hereof, even though said photocopy does not contain an original writing of my signature.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





Town of Wrentham  
Employee Information Data

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

**Please complete this form. It will supply information that is necessary for your personnel/payroll files.**

Present Address _____	Town _____	State _____	Zip _____
Phone No: _____	Work/Cell/Other Phone No: _____		
Mailing Address _____	Town _____	State _____	Zip _____
E-Mail _____			

Date of Birth _____	Race _____	Gender _____	Marital Status _____
Have you ever been employed by the Town of Wrentham before? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, give dates    From _____    To _____			
List any friends or relatives working for us _____			
Department _____		Start Date _____	

In case of Emergency Notify	
1. Name _____	Phone No. (Home) _____
Address _____	Phone No. (Work) _____
Town _____	Phone No. (Cell) _____
2. Name _____	Phone No. (Home) _____
Address _____	Phone No. (Work) _____
Town _____	Phone No. (Cell) _____

## NOTICE TO EMPLOYEES

### Certification as a Seasonal Employer

Employer: Town of Wrentham

EAN: 78-304230

Plan#: 2023-90

The above-named employer has been approved by the Massachusetts Department of Unemployment Assistance for certification as a seasonal employer. This applies only to the category of employees listed on the Notice of Seasonal Determination dated **February 8, 2023**.

If you are a seasonal employee, seasonal wages cannot be used to establish an Unemployment Insurance benefit claim, except under certain conditions. A seasonal employee is one who is hired to work for a specific time period totaling less than 20 weeks in a calendar year. If you were hired as a seasonal employee, you must be notified in writing by your employer before beginning your seasonal employment.

#### Employee Signature

**Town of Wrentham** provided me with a copy of the Seasonal Determination from the Department of Unemployment Assistance dated **February 8, 2023**. I understand that I am a seasonal employee and that wages from this occupation cannot be used to establish an Unemployment Insurance benefit claim, except under certain conditions.

Employee Name (Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### Employer Signature

I have provided the above-referenced employee with a copy of the Seasonal Determination from the Department of Unemployment Assistance dated **February 8, 2023**. The employee understands that he/she is a seasonal employee and that wages from this occupation cannot be used to establish an Unemployment Insurance benefit claim, except under certain conditions.

Name of Employer Representative (Print): \_\_\_\_\_

Employer Rep. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Seasonal Certification Unit  
Email: [EmployerCharge@detma.org](mailto:EmployerCharge@detma.org)  
Phone: (617) 626-5075

**TO BE POSTED**

**Certification as a Seasonal Employer**

**Employer Name: Town of Wrentham**

**Address: 79 South Street, Wrentham, MA 02093**

The Massachusetts Department of Unemployment Assistance has approved the above-named employer as a certified seasonal employer. The certification applies only to the category of employees listed on the Seasonal Determination dated

If you are a certified seasonal employee, your wages cannot be used to establish an Unemployment Insurance benefit claim. A seasonal employee is one who is hired to work for a specific period totaling less than 20 weeks in a calendar year.

If you are hired as a seasonal employee, your employer must notify you in writing before beginning your seasonal employment.

The written notice must include:

1. The specific beginning and ending dates of your seasonal employment.
2. The specific occupation for which you were hired that has been certified seasonal.

**Date Posted: February 8, 2023**

Seasonal Certification Unit  
Email: [EmployerCharge@detma.org](mailto:EmployerCharge@detma.org)  
Phone: (617)626-5075



THE COMMONWEALTH OF MASSACHUSETTS  
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT  
DEPARTMENT OF UNEMPLOYMENT ASSISTANCE

CHARLES D. BAKER  
GOVERNOR

KARYN E. POLITO  
LIEUTENANT GOVERNOR

ROSALIN ACOSTA  
SECRETARY

CONNIE C. CARTER  
DIRECTOR

**78-304230**

**2/8/23**

**Town of Wrentham  
79 South Street  
Wrentham, MA 02093**

**Plan #2023-90**

**2023 Certified Seasonal Application has been APPROVED.**

<b>Town Beach Lifeguards</b>	<b>5/14/23-9/4/23</b>	<b>APPROVED</b>
<b>Summer Camp Counselors</b>	<b>5/14/23-9/11/23</b>	<b>APPROVED</b>
<b>Referees Baseball</b>	<b>4/16/23-8/5/23</b>	<b>APPROVED</b>
<b>Referees Football</b>	<b>8/27/23-11/18/23</b>	<b>APPROVED</b>

## Employment Permit Application for 14 through 17 Year-Olds

**Instructions:** After completing the form and obtaining the required signatures as indicated, take this completed form to the Superintendent of Schools, or the person your school (including a charter school) has authorized to issue work permits, in the school district where you live or attend school. You should bring with you proof of your age, such as your birth certificate, passport, or immigration record. The Superintendent, or the person your school (including a charter school) has authorized to issue work permits, will then issue you an Employment Permit.

Bring the signed work permit back to your employer who must keep it until you leave the job.

Questions about this application should be directed to the Department of Labor Standards at (617) 626-6952.

If you are under 18 years of age, you must obtain a work permit before starting a new job.<sup>1</sup> G.L. c. 149, §§86-89. The following are the steps you should take; **please note that a Physicians Certificate of Health is required only of 14 and 15 year-olds.**

### Steps for Getting an Employment Permit

1. Obtain a job offer from an employer.
2. Ask the employer to complete the following section:

#### Promise of Employment

Name of Minor:	
Name of Employer:	
Business Address:	
Job Title & Primary Duties:	
Number of Hours per day Minor is to be Employed:	
The undersigned agrees to employ this minor as stated above and in compliance with state law. <b>A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.</b>	
_____ Signature of Employer or Authorized Agent	_____ Date

<sup>1</sup> Minors who are 17 years of age, who can show documented proof of a high school diploma or the equivalent to the school official authorized to issue work permits, do not need a signed work permit, but must still complete this permit application.

NOTE: If the minor seeking an employment permit resides outside of Massachusetts, the minor should obtain a work permit from the superintendent of schools in the city/town in Massachusetts where the minor is to be employed.

3. **For 14 and 15 year-olds only (16 and 17 year-olds may skip this step):** Ask your doctor to complete the following section:

**Note:** The following Certificate of Health must be signed **within 12 months** of the date this application is presented to the school official issuing the permit.

### Physician's Certificate of Health

I hereby certify that I have made a thorough physical examination of the following named 14 or 15 year-old minor:

\_\_\_\_\_

and that, in my opinion, said minor is in sufficiently sound health and physically able to perform the work indicated above. **A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.**

\_\_\_\_\_  
Signature of Physician

\_\_\_\_\_  
Date

4. Ask your parent, guardian, or custodian to sign below.

I hereby approve the issuance of a permit for the work indicated above. **A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.**

\_\_\_\_\_  
Name of Parent, Guardian, or Custodian

\_\_\_\_\_  
Signature of Parent, Guardian, or Custodian

\_\_\_\_\_  
Date

5. Sign this application below:

\_\_\_\_\_  
Signature of Minor

\_\_\_\_\_  
Date

## Summary of Massachusetts<sup>2</sup> Laws Regulating Minors' Work Hours and Occupation Restrictions

### Prohibited Jobs (Hazardous Orders)

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**Persons under 14 may not work:** There are a few exceptions to this such as working as news carriers, on farms, and in entertainment (with a special permit).

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### Persons under 16 years old may *NOT*:

- Operate, clean or repair power-driven machinery (except office machines or machines in retail or food service not otherwise prohibited)
- Cook (except on electric or gas grills that do not have open flames)
- Operate fryolators, rotisseries, NEICO broilers, or pressure cookers
- Operate, clean or repair power-driven food slicers, grinders, choppers, processors, cutters and mixers
- Perform any baking activities
- Operate microwave ovens (except to heat food in microwave ovens with a maximum capacity of 140 degrees Fahrenheit)
- Clean kitchen surfaces that are hotter than 100 degrees Fahrenheit
- Filter, transport, or dispose of cooking oil or grease hotter than 100 degrees Fahrenheit
- Work in freezers or meat coolers
- Work in a manufacturing facility or occupation (e.g., in a factory, as an assembler)
- Work on ladders, scaffolds or their substitutes
- Work in garages, except dispensing gas and oil
- Work in brick or lumber yards
- Work in amusement places (e.g., pool or billiard room, or bowling alley)
- Work in barber shops
- Work in construction, transportation, communications, or public utilities (except doing clerical work away from heavy machinery off the job-site)
- Work in warehouses (except doing clerical work)
- Load or unload trucks, railroad cars, or conveyors
- Ride in or on a motor vehicle (except in a passenger seat wearing a seatbelt)
  
- Wash windows in public or commercial buildings if the window sill is more than 10 feet above the ground

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<sup>2</sup> This is a compilation of state and federal child labor laws. The most protective laws are presented here and apply to all employers of teens including parents who may employ their children. There are additional regulations in this area not summarized here and some exceptions for employers in agricultural industries. Questions about the state child labor laws should be directed to the Massachusetts Office of the Attorney General, Fair Labor and Business Practices Division (617-727-3465). Questions about federal child labor laws should be directed to the U.S. Department of Labor, Wage and Hour Division (617-624-6700).



- Work doing laundry in a commercial laundry or dry cleaning establishment
- Work as a public messenger
- Work at processing operations (e.g., in meat, fish, or poultry processing or cracking nuts, bulk or mass mailing)
- Work around boilers or in engine rooms
- Do industrial homework
- Work with dangerous electrical machinery or appliances
- Work that is determined by the Massachusetts Attorney General to be dangerous to the health and well-being of minors
- **Work in any of the occupations or tasks prohibited for persons under age 18**

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**Persons under 18 years old may *NOT*:**

- Drive a vehicle, forklift or work assist vehicle (except golf carts in certain circumstances)
  - Ride as a passenger in a forklift
- Operate, clean or repair power-driven meat slicers, grinders or choppers
- Operate, clean or repair power-driven bakery machines (except for certain countertop models and pizza dough rollers)
- Work 30 feet or more above ground or water
- Handle, serve, or sell alcoholic beverages
- Use circular or band saws, guillotine shears, wood chippers, or abrasive cutting discs
- Use power-driven woodworking machines
- Use, service, drive or work from hoisting machines
- Operate or load power-driven paper balers, compactors, or other power-driven paper processing machines
- Use power-driven metal-forming, punching, or shearing machines
- Use buffing or polishing equipment
- Manufacture brick, tile, or kindred products
- Manufacture or store explosives
- Work in excavation, wrecking, demolition, or shipbreaking
  - Work in forest fire fighting, forest fire prevention, timber track operations or forestry service
- Work in logging, sawmilling, or mining
- Work slaughtering, packing, or processing meat or poultry
- Work in railway operations
- Work in roofing or on or about a roof
- Work in foundries or around blast furnaces
- Work manufacturing phosphorus or phosphorus matches
- Work where they are exposed to radioactive substances
- Work as a firefighter or engineer on a boat
- Oil or clean hazardous machinery in motion
- Work in any job requiring the possession or use of a firearm\*

**Tasks not specifically permitted by the US DOL Secretary of Labor are prohibited.  
Legal Work Hours for Teens in Massachusetts**

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**Note:** After 8:00 p.m., all minors must have the direct and immediate supervision of an adult supervisor who is located in the workplace and is reasonably accessible to the minor, unless the minor works at a kiosk, cart or stand in the common area of an enclosed shopping mall that has security from 8:00 p.m. until the mall is closed to the public.\*

### **14 and 15 Year Olds**

#### **Work Hours**

Only between 7 a.m. and 7 p.m. during the school year

Not during school hours

Only between 7 a.m. and 9 p.m. during the summer

(from July 1 through Labor Day)

#### **Maximum Hours When School Is in Session**

18 hours a week

3 hours a day on school days

8 hours a day Saturday, Sunday, holidays

6 days a week

#### **Maximum Hours When School Is Not in Session**

40 hours a week

8 hours a day

6 days a week

### **16 and 17 Year Olds**

#### **Work Hours\***

Only between 6 a.m. and 10 p.m. (on nights preceding a regularly scheduled school day) – if the establishment stops serving clients or customers at 10:00 p.m., the minor may be employed until 10:15 p.m.

Only between 6 a.m. and 11:30 p.m. (on nights not preceding a regularly scheduled school day).

Exception for restaurants and racetracks: only between 6 a.m. and 12:00 midnight (on nights not preceding a regularly scheduled school day).

#### **Maximum Hours of Work – Whether or Not School is in Session**

48 hours a week

9 hours a day

6 days a week

\* Indicates a change MA Child Labor Laws, effective date January 3, 2007.