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Student name:

Date:

MODULE 31

Describe the withholding laws and benefits provided by social security, workers' compensation and unemployment compensation.

Objectives:

- A. Define tax withholding and list at least three (3) kinds of taxable income.
- **B.** List other types of withholding taxes.
- C. Describe benefits provided by Social Security, Unemployment Compensation, and Workers' Compensation.

MODULE 31: INFORMATION SHEET

<u>TO THE STUDENT:</u> Read and study this information sheet and then complete the student activities at the end of this module.

What is income tax withholding?

The federal and state governments and local government agencies can generate taxes for their operation and for providing various services. One such tax is an income tax. The income tax is a "pay as you go" tax. You must pay the tax as you earn or receive income. Federal Income Tax is withheld from the salaries or wages of most employees. This includes bonuses, commissions, and vacation allowances in addition to your regular pay. Tips are also taxable. The tips you receive and report to your employer are included with your regular wages to determine the amount that is withheld. In some cases, taxes are withheld on fringe benefits paid to you. In addition, income tax is withheld from sick pay you receive from your employer or an agent of your employer as it is from your salaries and wages. Generally, income tax will be withheld from pensions and annuities. Income tax is also withheld from certain kinds of gambling winnings. The amount of federal income tax actually withheld from your paycheck will be determined by current tax rates, the amount you earn, and the information you give your employer when y ou fill out the form popularly called the "W-4," but titled "Employee's Withholding Allowance Certificate." The W-4 form includes three types of information your employer will use to figure your withholding (see page 7):

- 1. Whether to withhold at the single person's tax rate or the married person's tax rate.
- 2. How many withholding allowances you claim.
- 3. Whether you want to have an additional amount withheld.

If your income is low enough that you will not have to pay income tax for the year, you may be exempt from withholding. If you are exempt, your employer will not withhold Federal Income Tax from your wages. An exemption is good for only one year. You must file a new W-4 by February 15 each year to continue your exemption.

There is also a criminal penalty for willfully falsifying information or failing to supply information that would increase the amount withheld. A simple error or an honest mistake will not result in a penalty.

The amount of tax actually paid to the Federal Government for any given year will be determined when and if you file the appropriate federal tax form (Form 1040). Forms must be filed by April 15 following the taxable period of January 1 to December 31 of the prior year. It is very important to have the correct amount of tax withheld from your weekly paycheck. If, after you file your federal tax forms, you owe the federal government more than has been withheld for the year, you may have to pay a penalty, and a new W-4 should be completed with your employer to increase your withholding.

Many state governments and local government agencies collect an income tax through withholding. All income taxes are based on gross wages before deductions

Social Security Tax Withholding and Benefits

To pay for the Federal Social Security System you and your employer will be taxed a percentage of your covered earnings. Covered earnings and the rate of tax may change from year to year to keep up with the financial needs of the Social Security Fund. The Social Security Tax is another "pay as you go" system. Each pay check is or will be taxed at the employee rate to determine the amount of withholding.

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What is Social Security? It is a Federal Government program for you and your family when you retire, become severely disabled, or die. It protects you and your family while you work and after you retire. It is a base to build on, with other insurance, investments, private pensions and personal savings.

Most workers begin receiving full retirement benefits at age 65 or reduced retirement benefits as early as age 62. Your spouse can receive them at the same age. Any worker born in 1960 or later will be eligible for full retirement benefits at age 67. If your child is under 16 or disabled, you can receive spouse's benefits regardless of your age.

The amount of your benefit depends on how old you are, when you apply, and your lifetime earnings on which Social Security taxes were paid. A person who has had average earnings during their working years can expect benefits that replace about 42 percent of earnings. The percentage is lower for people in the upper income brackets and higher for people with low incomes. The benefit formula is weighted in favor of low income workers who have less opportunity to save and invest during their working years.

Should you die, your family may be eligible for monthly benefits. "Survivor's" benefits are paid to:

- widows or widowers at age 60, or at age 50 if disabled, or at any age if they have responsibility for a child under 16;
- surviving unmarried children under age 18 or at any age if they are disabled;
- unmarried children under 19 but in an elementary or secondary school as a full time student;
- parents of a worker who dies if parents are at least 62 and were dependent on the worker.

If you had enough credits, a special one-time payment of \$255 will also be made after your death. This benefit is paid only to your widow(er) or minor children.

If you should become disabled while working, you and your family could be eligible for monthly benefits. To be eligible, you must have worked and earned enough credits to qualify. You must also have a condition so severe that it prevents you from doing your previous work and, considering your age, education, and work experience, stop you from doing <u>any</u> kind of substantial work in the entire national economy. Because disability is one of the most complicated of all Social Security programs and many disability programs are available, a call or visit to your local office is recommended.

Social Security taxes withheld also pay part of Medicare benefits. Medicare is a basic health insurance program for people 65 or older. You are also eligible for Medicare if you have been receiving disability benefits for two years or have permanent kidney failure. There are two parts to Medicare: Hospital Insurance and Medical Insurance. Your Social Security Tax pays for Hospital Insurance coverage but Medical Insurance coverage is optional and requires an additional premium paid by you out of your pocket. Neither plan pays all expenses nor are all services covered. Additional personal insurance coverage is recommended.

Unemployment Compensation Benefits

Unemployment Compensation (U.C.) is a form of job insurance. If you lose your job through no fault of your own, it protects you against total loss of income for a specific period of time. Unemployment compensation benefits are paid for by Federal and state taxes on employers, and if certain economic conditions exist, in Pennsylvania, by employees.

To qualify for benefits, the applicant must:

1. Have worked for an employer covered by the U.C. Law.

2. Meet certain wage and weeks of employment requirements. A high school student's employment in a Cooperative Education Program is NOT covered employment and will not qualify the student for U.C. benefits.

- 3. Be unemployed through no fault of your own.
- 4. Be able to work and be available for work.

You may be denied benefits if you:

- 1. Quit your job without a valid reason.
- 2. Were discharged for willful misconduct.
- 3. Are unemployed because you were involved in a strike.
- 4. Are unable or unavailable to work.

5. Refuse to accept any suitable work within a reasonable distance of your home.

6. Refuse to accept an offer to suitable full-time work in order to pursue seasonal or part-time employment.

7. Are receiving U.C. from another state or from the federal government.

If unemployed, you may file a claim for benefits at the local office of Employment Security. If there is no reason for disqualification, payment is authorized. The general aim is to pay the unemployed 45 to 50% of his/her regular weekly earnings up to a maximum allowed by state law.

The maximum weekly benefit is determined by the highest amount earned in any one of the first four quarters of the "base year". "Base year" is established as the first four of the last five completed calendar quarters prior to the date on which application is made for benefits. In addition, each claimant can receive additional money for each dependent to the maximum allowed by law.

The duration of payments can extend up to 26 weeks of total unemployment during the 52 week period beginning with the date of application for benefits. A federal program could extend U.C. benefits for another nine or 13 weeks in some cases. In addition, a small amount of money can be earned without losing any benefit depending on the amount of unemployment compensation. Consult your local employment service office. All U.C. benefits received must be reported on your Federal Income Tax Return. These benefits may be taxable depending on your adjusted gross income for the tax year.

Pennsylvania Workers' Compensation Law

To participate in a Cooperative Education Program, you are required to be covered by Workers' Compensation Insurance paid for by your employer. If you are injured in the course of your job, your employer is liable for damages or payment of weekly compensation and all medical bills connected with the injury. If your employer can prove the injury was intentionally self-inflicted or was caused by your violation of law, your employer may not be liable.

For an injury which totally disables an employee, the employee will receive, after the seventh day of total disability, 2/3 of the employee's weekly wage for the term of disability, but no more than 66 2/3 percent

of the current annual statewide average. If the calculated benefit is less than 50 percent of the statewide average weekly wage, then the benefit payable shall be the lower of 50 percent of the statewide average weekly wage or 90 percent of the worker's average weekly wage. Compensation stops when the disability ceases.

When disability results from permanent injuries, such as the loss of limbs, sight, hearing, etc., the number of weeks of weekly compensation is specified by law: complete loss of hearing—260 weeks; loss of an eye—275 weeks; loss of an arm—410 weeks, etc.

In case of death, compensation will be paid to certain beneficiaries according to state law: to the widow or widower—51 percent of wages, but not more than the statewide average weekly wage; to the widow or widower with two children—66 2/3 percent of wages, but not more than the statewide average weekly wage. The reasonable cost of burial, not to exceed \$3,000 shall also be paid by the employer.

If the employee at the time of injury is a minor (under 18 years) permitted to work in violation of any provision of the laws of Pennsylvania relating to minors, compensation, either for injury or death of the employee, will be 150 percent of the amount that would be payable to such minor if legally employed. The employer and not the insurance company is liable for the additional compensation.

Report any injuries or work-related illness to your supervisor or employer immediately. Prompt reporting is the key. You must tell your employer both that you have an injury or illness and that it is work related. Once you have lost a day or shift of work, your employer is required to report your injury to the Bureau of Workers' Compensation.

Resources

For more information about taxes, Social Security withholding, etc. <u>www.irs.gov</u>

For more information about Unemployment and Workers' Compensation: www.dli.state.pa.us/landi/site/default.asp

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Purpose. Complete Form W-4 so that your employer can withhold the correct Federal income tax from your pay. Because your tax sit- uation may change, you may want to refigure your withholding each year. piete all worksheets that apply. However, you may claim fewer for zero) allowances. Two earners/two jobs. If you have a working submer of allowances you are entitled to claim number of allowances you are entitled to claim your withholding each year. Exemption from withholding. If you sign the form to validate it. Your exemption for the form to validate it. Your exemption includes more than 52:60 d. and 7 and sign the form to validate it. Your exemption for withholding and Estimated Tax. You are a nonresident and your dependent(s) or other qualify- ing individuals. See line E below. Two earners/two jobs. If you have a working your sole and your dependent(s) or other qualify- ing individuals. See line E below. Note: You cannot claim exemption includes more than 32:50 of unearned income person can claim you as a dependent on their person can claim you as a dependent on includes more than 32:60 of unearned includes more than 32:60 of unearned includes more than and poly withhold on on converting your other credits into account in figuring your allowances. See Pub. 919 how Do 1 Adjust. MJ Tax Withholding? for infor- mation on converting your other credits into account in guise income. If you have a large amount of nowage income, such as interest or divined. Note: To yourself if no one else can claim you as a dependent . More single and have only one job: or B Enter "1" for yourself if no one else can claim you as a dependent . A Or uare single and have only one job. or B Enter "1" for your sepouse. But, you may choose to enter "-0." if you are mar	F	orm W-4	(2003)	deductions, certain cred income, or two-earner/two			n 1040-ES, Estima rwise, you may ov	ated Tax for Individuals. we additional tax.	
A Enter "1" for yourself if no one else can claim you as a dependent	uation may change, you may want to refigure your withholding each year. Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2003 expires February 16, 2004. See Pub. 505 , Tax Withholding and Estimated Tax. Note: You cannot claim exemption from with- holding if: (a) your income exceeds \$750 and includes more than \$250 of unearned income (e.g., interest and dividends) and (b) another person can claim you as a dependent on their tax return.			may claim fewer (or zero) Head of household. Gene head of household filing return only if you are unm than 50% of the costs of k yourself and your depende ing individuals. See line E b Tax credits. You can take into account in figuring you withholding allowances. (dependent care expenses credit may be claimed Allowances Worksheet b How Do I Adjust My Tax V mation on converting you withholding allowances. Nonwage income. If you hi nonwage income, such as	spou rum more more allify- rate allow redits allow redits Norm allow redits Norm allow redits Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm allow Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Norm Spec Norm Norm Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec Spec S	spouse or more than one job, figure the total mumber of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accu- or rate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8232 before completing this Form W-4. Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2003. See Pub. 919, especially if your earnings exceed \$125,000 (Single) or \$175,000 (Married). Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social secu-			
B Enter "1" if: You are single and have only one job: or You are married, have only one job, and your spouse souses to work; or You are married, have only one job. You are married, have only one job. To your sepouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. Enter "1" if you will file as head of household on your tax return is eac conditions under Head of household above). E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above). E Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit. F If you to have the eighte children. F you to have the eighte children. F you to a house there eighte children. F you take three eighte children. F you take three eighte children. F you take three eighte children. F you have three eighte children. F you take three eighte children. F you have fore more more and any ou and you are you are taxet. F you take three eighte children. F you have fore thore eighthe children. F you have fre	_		Per	sonal Allowances Workshe	et (Keep for you	r records.)			
B Enter "1" if: { • Your are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse yoursely ou wages (or the total of both) are \$1,000 or less. C Enter "1" for your spouse or yoursely ou wages (or the total of both) are \$1,000 or less. C Enter "1" if you wages. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too litle tax withheld.)	Α	Enter "1" for your	self if no one else can o	laim you as a dependent				A	
 Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less. C Enter "1" for your spouse, But, you may choose to enter "0-" if you are married and have either a working spouse or more than one job. (Enter "1" if you will claim on your tax return		(•	You are single and hav	e only one job; or				1	
C Enter "1" for your spouse. But, you may choose to enter "-0" if you are married and have either a working spouse or more than one job. (Entering "-0" may help you avoid having too little tax withheld). C	В								
more than one job. (Entering ^{-, o²} may help you avoid having too little tax withheld.) C D Enter ⁺ 1" if you will lie as head of household on your tax return (see conditions under Head of household above) E E Enter ⁺ 1" if you have at least \$1,500 of child or dependent care expenses for which you plot to claim a credit. F F Enter ⁺ 1" if you have at least \$1,500 of child or dependent care expenses for which you plot to claim a credit. F G Child Tax Credit (inclucing additional child tax credit): If you to an include child tax credit. F If you tain come will be between \$15,000 and \$12,000 (50,000 and \$60,000 (fac) familed, enter ⁺ 1" if you have or or we ligible children. To ach include child also 1 additional fyou have size or more eligible children. If you tain come will be between \$15,000 and \$15,000 (fac) familed, enter ⁺ 1" if you have tax return. ► H Add lines A through G and erter total here. Nact: This may be different from the number of exemptions you claim on your tax return. ► H • If you plan to temize or claim adjustments to income and want to reduce your withholding, see the Deductions inform all jobs exceed \$35,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax whitheld. • If you have the core instance and middle initial Last name 2 Your social security number • If you plan to temize or claim adjust	C								
E Enter *1* if you will file as head of household on your tax return (see conditions under Head of household above) . E	-								
F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F (Note: Do not include child support payments. See Pub. 803, Child and Dependent Care Expenses, for details.) 6 6 Child Tax Credit (including additional child tax credit): 9 9 I'you total income will be between \$15,000 and \$42,000 (\$20,000 and \$55,000 and \$55,000 and \$15,000 if married), enter "1" for each eligible children., "I'you have three digible children., "I'you have three digible children." I'you have three digible children. C 9 I'you have three digible children. 3" I'you have size or eligible children. C 9 Opu plan to itemize or claim adjustments to income and want to reduce your withholdring, see the Deductions and Adjustments Worksheet on page 2. I'you have more eligible children. 9 Opu have three digible children. I'you have more eligible children. Ofus have more eligible children. 9 I'you have the eligible children. I'' I'you have more eligible children. I''''''''''''''''''''''''''''''''''''	D								
Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) G Child Tax Credit (including additional child tax credit): If your total income will between 513,000 and 542,000 (20,000 and 565,000 if married), enter "1" for each eligible children. "2" if you have three eligible children of 2 additional if you have so or now eligible children. A dot incs A through G and enter total hee. Note: This may be different from the number of exemptions you claim on your tax return. ► A dot incs A through G and enter total hee. Note: This may be different from the number of exemptions you claim on your tax return. ► ▲ For accuracy, complete all worksheet ● If you have three of adjustments Worksheet on page 2. ● If you have three of the above situations applies, stop here and enter the number form line H on line 5 of Form W-4 below. • If neither of the above situations applies, stop here and enter the number form line H on line 5 of Form W-4 below. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. • Cut here and give Form W-4 to your employer. Keep the top part for your records. For microst function of allowance or rural route) 3	Е	Enter "1" if you w							
G Child Tax Credit (including additional child tax credit): • If you take three to five eligible children of 2 additional if you have six or more eligible children. "If you have three eligible children, "2" if you have three eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have or more eligible children. Image: Complete and Complete a	F	Enter "1" if you ha	ave at least \$1,500 of cl	nild or dependent care e	xpenses for wh	hich you pla	n to claim a cre	edit F	
Form W-4 Employee's Withholding Allowance Certificate OMB No. 1545-0010 Department of the Treasury Internal Revenue Service ► for Privacy Act and Paperwork Reduction Act Notice, see page 2. 0 <t< td=""><td></td><td colspan="8"> Child Tax Credit (including additional child tax credit): If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 additional if you have three to five eligible children or 2 additional if you have six or more eligible children. If your total income will be between \$42,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children. Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. H If your total income and you and your spouse both work and the combined earnings to normal jobs exceed \$35,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. </td></t<>		 Child Tax Credit (including additional child tax credit): If your total income will be between \$15,000 and \$42,000 (\$20,000 and \$65,000 if married), enter "1" for each eligible child plus 1 additional if you have three to five eligible children or 2 additional if you have six or more eligible children. If your total income will be between \$42,000 (\$65,000 and \$115,000 if married), enter "1" if you have one or two eligible children, "2" if you have three eligible children, "3" if you have four eligible children, or "4" if you have five or more eligible children. Add lines A through G and enter total here. Note: This may be different from the number of exemptions you claim on your tax return. H If your total income and you and your spouse both work and the combined earnings to normal jobs exceed \$35,000, see the Two-Earner/Two-Job Worksheet on page 2 to avoid having too little tax withheld. 							
Department of the Treasury Internal Revenue Service For Privacy Act and Paperwork Reduction Act Notice, see page 2. 2003 1 Type or print your first name and middle initial Last name 2 Your social security number Home address (number and street or rural route) 3 Single Married, but withhold at higher Single toox. City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. 5 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 6 \$ 7 I claim exemption from withholding for 2003, and I certify that I meet both of the following conditions for exemption: 6 \$ If you meet both conditions, write "Exempt" here	For				12.22			OMB No. 1545-0010	
1 Type or print your first name and middle initial Last name 2 Your social security number 1 Type or print your first name and middle initial Last name 2 Your social security number 1 Home address (number and street or rural route) 3 Single Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a norresident alien, check the "Single rote. Note: If married, but legally separated, or spouse is a norresident alien, check the "Single" box. 2 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 6 Additional amount, if any, you want withheld from each paycheck . . 7 I claim exemption from withholding for 2003, and I certify that I meet both of the following conditions for exemption: • • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • • Type repatities of perjury. I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status. Employee's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number								2003	
Home address (number and street or rural route) 3 Single Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a norresident alen, check the "Single" box. City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. ▶ 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 6 Additional amount, if any, you want withheld from each paycheck . 6 7 I claim exemption from withholding for 2003, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and • This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here . • 7 Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status. Employee's signature (Form is not valid unless you sign it.) Date ▶ 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional)	Inter			1 Martin Contractor	duction Act No	otice, see pa			
3 □ □ single □ Married, but withhold at higher single rate, but withhold at higher single rate. Note: If married, but legally separated, or spouse is a norresident alien, check the "Single" box. 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 6 Additional amount, if any, you want withheld from each paycheck . 6 7 I claim exemption from withholding for 2003, and I certify that I meet both of the following conditions for exemption: • Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability. If your meet both conditions, write "Exempt" here • 1 • 1 • 1 • 1 • 1 • 1 • 2 • 7 Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status. Employee's signature (Form is not valid unless you sign it.) 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number <td></td> <td>Type or print your r</td> <td>irst name and middle initial</td> <td>Last name</td> <td></td> <td></td> <td>Z Yours</td> <td>social security number</td>		Type or print your r	irst name and middle initial	Last name			Z Yours	social security number	
City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card. 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 6 Additional amount, if any, you want withheld from each paycheck		Home address (nun	nber and street or rural route						
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5 6 Additional amount, if any, you want withheld from each paycheck	City or town, state, and ZIP code				4 If your last name differs from that shown or			on your social security	
6 Additional amount, if any, you want withheld from each paycheck	5								
7 I claim exemption from withholding for 2003, and I certify that I meet both of the following conditions for exemption: ● Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and ● This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status. Employee's signature [Form is not valid] unless you sign it.) ▶ 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional)									
Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and This year I expect a refund of all Federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here If you meet both conditing allowances claimed on this certificate, or I									
Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status. Employee's signature (Form is not valid unless you sign it.) ▶ 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number		Last year I had a right to a refund of all Federal income tax withheld because I had no tax liability and							
Employee's signature Date (Form is not valid unless you sign it.) ▶ 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number							. 7		
unless you sign it.) Date 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number	Em	ployee's signature		the number of withholding allo	wances claimed o	n this certificat	te, or I am entitled	to claim exempt status.	
(optional)									
Cat. No. 10220Q	8	Employer's name a	nd address (Employer: Comp	lete lines 8 and 10 only if sendi	ing to the IRS.)			oyer identification number	
				Cat. No. 10	220Q				

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MODULE 31: STUDENT ACTIVITIES

<u>TO THE STUDENT</u>: After reading and studying the information sheet, answer the following questions.

- 1. Define tax withholding:
- 2. List three kinds of income that can be taxed:
 - a. b. c.
- 3. List three withholding taxes:
 - a. b. c.

4. Although the "W4" may change periodically, the "W4" provided on page 7 is a good example of what you will be required to fill out to determine your withholding tax. Read the directions and complete the certificate.

5. List three benefits available through the Social Security Program:

- a. b.
- c.

6. In a complete paragraph, describe Unemployment Compensation benefits and three qualifications for applying for them.

7. In a complete paragraph describe Workers' Compensation benefits.

8. True or False If an injury is intentionally self-inflicted, you can collect damages from your employer?

MODULE 31: STANDARDS ADDRESSED IN THIS MODULE

Pennsylvania's Academic Standards for Career Education and Work

13.2.11. Career Acquisition (Getting a Job)

- D. Identify sources of health, safety and regulatory practices and their effect on the work environment.
 - Child Labor Laws
 - Employee Right to Know
 - Fair Labor Standards Act
 - Hazardous occupations
 - Material Safety Data Sheets (MSDS) information
 - Occupational Safety and Health Administration (OSHA) regulations
 - Student work permits

<u>Pennsylvania's Academic Standards for Reading, Writing, Speaking and</u> <u>Listening (RWSL)</u>

1.1.11. Learning to Read Independently

E. Establish a reading vocabulary by identifying and correctly using new words acquired through the study of their relationships to other words. Use a dictionary or related reference.

1.5.11. Quality of Writing

- F. Edit writing using the conventions of language.
 - Spell all words correctly.
 - Use capital letters correctly.
 - Punctuate correctly (periods, exclamation points, question marks, commas, quotation marks, apostrophes, colons, semicolons, parentheses, hyphens, brackets, ellipses).
 - Use nouns, pronouns, verbs, adjectives, adverbs, conjunctions, prepositions and interjections properly.
 - Use complete sentences (simple, compound, complex, declarative, interrogative, exclamatory and imperative).