



**VILLAGE OF  
RIDGEWOOD**

Village of Ridgewood  
Department of Parks and Recreation  
259 North Maple Avenue  
Ridgewood, NJ 07450



## SEASONAL APPLICATION FOR EMPLOYMENT

**PLEASE PRINT**

Name \_\_\_\_\_

Address \_\_\_\_\_

Email (main source of communication with staff) \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Date of Birth (MM/DD/YYYY) \_\_\_\_\_ Gender \_\_\_\_\_

**CHECK ONE**

\_\_\_\_\_ I am interested in returning as \_\_\_\_\_  
Position held last year

\_\_\_\_\_ I am interested in applying to be (Circle all areas of interest and number by preference)

- Summer Camp Counselor    ● Graydon Pool Badge/Security    ● Graydon Pool Maintenance
- Graydon Lifeguard (FT 40hrs/5day/week)    ● Graydon Lifeguard (PT 24 hrs/min 3 days/week)
- Aquatics Staff (Swim Team/Swim Instructor)    ● Parks Laborer    ● Concession  
(hired by concessionaire)

**PLEASE LIST ALL CERTIFICATIONS AND EXPIRATION DATES**

Certification	Issued Date	Expiration Date	Issuing Authority
CPR/AED			
Basic First Aid			
Basic Lifeguard			
Waterfront Lifeguard			
Other Relevant Certs (EX:SCUBA/EMT/Babysitting)			

*Please submit a copy of all certifications with this application. Expired certifications will not be accepted. There will be limited certification courses offered in the spring.*

**EDUCATION**

High School \_\_\_\_\_ Graduation Date \_\_\_\_\_

College \_\_\_\_\_ Graduation Date \_\_\_\_\_

**REFERENCE** (other than family or friend) \_\_\_\_\_

Phone Number \_\_\_\_\_ Relationship \_\_\_\_\_

*Please attach any other documents or reasons why you think you would be a great candidate.*

I hereby certify that the information provided in this application is true and complete to the best of my knowledge.

Date \_\_\_\_\_

Signature \_\_\_\_\_

VILLAGE OF RIDGEWOOD  
BERGEN COUNTY, NEW JERSEY

CRIMINAL INQUIRY WAIVER

AUTHORITY FOR RELEASE OF INFORMATION

I hereby authorize the release of any and all information of any criminal record that may be obtained through an investigative search concerning my employment with the Village of Ridgewood.

I HEREBY RELEASE THE Village of Ridgewood, their members and employees from any liability or damage which may result from furnishing the information requested.

APPLICANT NAME      LAST \_\_\_\_\_                      FIRST \_\_\_\_\_

ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

GENDER \_\_\_\_\_

SOCIAL SECURITY# \_\_\_\_\_

DRIVER'S LICENSE # \_\_\_\_\_

STATE OF ISSUE \_\_\_\_\_                      EXPIRATION \_\_\_\_\_

TELEPHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

APPLICANT SIGNATURE \_\_\_\_\_

PARENTAL CONSENT  
(if under 18 years old) \_\_\_\_\_

**VILLAGE OF RIDGEWOOD  
FAIR CREDIT REPORTING ACT  
DISCLOSURE AND AUTHORIZATION STATEMENT**

**PLEASE READ CAREFULLY BEFORE SIGNING BELOW**

In processing my application for employment or continued employment, I understand that Village of Ridgewood may obtain or have prepared a consumer or investigative consumer report for employment purposes, concerning my prior employment, military record, education, credit worthiness, credit standing, credit capacity, character, general reputation, personal characteristics, records of criminal convictions, or mode of living.

I understand that upon written request to Village of Ridgewood, I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation. I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, or employees of mine or with others with whom I am acquainted or who may have knowledge concerning any such items of information.

By signing below, I am authorizing Village of Ridgewood to obtain a consumer or investigative consumer report on me as part of the Company's pre-employment background screening process. If I am offered employment by Village of Ridgewood, I further understand that this authorization shall remain on file and shall authorize the Company to obtain additional consumer or investigative consumer reports on me for employment purposes at any time during my employment.

I understand that if Village of Ridgewood obtains a consumer or investigative consumer report on me which may result in adverse employment action against me, I will be so notified and provided with a copy of the report and an opportunity to respond prior to any adverse action.

By my signature below, I also acknowledge that Village of Ridgewood has provided me with a summary of my rights under the federal Fair Credit Reporting Act.

Name of Applicant (please print): \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

Name of Parent - if applicant is under age 18 (please print): \_\_\_\_\_

Signature of Parent - if applicant is under age 18: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you—such as if you pay your bills on time or have filed bankruptcy—to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681 u, at the Federal Trade Commission's website (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you—such as denying an application for credit, insurance, or employment—must tell you and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you verify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs -- to which it has provided the data -- of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone -- such as a creditor who reports to a CRA -- that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA -- usually to consider an application with a creditor, insurer, employer, landlord, or other business.

- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 * 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA Washington, DC 20250 * 202-720-7051

# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

**2026**

<b>Step 1:</b> <b>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.)		
<b>Caution:</b> To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2:** 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.

**Multiple Jobs or Spouse Works** Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate . . . . .

**Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .	<b>3(a)</b> \$		
	(b) Multiply the number of other dependents by \$500 . . . . .	<b>3(b)</b> \$		
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . .		<b>3</b>	\$

<b>Step 4:</b> <b>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> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . .		<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .		<b>4(c)</b>	\$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet <b>both</b> of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 . . . . . <input type="checkbox"/>
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<b>Step 5:</b> <b>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	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](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 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



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

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

### Step 4.

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

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

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



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

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 . . . . . 1 \$ \_\_\_\_\_

2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a \$ \_\_\_\_\_

b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . 2b \$ \_\_\_\_\_

c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c \$ \_\_\_\_\_

3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3 \_\_\_\_\_

4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . 4 \$ \_\_\_\_\_

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



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

**1** Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

**a** **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 . . . . . **1a** \$ \_\_\_\_\_

**b** **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation . . . . . **1b** \$ \_\_\_\_\_

**c** **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 . . . . . **1c** \$ \_\_\_\_\_

**2** Add lines 1a, 1b, and 1c. Enter the result here . . . . . **2** \$ \_\_\_\_\_

**3** **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

**a** Enter \$6,000 if you are age 65 or older before the end of the year . . . . . **3a** \$ \_\_\_\_\_

**b** Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . . **3b** \$ \_\_\_\_\_

**4** Add lines 3a and 3b. Enter the result here . . . . . **4** \$ \_\_\_\_\_

**5** Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . . **5** \$ \_\_\_\_\_

**6** **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

**a** **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income . . . . . **6a** \$ \_\_\_\_\_

**b** **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) . . . . . **6b** \$ \_\_\_\_\_

**c** **Home mortgage interest.** If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . . **6c** \$ \_\_\_\_\_

**d** **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income . . . . . **6d** \$ \_\_\_\_\_

**e** **Other itemized deductions.** Enter the amount for other itemized deductions . . . . . **6e** \$ \_\_\_\_\_

**7** Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . . **7** \$ \_\_\_\_\_

**8** **Limitation on itemized deductions.**

**a** Enter your total income . . . . . **8a** \$ \_\_\_\_\_

**b** Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 . . . . . **8b** \$ \_\_\_\_\_

**9** Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse }  
 { • \$640,600 if you’re single or head of household } . . . . . **9** \$ \_\_\_\_\_  
 { • \$384,350 if you’re married filing separately }

**10** If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . . **10** \$ \_\_\_\_\_

**11** **Standard deduction.**

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse }  
 { • \$24,150 if you’re head of household } . . . . . **11** \$ \_\_\_\_\_  
 { • \$16,100 if you’re single or married filing separately }

**12** **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) . . . . . **12** \$ \_\_\_\_\_

**13** Add lines 11 and 12. Enter the result here . . . . . **13** \$ \_\_\_\_\_

**14** If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . . **14** \$ \_\_\_\_\_

**15** Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . . **15** \$ \_\_\_\_\_

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190

State of New Jersey – Division of Taxation  
Employee's Withholding Allowance Certificate

1. SS#			2. Filing Status: (Check only one box)		
Name			1. <input type="checkbox"/> Single		
Address			2. <input type="checkbox"/> Married/Civil Union Couple Joint		
City			3. <input type="checkbox"/> Married/Civil Union Partner Separate		
State		Zip	4. <input type="checkbox"/> Head of Household		
			5. <input type="checkbox"/> Qualifying Widow(er)/Surviving Civil Union Partner		
3. If you have chosen to use the chart from instruction A, enter the appropriate letter here.....					3.
4. Total number of allowances you are claiming (see instructions).....					4.
5. Additional amount you want deducted from each pay .....					5. \$
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here.....					6.
7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.					
Employee's Signature			Date		
Village of Ridgewood, 131 N. Maple Ave, Ridgewood, NJ 07450			22-662257		
Employer's Name and Address			Employer Identification Number		

**BASIC INSTRUCTIONS**

- Line 1 Enter your name, address, and Social Security number in the spaces provided.
- Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.  
Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er) Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than \$50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.
- Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.
- Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.
- Line 5 Enter the amount of additional withholdings you want deducted from each pay.
- Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:
  - Your filing status is **SINGLE** or **MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be \$10,000 or less for the current year.
  - Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable nonwage income will be \$20,000 or less for the current year.
  - Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be \$20,000 or less for the current year.

Your exemption is good for ONE year only. You must complete and submit a form each year certifying you have no New Jersey Gross Income Tax liability and claim exemption from withholding. If you have questions about eligibility, filing status, withholding rates, etc. when completing this form, call the Division of Taxation's Customer Service Center at (609) 292-6400.

**Instruction A - Wage Chart**

This chart is designed to increase withholdings on your wages, if these wages will be taxed at a higher rate due to inclusion of other wages or income on your NJ-1040 return. It is **not intended to provide withholding for other income or wages**. If you need additional withholdings for other income or wages, use Line 5 on the NJ-W4. This Wage Chart applies to taxpayers who are married/civil union couple filing jointly, heads of households, or qualifying widow(er)/surviving civil union partner. **Single individuals or married/civil union partners filing separate returns do not need to use this chart.** If you have indicated filing status #2, 4 or 5 on the above NJ-W4 and your taxable income is greater than \$50,000, you should strongly consider using the Wage Chart. (See the Rate Tables on the reverse side to estimate your withholding amount.)

**HOW TO USE THE CHART**

- 1) Find the amount of your wages in the left-hand column.
- 2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.
- 3) Follow along the row that contains your wages until you come to the column that contains the other wages.
- 4) This meeting point indicates the Withholding Table that best reflects your income situation.
- 5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

**NOTE:** If your income situation substantially increases (or decreases) in the future, you should resubmit a revised NJ-W4 to your employer.

**WAGE CHART**

		Total of All Other Wages	0 10,000	10,001 20,000	20,001 30,000	30,001 40,000	40,001 50,000	50,001 60,000	60,001 70,000	70,001 80,000	80,001 90,000	OVER 90,000
<b>YOUR WAGES</b>	0 10,000		B	B	B	B	B	B	B	B	B	B
	10,001 20,000		B	B	B	B	C	C	C	C	C	C
	20,001 30,000		B	B	B	A	A	D	D	D	D	D
	30,001 40,000		B	B	A	A	A	A	A	E	E	E
	40,001 50,000		B	C	A	A	A	A	A	E	E	E
	50,001 60,000		B	C	D	A	A	A	E	E	E	E
	60,001 70,000		B	C	D	A	A	E	E	E	E	E
	70,001 80,000		B	C	D	E	E	E	E	E	E	E
	80,001 90,000		B	C	D	E	E	E	E	E	E	E
	OVER 90,000		B	C	D	E	E	E	E	E	E	E

## RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

<b>RATE "A"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 673	5.77 + 2.0%	\$ 385	\$ 20,000	\$ 35,000	300.00 + 2.0%	\$ 20,000	\$ 20,000	\$ 35,000	300.00 + 2.0%	\$ 20,000
\$ 673	\$ 769	11.54 + 3.9%	\$ 673	\$ 35,000	\$ 40,000	600.00 + 3.9%	\$ 35,000	\$ 40,000	\$ 40,000	600.00 + 3.9%	\$ 35,000
\$ 769	\$ 1,442	15.29 + 6.1%	\$ 769	\$ 40,000	\$ 75,000	795.00 + 6.1%	\$ 40,000	\$ 40,000	\$ 75,000	795.00 + 6.1%	\$ 40,000
\$ 1,442	\$ 9,615	56.35 + 7.0%	\$ 1,442	\$ 75,000	\$ 500,000	2,930.00 + 7.0%	\$ 75,000	\$ 75,000	\$ 500,000	2,930.00 + 7.0%	\$ 75,000
\$ 9,615	\$ 19,231	628.46 + 9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	32,680.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 1,000,000	32,680.00 + 9.9%	\$ 500,000
\$ 19,231	\$ 1,580.38	11.8%	\$ 19,231	\$ 1,000,000	over	\$ 82,180.00	11.8%	\$ 1,000,000	\$ 1,000,000	over	\$ 1,000,000
<b>RATE "B"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 962	5.77 + 2.0%	\$ 385	\$ 20,000	\$ 50,000	300.00 + 2.0%	\$ 20,000	\$ 20,000	\$ 50,000	300.00 + 2.0%	\$ 20,000
\$ 962	\$ 1,346	17.31 + 2.7%	\$ 962	\$ 50,000	\$ 70,000	900.00 + 2.7%	\$ 50,000	\$ 50,000	\$ 70,000	900.00 + 2.7%	\$ 50,000
\$ 1,346	\$ 1,538	27.69 + 3.9%	\$ 1,346	\$ 70,000	\$ 80,000	1,440.00 + 3.9%	\$ 70,000	\$ 70,000	\$ 80,000	1,440.00 + 3.9%	\$ 70,000
\$ 1,538	\$ 2,885	35.19 + 6.1%	\$ 1,538	\$ 80,000	\$ 150,000	1,830.00 + 6.1%	\$ 80,000	\$ 80,000	\$ 150,000	1,830.00 + 6.1%	\$ 80,000
\$ 2,885	\$ 9,615	117.31 + 7.0%	\$ 2,885	\$ 150,000	\$ 500,000	6,100.00 + 7.0%	\$ 150,000	\$ 150,000	\$ 500,000	6,100.00 + 7.0%	\$ 150,000
\$ 9,615	\$ 19,231	588.46 + 9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	30,600.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 1,000,000	30,600.00 + 9.9%	\$ 500,000
\$ 19,231	\$ 1,540.38	11.8%	\$ 19,231	\$ 1,000,000	over	\$ 80,100.00	11.8%	\$ 1,000,000	\$ 1,000,000	over	\$ 1,000,000
<b>RATE "C"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 769	5.77 + 2.3%	\$ 385	\$ 20,000	\$ 40,000	300.00 + 2.3%	\$ 20,000	\$ 20,000	\$ 40,000	300.00 + 2.3%	\$ 20,000
\$ 769	\$ 962	14.62 + 2.8%	\$ 769	\$ 40,000	\$ 50,000	760.00 + 2.8%	\$ 40,000	\$ 40,000	\$ 50,000	760.00 + 2.8%	\$ 40,000
\$ 962	\$ 1,154	20.00 + 3.5%	\$ 962	\$ 50,000	\$ 60,000	1,040.00 + 3.5%	\$ 50,000	\$ 50,000	\$ 60,000	1,040.00 + 3.5%	\$ 50,000
\$ 1,154	\$ 2,885	26.73 + 5.6%	\$ 1,154	\$ 60,000	\$ 150,000	1,390.00 + 5.6%	\$ 60,000	\$ 60,000	\$ 150,000	1,390.00 + 5.6%	\$ 60,000
\$ 2,885	\$ 9,615	123.65 + 6.6%	\$ 2,885	\$ 150,000	\$ 500,000	6,430.00 + 6.6%	\$ 150,000	\$ 150,000	\$ 500,000	6,430.00 + 6.6%	\$ 150,000
\$ 9,615	\$ 19,231	567.88 + 9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	29,530.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 1,000,000	29,530.00 + 9.9%	\$ 500,000
\$ 19,231	\$ 1,519.81	11.8%	\$ 19,231	\$ 1,000,000	over	\$ 79,030.00	11.8%	\$ 1,000,000	\$ 1,000,000	over	\$ 1,000,000
<b>RATE "D"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 769	5.77 + 2.7%	\$ 385	\$ 20,000	\$ 40,000	300.00 + 2.7%	\$ 20,000	\$ 20,000	\$ 40,000	300.00 + 2.7%	\$ 20,000
\$ 769	\$ 962	16.15 + 3.4%	\$ 769	\$ 40,000	\$ 50,000	840.00 + 3.4%	\$ 40,000	\$ 40,000	\$ 50,000	840.00 + 3.4%	\$ 40,000
\$ 962	\$ 1,154	22.69 + 4.3%	\$ 962	\$ 50,000	\$ 60,000	1,180.00 + 4.3%	\$ 50,000	\$ 50,000	\$ 60,000	1,180.00 + 4.3%	\$ 50,000
\$ 1,154	\$ 2,885	30.96 + 5.6%	\$ 1,154	\$ 60,000	\$ 150,000	1,610.00 + 5.6%	\$ 60,000	\$ 60,000	\$ 150,000	1,610.00 + 5.6%	\$ 60,000
\$ 2,885	\$ 9,615	127.88 + 6.5%	\$ 2,885	\$ 150,000	\$ 500,000	6,650.00 + 6.5%	\$ 150,000	\$ 150,000	\$ 500,000	6,650.00 + 6.5%	\$ 150,000
\$ 9,615	\$ 19,231	565.38 + 9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	29,400.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 1,000,000	29,400.00 + 9.9%	\$ 500,000
\$ 19,231	\$ 1,517.31	11.8%	\$ 19,231	\$ 1,000,000	over	\$ 78,900.00	11.8%	\$ 1,000,000	\$ 1,000,000	over	\$ 1,000,000
<b>RATE "E"</b>											
<b>WEEKLY PAYROLL PERIOD (Allowance \$19.20)</b>						<b>ANNUAL PAYROLL PERIOD (Allowance \$1,000)</b>					
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:		
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0
\$ 385	\$ 673	5.77 + 2.0%	\$ 385	\$ 20,000	\$ 35,000	300.00 + 2.0%	\$ 20,000	\$ 20,000	\$ 35,000	300.00 + 2.0%	\$ 20,000
\$ 673	\$ 1,923	11.54 + 5.8%	\$ 673	\$ 35,000	\$ 100,000	600.00 + 5.8%	\$ 35,000	\$ 35,000	\$ 100,000	600.00 + 5.8%	\$ 35,000
\$ 1,923	\$ 9,615	84.04 + 6.5%	\$ 1,923	\$ 100,000	\$ 500,000	4,370.00 + 6.5%	\$ 100,000	\$ 100,000	\$ 500,000	4,370.00 + 6.5%	\$ 100,000
\$ 9,615	\$ 19,231	584.04 + 9.9%	\$ 9,615	\$ 500,000	\$ 1,000,000	30,370.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 1,000,000	30,370.00 + 9.9%	\$ 500,000
\$ 19,231	\$ 1,535.96	11.8%	\$ 19,231	\$ 1,000,000	over	\$ 79,870.00	11.8%	\$ 1,000,000	\$ 1,000,000	over	\$ 1,000,000



# Employment Eligibility Verification

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

USCIS  
**Form I-9**  
OMB No. 1615-0047  
Expires 07/31/2026

**START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.**

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code	
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
<p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
If you check Item Number 4., enter one of these:		USCIS A-Number		OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)			

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the **Preparer and/or Translator Certification** on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<b>Additional Information</b>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

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

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
Village of Ridgewood Parks and Rec	131 N. Maple Ave, Ridgewood, NJ 07450

For reverification or rehire, complete **Supplement B, Reverification and Rehire** on Page 4.

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4.</b> document, not a List C document.</p> </li> </ol>

### Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.

For receipt validity dates, see the M-274.

<ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>		<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>
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\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



**Supplement A,  
Preparer and/or Translator Certification for Section 1**

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

**USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 07/31/2026**

Last Name ( <i>Family Name</i> ) from Section 1.	First Name ( <i>Given Name</i> ) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code

**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		Date ( <i>mm/dd/yyyy</i> )	
Last Name ( <i>Family Name</i> )	First Name ( <i>Given Name</i> )		Middle Initial ( <i>if any</i> )
Address ( <i>Street Number and Name</i> )	City or Town	State	ZIP Code



**Supplement B,  
Reverification and Rehire (formerly Section 3)**

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

**USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026**

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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**Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the Handbook for Employers: Guidance for Completing Form I-9 (M-274)**

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire (if applicable)	New Name (if applicable)		
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) (mm/dd/yyyy)	
<b>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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.</b>			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

# Authorization for Direct Deposit - Employee Form

This authorizes The Village of Ridgewood (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

## Account #1

Account #1 Type (check one)  Checking  Savings

Employee Bank Name

Bank Routing # (ABA#) Account#

Percentage or Dollar Amount to be Deposited to This Account

## Account #2 (remainder to be deposited to this account)

Account #2 Type (check one):  Checking  Savings

Employee Bank Name

Bank Routing # (ABA#) Account#

*Please attach a voided check for each account here.*

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

**Must be signed by parent or legal guardian if under 18 years of age.**

Printed Name

Date

**IMPORTANT:** This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.