



ARCHDIOCESE OF BOSTON
66 BROOKS DRIVE
BRAintree, MASSACHUSETTS 02184-3839

Dear Transition Assistance Program Applicant:

Enclosed are several documents regarding the Transition Assistance Program (TAP), including a Summary Description and the Application for Benefits.

To apply for this benefit, please provide the Notification of Separation/Application for Benefits to the Pastor/Administrator/Principal at your location to complete the top portion and return to you. Please complete the Staff Member portion of the Application and send to the Archdiocese of Boston Human Resources Office, along with the W-4 and M-4 tax forms and your Direct Deposit form.

Following receipt of your application, tax forms, and Direct Deposit form, Human Resources will notify you in writing of the status of your claim.

Also enclosed is a blank Affidavit of Employment Status and Job Search Activity. If your application is approved, you will be required to send a completed Affidavit to Human Resources every two weeks during the period you are unemployed and receiving TAP benefits. Please make blank copies for future use.

Enclosed is a schedule of Affidavit due dates, pay periods, and corresponding pay dates. If we do not receive an Affidavit by the due date, you will not receive a TAP payment for that pay period. If an Affidavit is received late, a TAP payment will normally be made for that period on the next scheduled pay date. In cases where late Affidavit submissions are allowed, payment will be limited to one retroactive pay period. Further, at the Plan Administrator's discretion, TAP payments may be subject to final review and audit prior to payment. The Administrator reserves the right to deny retroactive payments at his/her sole discretion.

If you become employed at any time during the duration of your TAP benefit, please notify Human Resources as soon as possible. In accordance with the TAP Plan Document, Participants shall be ineligible to receive benefits under the Program after the one (1) year anniversary of the Termination Date.

Please feel free to contact Human Resources with any questions.

Human Resources Archdiocese of Boston
(617) 746-5825

Archdiocese of Boston
Transition Assistance Program Summary Description

Human Resources Office
66 Brooks Drive
Braintree, MA 02184
Phone: (617) 746-5825 Fax: (617) 746-5754

Eligible Population

Lay staff with one year or more of continuous service who work at least 20 hours per week (schools/other 10-month assignments require 24 hours per week) in parishes, Corporation Sole entities, and other enrolled Archdiocesan entities, who are not eligible for Massachusetts unemployment compensation insurance and/or federal unemployment compensation insurance or programs. Proof of denial of benefits from other available unemployment compensation programs and/or exhaustion of those benefits may be required.

Participating Events

A qualified involuntary job loss is any separation initiated by the employing unit except for gross and/or willful misconduct, or by reason of death, disability, or retirement. This includes, but is not necessarily limited to, reduction in force, job restructure/elimination, institution closing, and termination due to performance issues other than gross or willful misconduct. Gross and/or willful misconduct is defined as violation of written and/or normative standards of conduct. Examples include, but are not limited to, theft, destruction of organization property, sexual or racial harassment, insubordination, reporting to work under the influence of alcohol or drugs, engaging in felonious activity, falsification of records, serious policy violations, etc.

Benefit Level

A maximum of 50% of base weekly wage* to a maximum adjusted annually to reflect the Massachusetts unemployment benefit maximum. Benefits are payable bi-weekly for a maximum duration of 30 calendar weeks. FICA, Medicare, Federal and State taxes are withheld. Voluntary deductions (*i.e.*, health benefits, 401(k), etc.) are not available. W-2 forms are issued at year's end. Outplacement and career counseling benefits are also available (see details below).

When Benefits are Payable

Benefits are not automatic. A Notification of Separation/Application for Benefits form must be filed with Human Resources. All claims are subject to review and approval by the Plan Administrator.

There is a Waiting Period for TAP benefits. The Waiting Period commences on the Termination Date and ends (but excludes) the first Sunday following the expiration of 7 calendar days after the Termination Date. Benefits will also be delayed to take into account other payments, including, but not limited to, payouts for unused vacation, severance benefits, or other contractual payments. In cases where severance payments have been made to a Participant, TAP benefits will begin immediately following the expiration of the severance payment period. In schools or other environments with a shortened work year, benefits are generally not payable until the beginning of the next work year, usually after September 1.

Continued payment is contingent upon periodic verification of an active job search. Benefits will cease when the participant fails to meet the active job search requirements, verified through bi-weekly submission of a completed affidavit OR when the participant obtains comparable employment. It is the responsibility of the participant to notify Human Resources upon obtaining employment. In the event employment is accepted that is not comparable to previous employment, the participant may be eligible for pro-rated benefits. Earnings exclusions up to the weekly benefit rate may be applied. (Note: Payments made under the TAP program are not applied in calculating income or service credit for Pension purposes.)

* Base weekly wage calculation is based on the reported annual salary divided by 52 weeks.



Success Associates Career Services

97 Bright Road, Belmont, MA 02478 www.careersuccessassociates.com

Larry Elle Tel. (617) 325-4521 Email: lelle@ix.netcom.com

RCAB Transition Assistance: Career Counseling Sessions with Success Associates Career Services

Session One: In the first session, we will focus on helping the client assess their readiness, practically and emotionally, to search for work. Each client will be helped to clarify their career direction. We will also look at any emotional barriers to reemployment, i.e., issues of confidence, self-esteem, cognitive attitudes that can impede a successful job search.

A resume preparation form will be provided to help clients create a resume. A *Job Search Status Survey* is available to assess where a client will need help in their job search. Online career interest and skill assessments are also available to those seeking to move into a different job function and/or industry. This initial session will also help a client identify their “unique special advantage” and introduce them to PAR Statements, which help job applicants demonstrate their value to an employer.

Readings and helpful exercises will also be provided from the Career Success Binder of materials and the book *Secrets and Strategies For Success In An Uncertain World*, by Martin Yate. Goals will be set each week to encourage accountability, and clients will be encouraged to integrate stress management and confidence building activities into their job search routine.

Session Two: In this session, the client’s resume will be reviewed and suggestions made for improvement. Each client will also be given instructions about how to prepare a LinkedIn Profile, if appropriate. Teachers will be provided with detailed information about the specifics of applying for teaching work in the state of Massachusetts. Clients will also be instructed in how to compose Cover and Thank You letters to employers. Each session ends with goal setting for the next meeting. Readings and helpful exercises will be provided around networking from the Career Success Binder and textbook to help the client prepare for the third session.

Session Three: In this session clients will develop a working “value statement” or “Elevator Speech” to be used when networking and interviewing, with practice time spent delivering their speech with the counselor. The mechanics of networking will be explained and information about local networking groups and professional societies provided. Clients will be encouraged to utilize state funded One-Stop Career Centers and to join job search support groups. For those using LinkedIn, their profile will be reviewed and instructions provided on how best to use social media to “be found” by employers and to research potential employers and networking contacts. Goals will be set for the fourth session. Readings and helpful exercises around interviewing will also be provided from the Career Success Binder and textbook to help the client prepare for the fourth session.

Session Four: This session will focus on developing each client’s interviewing and self-presentation skills. Typical interview questions and answers will be discussed, practice time provided, and attention paid to how someone answers a question as well as to what they say. Measures to bolster confidence and self-esteem will be discussed with helpful activities assigned to reinforce job search resiliency. We will also discuss the roadblocks a person is encountering and propose ways to overcome those obstacles. Clients will leave with a Job Search Action Plan outlining the steps they need to take to land a job.

Each client will be asked to complete an evaluation form to provide feedback to Success Associates and the TAP Plan Trustees about the effectiveness of our program and to suggest ways to improve delivery of services.

Clients will be encouraged to participate in upcoming Job Search Success Teams for those who may want additional time and support for their job search.

ARCHDIOCESE OF BOSTON – TRANSITION ASSISTANCE PROGRAM
AFFIDAVIT OF EMPLOYMENT STATUS AND JOB SEARCH ACTIVITY

(Make copies of this form for future use.)

Please complete, sign and return form by 4p.m. on the due date (refer to TAP Schedule). You may choose to submit Affidavits by:

E-mail: HR@rcab.org Subject: TAP Affidavit or

Fax: (617) 746-5754 or

U.S. Mail: Archdiocese of Boston, TAP-Human Resources, 66 Brooks Drive, Braintree, MA 02184 or

In Person: May be brought to the reception desk at Pastoral Center in Braintree. Attn: HR - TAP

Name: _____ Telephone: _____

Job Search Dates: _____ to _____ Former place of employment: _____

3 job searches required during the past two (2) weeks, I have applied for employment with:

1. Name of Organization: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Contact Person: _____
Position applied for: _____
Date of application: _____
Outcome of application: _____
Method of Application: Resume sent In-Person Application Online submission Interview

2. Name of Organization: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Contact Person: _____
Position applied for: _____
Date of application: _____
Outcome of application: _____
Method of Application: Resume sent In-Person Application Online submission Interview

3. Name of Organization: _____
Address: _____
City, State, Zip: _____
Telephone: _____ Contact Person: _____
Position applied for: _____
Date of application: _____
Outcome of application: _____
Method of Application: Resume sent In-Person Application Online submission Interview

CERTIFICATION OF EMPLOYMENT AND PAY STATUS

This affidavit covers the two-week period ending on the Thursday prior to the TAP pay date. Please check all options below that apply to you.

I certify that I am unemployed, capable of working, available for work and actively seeking work. I hereby authorize the Archdiocese of Boston to verify my employment search activity.

I certify that during the period covered by this affidavit, I have earned gross wages of \$ _____ working for _____ (Name of employer). I understand, per the TAP Plan document, any wages earned in excess of 1/3 of my bi-weekly TAP benefits may be offset against my TAP payments.

Signature: _____ Date: _____

2022 TAP Schedule

Important: We ask that you please remember to submit completed & signed Affidavits with 3 job searches to HR on or before the due date for each pay period. Please note, areas that are shaded and/or **RED** indicate early deadlines due to holidays. These due dates allow us sufficient time to process your TAP payments timely, accurately, and efficiently.

You may choose to submit Affidavits by:

- **Email:** HR@rcab.org (include "TAP Affidavit" in the subject line) or
- **FAX:** 617-746-5754 or
- **US Mail:** Archdiocese of Boston, Pastoral Center, TAP Human Resources, 66 Brooks Drive, Braintree, MA 02184 or
- **Hand Delivery:** Affidavits may be brought to the reception desk at the Pastoral Center (regular business hours only).

Affidavits <u>MUST</u> show 3 job searches within the timeframes below:	<u>Completed affidavits are due to HR on the following dates:</u>	TAP Pay Dates (Bi-weekly, normally on Fridays)
Dec 19 (2021) to Dec 29 (2021)	(Wed) Dec 29 (2021)	1/7/2022
Jan 2 (2022) to Jan 12 (2022)	(Wed) Jan 12 (2022)	1/21/2022
Jan 16 to Jan 27	(Thurs) Jan 27	2/4/2022
Jan 30 to Feb 10	(Thurs) Feb 10	2/18/2022
Feb 13 to Feb 24	(Thurs) Feb 24	3/4/2022
Feb 27 to Mar 10	(Thurs) Mar 10	3/18/2022
Mar 13 to Mar 24	(Thurs) Mar 24	4/1/2022
Mar 27 to Apr 7	(Thurs) April 7	4/15/2022
Apr 10 to Apr 21	(Thurs) April 21	4/29/2022
Apr 24 to May 5	(Thurs) May 5	5/13/2022
May 8 to May 19	(Thurs) May 19	5/27/2022
May 22 to June 2	(Thurs) June 2	6/10/2022
June 5 to June 16	(Thurs) June 16	6/24/2022
June 19 to June 29	(Wed) June 29	7/8/2022
July 3 to July 14	(Thurs) July 14	7/22/2022
July 17 to July 28	(Thurs) July 28	8/5/2022
July 31 to Aug 11	(Thurs) Aug 11	8/19/2022
Aug 14 to Aug 25	(Thurs) Aug 25	9/2/2022
Aug 28 to Sept 8	(Thurs) Sept 8	9/16/2022
Sept 11 to Sept 22	(Thurs) Sept 22	9/30/2022
Sept 25 to Oct 5	(Wed) Oct 5	10/14/2022
Oct 9 to Oct 20	(Thurs) Oct 20	10/28/2022
Oct 23 to Nov 2	(Wed) Nov 2	11/10/2022
Nov 6 to Nov 16	(Wed) Nov 16	11/25/2022
Nov 20 to Dec 1	(Thurs) Dec 1	12/9/2022
Dec 4 to Dec 15	(Thurs) Dec 15	12/23/2022
Dec 18 to Dec 28	(Wed) Dec 28, 2022	1/6/2023

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.**

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

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

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.)

▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 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 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

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 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

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



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions 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 Widow(er)

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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

FORM M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 8/02



Print full name
Print home address

Social Security no.
City State Zip

Employee:

File this form or Form W-4 with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer:

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

- 1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "3." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "4." See Instruction C
3. Write the number of your qualified dependents. See Instruction D
4. Add the number of exemptions which you have claimed above and write the total
5. Additional withholding per pay period under agreement with employer \$
A. Check if you will file as head of household on your tax return.
B. Check if you are blind. C. Check if spouse is blind and not subject to withholding.
D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date Signed

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. If you claim more than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "3" in line 2. Using "3" is the withholding system adjustment for the \$3,300 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

IF YOU CLAIM THE SAME NUMBER OF EXEMPTIONS FOR MASSACHUSETTS AND U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.

Roman Catholic Archdiocese of Boston
Direct Deposit Form

Employee Name: _____ Location: _____

Please Check One: New Hire: Change: Date of change:

Bank/Institution Name: _____

Bank/Institution Routing Number: _____

Bank/Institution Account Number: _____

Type of Account: Checking Saving Other:

Bank/Institution Name: _____

Bank/Institution Routing Number: _____

Bank/Institution Account Number: _____

Type of Account: Checking Saving Other:

Allocation of funds:

You can have your paycheck deposited into more than one bank account. Please indicate below how much of your bi-weekly paycheck you would like to be deposited into the corresponding account.

Entire Amount: Deposited into account #: _____

Partial Amount: _____ Deposited into account #: _____

I hereby authorize the Archdiocese of Boston to deposit the payment described above to my account at the financial institution named above. Also, the Archdiocese of Boston is authorized to adjust any other deposit which is caused to be made to my account. I will not hold the financial institution named above liable for any erroneous deposits or adjustments made by the Archdiocese of Boston.

Please check your payroll check stub to verify account and dollar amounts.

Signed: _____ Date: _____

Note: For Checking Accounts attach a voided check or copy of one with this form

**ARCHDIOCESE OF BOSTON
TRANSITION ASSISTANCE PROGRAM (TAP)**

Notification of Separation/Application for Benefits

THIS SECTION TO BE COMPLETED IN FULL BY PASTOR/ADMINISTRATOR/PRINCIPAL:

Parish/Agency/School Name: _____ Inst.#: _____

Pastor/Administrator/Principal Name: _____

Address: _____

Telephone # _____ Fax#: _____

Employee's Name: _____

Address: _____

Personal E-mail: _____ Phone (Home/Cell): _____

Social Security#: _____ D.O.B.: _____

Position/Title: _____

Date of Hire: _____ This employee was paid regular salary through (date): _____

Hours worked per week: _____ Months Worked per Year (10 or 12): _____

Annual Base Salary: \$ _____

Vacation Pay (Number of **Days** Paid at Separation): _____

Severance Pay (Number of Weeks, if any): _____ Other Contractual Payments: _____

Reason for Separation (Use reverse side of form if necessary): _____

Signature of Pastor/Administrator/Principal

Date

Pastor/Administrator/Principal: Please keep a copy for your records.

**THIS SECTION TO BE COMPLETED IN FULL BY STAFF MEMBER:
Certification and Application**

Do you anticipate receiving additional payments within the next year (i.e., wages from temporary or part time employment, retirement/pension, Workers' Compensation, long-term disability)?

Yes: _____ No: _____ If Yes, please describe: _____

I certify that the above information is accurate.* I have received information pertaining to the Transition Assistance Program and understand the provisions thereof. I hereby apply for Transition Assistance benefits.

Signature of Staff Member

Date

(*Please use reverse side of form to explain any discrepancies.)

When completed, please return original form to:

Human Resources Office, Archdiocese of Boston, 66 Brooks Drive, Braintree, MA 02184