



### Application for Employment- Substitutes Only

Mosaica Education, Inc. 42 Broadway Suite 1039 New York, NY 10004 Voice 212.232.0305 FAX 212.232.0062  
[www.mosaicaeducation.com](http://www.mosaicaeducation.com)

Mosaica Education is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including age, sex, color, race, creed, national origin, religion, marital status, sexual orientation, political belief or disability.

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within three (3) days of being hired. Failure to submit such proof within the required time may result in immediate employment termination.

#### Personal Information

|                        |               |                   |               |                   |
|------------------------|---------------|-------------------|---------------|-------------------|
| _____                  | _____         | _____             | _____         | _____             |
| First Name             | Middle        | Last              |               |                   |
| _____                  | _____         | _____             | _____         | _____             |
| Street Address         | City          | State             | Zip Code      |                   |
| _____                  | _____         | _____             | _____         | _____             |
| Social Security Number | Email Address | Home Phone Number | Daytime Phone | Cell phone Number |

Have you ever been convicted of a crime?  Yes  No  
If "yes", please explain on reverse side of this page or on an attachment.

#### Position Preferences

For what position are you applying?       SUBSTITUTE TEACHER      

Available Start Date:       /      /      

#### Education and Professional Training- Please submit resume with application

College or Graduate School: \_\_\_\_\_ Degree Earned: \_\_\_\_\_ Year: \_\_\_\_\_

#### Releases and Applicant's Signature

In connection with my application for employment and as a condition of continuing employment, I understand that investigative background inquiries may be made on me including previous employers, schools, consumer credit, criminal convictions, motor vehicle, and other reports. These reports will include information as to my character, work habits, performance, education, compensation, and experience along with reasons for termination of employment from previous employers. Furthermore, I understand that the company may be requesting information from various federal, state, and other agencies that maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences as well as claims involving me in the files of insurance companies. I authorize without reservation, any party or agency contacted to furnish the above mentioned information and release all parties involved from liability and responsibility for doing so. I hereby consent to obtaining the above information from the school and/or any of its agents. This authorization and consent shall be valid in original, fax, or copy form.

**All hiring and employment is at will.** I further understand that my employment is at-will, and neither I nor MEI has entered into a contract regarding the duration of my employment. I am free to terminate my employment with MEI at any time, with or without reason. Likewise, MEI has the right to terminate my employment, or otherwise discipline, transfer, or demote me at any time, with or without reason, at the discretion of MEI. No employee of MEI can enter into an employment contract for a specified period of time, or make any agreement contrary to this policy without the written approval from the Chief Executive Officer. I further understand this application is not an employment contract, nor can it be used to create one. I acknowledge that the school administration has not made any promises or representations that differ from those contained in this paragraph.

**I understand I must provide satisfactory documents to establish my identity and right to work in the United States, if I am offered a position with the school, and that failure to provide this evidence will result in the termination of my employment.**

I release and hold harmless any individual, company, business institution or government agency from all liability with regard to furnishing information to the school. I agree to release and hold harmless the school from all liability with respect to the receipt of such information.

I certify that the information I have furnished on this application form is true and complete. I understand that if any misrepresentation has been made by me verbally or in writing, any offer of employment made to me may be withdrawn or my subsequent employment with the school may be terminated.

Signature of Applicant: \_\_\_\_\_ Date:       /      /



# EEO COMPLIANCE REPORTING MANDATORY 7/1/07

INFORMATION FLOW  
FOR HUMAN RESOURCES DEPARTMENT USE ONLY  
TO BE COMPLETED AND SIGNED BY APPLICANT

**Keep this applicant release in secure files separate from personnel records.**

Mosaica Education, Inc. IS AN EQUAL OPPORTUNITY EMPLOYER. In order to help us improve our recruiting programs and comply with Federal and State governmental information requests, we must ask the questions below. Information about date of birth, sex, race and veteran status is not used in the selection process. This page will be detached and kept separate from your application. You are required to provide this information. Please keep in mind that this information will not affect your employment. Thank you for your cooperation.

1. **Name:** \_\_\_\_\_

2. **Date of Birth:** \_\_\_\_\_ (mm/dd/yyyy)

3. **Gender:** \_\_\_ Male \_\_\_ Female

4. **Veteran Status:**

\_\_\_ Not a Veteran

\_\_\_ Other Veteran

\_\_\_ Vietnam Era Veteran

\_\_\_ Disabled Veteran

5. **Ethnic Classification:**

\_\_\_ American Indian/Alaska Native

\_\_\_ Not Applicable (Non-US)

\_\_\_ Asian

\_\_\_ Not Specified (default)

\_\_\_ Black or African American

\_\_\_ Two or More Races

\_\_\_ Hispanic or Latino

\_\_\_ White

\_\_\_ Nat Hawaiian/Other Pac Islander

6. **Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### Reasonable Accommodation

Under the Americans with Disabilities Act of 1991, an employer is required to reasonably accommodate qualified individuals with a disability. The reasonable accommodation requirement applies to the application process, any pre-employment test, interviews and actual employment, but only if the employer knows that accommodation is required. If you are disabled and require accommodation, you may request it at any time.

**MOSAICA EDUCATION, INC.**

**Emergency Contact Form**

Please fill out the following form so we will know who to contact in case of an emergency. This information will be kept in your employee file and only used in case of an emergency.

Employee: \_\_\_\_\_

First person to contact in case of emergency

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

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

Alternate person to contact in case of emergency

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

Phone: \_\_\_\_\_ Alternate: \_\_\_\_\_

Address: \_\_\_\_\_

Relationship: \_\_\_\_\_

**Instructions**

Please read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

**What Is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

**When Should the Form I-9 Be Used?**

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

**Filling Out the Form I-9**

**Section 1, Employee:** This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). The employer is responsible for ensuring that Section 1 is timely and properly completed.

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

**Section 2, Employer:** For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. Employers must record:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. However, employers are still responsible for completing and retaining the Form I-9.

**Section 3, Updating and Reverification:** Employers must complete Section 3 when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired or if a current employee's work authorization is about to expire (reverification), complete Block B and:
  1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
  2. Record the document title, document number and expiration date (if any) in Block C, and
  3. Complete the signature block.

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

**Form I-9, Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

|                                  |       |                |                                |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last                 | First | Middle Initial | Maiden Name                    |
| Address (Street Name and Number) |       | Apt. #         | Date of Birth (month/day/year) |
| City                             | State | Zip Code       | Social Security #              |

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):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- An alien authorized to work until \_\_\_\_\_  
(Alien # or Admission #)

|                      |                       |
|----------------------|-----------------------|
| Employee's Signature | Date (month/day/year) |
|----------------------|-----------------------|

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|   |            |
|---|------------|
| Preparer's/Translator's Signature                       | Print Name |
| Address (Street Name and Number, City, State, Zip Code) |            |
| Date (month/day/year)                                   |            |

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

| List A                          | OR | List B | AND | List C |
|---------------------------------|----|--------|-----|--------|
| Document title: _____           |    | _____  |     | _____  |
| Issuing authority: _____        |    | _____  |     | _____  |
| Document #: _____               |    | _____  |     | _____  |
| Expiration Date (if any): _____ |    | _____  |     | _____  |
| Document #: _____               |    | _____  |     | _____  |
| Expiration Date (if any): _____ |    | _____  |     | _____  |

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

|   |            |                       |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative  | Print Name | Title                 |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) |            | Date (month/day/year) |

**Section 3. Updating and Reverification.** To be completed and signed by employer.

|                             |  |
|-----------------------------|--|
| A. New Name (if applicable) | B. Date of Rehire (month/day/year) (if applicable) |
|-----------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

|                 |             |                           |
|-----------------|-------------|---------------------------|
| Document Title: | Document #: | Expiration Date (if any): |
|-----------------|-------------|---------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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 | Date (month/day/year) |
|--|-----------------------|

# Form W-4 (2009)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

**A** Enter "1" for yourself if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if: } **B** \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 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. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**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 \$1,800 of child or dependent care expenses for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

**(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). See Pub. 972, Child Tax Credit, for more information.

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. **G** \_\_\_\_\_

**H** 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** \_\_\_\_\_

For accuracy, complete all worksheets that apply. }

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

|  |  |  |
|--|--|--|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service  | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | OMB No. 1545-0074<br><div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2009</div>   |
| 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 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note. If married, but legally separated, or spouse is a nonresident alien, 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 replacement card. <input type="checkbox"/>  |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   |  | 5 _____<br>6 \$ _____  |
| 7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here |  | 7 _____  |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.   |  |  |
| Employee's signature (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) 10 Employer identification number (EIN)   |

Child's Purposes

# Form W-4 (2009)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A \_\_\_\_\_

B Enter "1" if: B \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 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. (Entering "-0-" may help you avoid having too little tax withheld.) C \_\_\_\_\_

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D \_\_\_\_\_

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 \$1,800 of child or dependent care expenses for which you plan to claim a credit F \_\_\_\_\_

(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). See Pub. 972, Child Tax Credit, for more information. G \_\_\_\_\_

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.

H 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 \_\_\_\_\_

For accuracy, complete all worksheets that apply. H \_\_\_\_\_

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

|   |  |   |
|---|--|---|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service   | <h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | OMB No. 1545-0074<br><div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2009</div>  |
| 1 Type or print your first name and middle initial. <span style="float:right">Last name</span>  |  | 2 Your social security number   |
| Home address (number and street or rural route)   |  | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small> |
| 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 replacement card. <input type="checkbox"/>   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)  |  | <div style="border: 1px solid black; padding: 2px;">5</div>   |
| 6 Additional amount, if any, you want withheld from each paycheck   |  | <div style="border: 1px solid black; padding: 2px;">6 \$</div>  |
| 7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here <span style="float:right">▶ 7</span> |  |   |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.  |  |   |
| <b>Employee's signature</b><br>(Form is not valid unless you sign it.) ▶  |  | <b>Date</b> ▶   |
| 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 (EIN)   |

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

- 1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$  2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ \_\_\_\_\_
- 5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ \_\_\_\_\_
- 7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ \_\_\_\_\_
- 8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 \_\_\_\_\_
- 10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 \_\_\_\_\_

**Note.** If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet 5 \_\_\_\_\_
- 6 Subtract line 5 from line 4 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ \_\_\_\_\_
- 8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ \_\_\_\_\_

**Table 1**

**Table 2**

| Married Filing Jointly                      |                       | All Others                                  |                       | Married Filing Jointly                       |                       | All Others                                   |                       |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$4,500                               | 0                     | \$0 - \$6,000                               | 0                     | \$0 - \$65,000                               | \$550                 | \$0 - \$35,000                               | \$550                 |
| 4,501 - 9,000                               | 1                     | 6,001 - 12,000                              | 1                     | 65,001 - 120,000                             | 910                   | 35,001 - 90,000                              | 910                   |
| 9,001 - 18,000                              | 2                     | 12,001 - 19,000                             | 2                     | 120,001 - 185,000                            | 1,020                 | 90,001 - 165,000                             | 1,020                 |
| 18,001 - 22,000                             | 3                     | 19,001 - 26,000                             | 3                     | 185,001 - 330,000                            | 1,200                 | 165,001 - 370,000                            | 1,200                 |
| 22,001 - 26,000                             | 4                     | 26,001 - 35,000                             | 4                     | 330,001 and over                             | 1,280                 | 370,001 and over                             | 1,280                 |
| 26,001 - 32,000                             | 5                     | 35,001 - 50,000                             | 5                     |  |                       |  |                       |
| 32,001 - 38,000                             | 6                     | 50,001 - 65,000                             | 6                     |  |                       |  |                       |
| 38,001 - 46,000                             | 7                     | 65,001 - 80,000                             | 7                     |  |                       |  |                       |
| 46,001 - 55,000                             | 8                     | 80,001 - 90,000                             | 8                     |  |                       |  |                       |
| 55,001 - 60,000                             | 9                     | 90,001 - 120,000                            | 9                     |  |                       |  |                       |
| 60,001 - 65,000                             | 10                    | 120,001 and over                            | 10                    |  |                       |  |                       |
| 65,001 - 75,000                             | 11                    |   |                       |  |                       |  |                       |
| 75,001 - 95,000                             | 12                    |   |                       |  |                       |  |                       |
| 95,001 - 105,000                            | 13                    |   |                       |  |                       |  |                       |
| 105,001 - 120,000                           | 14                    |   |                       |  |                       |  |                       |
| 120,001 and over                            | 15                    |   |                       |  |                       |  |                       |

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it 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.

# MOSAICA EDUCATION, INC.

## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

### Employee Instructions:

1. Complete the employee required information section
2. Complete the Direct Deposit section to specify where you want your pay deposited
3. Return form to your supervisor

### Employee Required Information

I hereby authorize Mosaica Education, Inc., to initiate deposit entries and, if necessary, adjustments in the form of debit reversals or corrections for any deposits made in error to my checking and/or savings account as indicated below. This authority is to remain in full force and effect until Mosaica Education, Inc., has received written notification from me of its termination in such time and in such manner as to afford the Company a reasonable opportunity to act on it. I understand that activation takes two payroll-processing periods.

Signature: \_\_\_\_\_ Employee Name: \_\_\_\_\_  
(please print)  
Social Security No: \_\_\_\_/\_\_\_\_/\_\_\_\_ School: \_\_\_\_\_

This direct deposit request is to: Add \_\_\_\_\_ Change \_\_\_\_\_ Delete \_\_\_\_\_ (please sign below)

### Direct Deposit Information (choose one or a combination of different accounts.)

#### Checking Account (1)

Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
ABA/Transit Routing No.: \_\_\_\_\_  
Amount directed to this account: \$ \_\_\_\_\_  
or full net amount to account (check here):

#### Checking Account (2)

Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
ABA/Transit Routing No.: \_\_\_\_\_  
Amount directed to this account: \$ \_\_\_\_\_  
or full net amount to account (check here):

You MUST enclose a Voided Check or Bank Letter for each of the checking accounts you chose.

#### Savings Account (1)

Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
ABA/Transit Routing No.: \_\_\_\_\_  
Amount directed to this account: \$ \_\_\_\_\_  
or full net amount to account (check here):

#### Savings Account (2)

Bank Name: \_\_\_\_\_  
Account Number: \_\_\_\_\_  
ABA/Transit Routing No.: \_\_\_\_\_  
Amount directed to this account: \$ \_\_\_\_\_  
or full net amount to account (check here):

You MUST enclose a Bank Letter for each of the savings accounts you chose.  
The Bank Letter must have the ABA/Transit Routing Number on it.

### Delete Direct Deposit

This is to authorize Mosaica Education, Inc., to delete my Direct Deposit upon receipt of this authorization

**\*\*SPECIFY ABOVE, WHICH ACCOUNT(S) YOU WOULD LIKE DELETED\*\***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
School/Department: \_\_\_\_\_