



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 forms.

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

Also enclosed are 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 and corresponding pay dates for your convenience. 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 be made for that period on the next scheduled pay date.

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, no Participant shall be eligible 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) 746-5736 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 covered by Massachusetts unemployment compensation insurance.

**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**

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. Effective March 1, 2016, outplacement 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.

## **RCAB Transition Assistance: Outplacement Sessions with Success Associates Career Services**

TAP Participants are eligible for outplacement counseling services, as described below, as soon as their TAP waiting period begins. To access these services, which are confidential and free of charge, contact Larry Elle at Success Career Associates, Tel. (617) 325-4521 Email: [lelle@ix.netcom.com](mailto:lelle@ix.netcom.com). Success Associates is located at 97 Bright Road, Belmont, MA 02478.

**Session One:** In the first session, the focus will be 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 (TAP)**

**Notification of Separation/Application for Benefits**

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TO BE COMPLETED IN FULL BY **PASTOR/ADMINISTRATOR/PRINCIPAL**:

Parish/Agency/School Name \_\_\_\_\_ Inst.# \_\_\_\_\_

Pastor/Administrator/Principal Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_ Fax #: \_\_\_\_\_

Staff Member's Name \_\_\_\_\_

Address \_\_\_\_\_

E-mail \_\_\_\_\_ Ph #: \_\_\_\_\_ Cell #: \_\_\_\_\_

Social Security # \_\_\_\_\_ D.O.B. \_\_\_\_\_

Position/Title \_\_\_\_\_

Date of Hire \_\_\_\_\_ Date Paid Through \_\_\_\_\_

Hours worked per week \_\_\_\_\_ Months Worked per Year (10 or 12) \_\_\_\_\_

Annual Base Salary \$ \_\_\_\_\_ Vacation (Number of Accrued Days at Separation) \_\_\_\_\_

Severance Pay/Number of Weeks (if any) \_\_\_\_\_ Other Contractual Payments \_\_\_\_\_

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

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\_\_\_\_\_  
Signature - Pastor/Administrator/Principal

\_\_\_\_\_  
Date

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

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**TO BE COMPLETED 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 – Staff Member

\_\_\_\_\_  
Date

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

**Return original form to:**

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

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

**\*Please make copies of this form for future use.**

Name \_\_\_\_\_ Telephone ( \_\_\_\_ ) \_\_\_\_\_

Former Place of Employment \_\_\_\_\_

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 \_\_\_ 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 \_\_\_ 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 \_\_\_ Interview

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**CERTIFICATION OF EMPLOYMENT AND PAY STATUS**

**This affidavit covers the two-week period ending on the Thursday prior to the TAP pay date. Please complete one of the options below.**

**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.**

*OR*

**I certify that during the period covered by this affidavit, I have earned gross wages of \$ \_\_\_\_\_ working for \_\_\_\_\_ (name of employer). I understand that on a weekly basis, per the TAP Plan document, any wages earned in excess of 30% of my TAP benefits may be offset against my TAP payments.**

Signature: \_\_\_\_\_

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

Please complete, sign and return form **by 4pm Thursday of due date to:**

Human Resources, Archdiocese of Boston  
66 Brooks Drive  
Braintree, MA 02184  
Fax: 617-746-5754  
[hr@rcab.org](mailto:hr@rcab.org)

# Form W-4 (2017)

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

**Exemption from withholding.** If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>        </u>
<b>B</b>	Enter "1" if: <div style="display: inline-block; border-left: 1px solid black; border-right: 1px solid black; padding: 0 5px;"> <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </div> . . . . .	<b>B</b>	<u>        </u>
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>        </u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>        </u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>        </u>
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . . (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>        </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.</li> <li>• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.</li> </ul>	<b>G</b>	<u>        </u>
<b>H</b>	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>        </u>

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2017</span>
1 Your first name and middle initial <span style="float: right;">Last name</span>		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>        </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>        </u>
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>        </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)

**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1	10		_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	1	_____
2	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet	3	_____

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

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. 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 who claims no withholding allowances; 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.

FORM  
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 1/12



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

**EMPLOYER: DO NOT withhold if Box D is checked.**

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

Date..... Signed .....

**THIS FORM MAY BE REPRODUCED**

**THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE**

**A. Number.** 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 "4" in line 2. Using "4" is the withholding system adjustment for the \$4,400 exemption for a spouse.

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

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

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

**IF THE ALLOWABLE MASSACHUSETTS WITHHOLDING EXEMPTIONS ARE THE SAME AS YOU ARE CLAIMING FOR U.S. INCOME TAXES, COMPLETE U.S. FORM W-4 ONLY.**



Archdiocese of Boston

Payroll

Direct Deposit Form

P/R:	_____
By:	_____
Date:	_____

Employee: \_\_\_\_\_  
(please print name)

Location: \_\_\_\_\_

New Participant

Change

Choose one or more of the following:

Full to Checking

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

Account #: \_\_\_\_\_

Transit #: \_\_\_\_\_

Full to Savings

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

Account #: \_\_\_\_\_

Transit #: \_\_\_\_\_

Partial:    Checking      
(check one)    Savings   

Amount: \$ \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Transit #: \_\_\_\_\_

Partial:    Checking      
(check one)    Savings   

Amount: \$ \_\_\_\_\_ Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Transit #: \_\_\_\_\_

Notes:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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.

Direct Deposit is normally active at the SECOND paydate after the initial data is entered into payroll. Please check your payroll check stub to verify account and dollar amounts.

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

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

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

## SCHEDULE FOR TAP 2018

When the Affidavit is <b>due in HR</b>	Show Job Search Activity from:	TAP PAY DATE
January 4	December 24 to January 4	January 12
January 18	January 7 to January 18	January 26
February 1	January 21 to February 1	February 9
February 15	February 4 to February 15	February 23
March 1	February 18 to March 1	March 9
March 15	March 4 to March 15	March 23
March 29	March 18 to March 29	April 6
April 12	April 1 to April 12	April 20
April 26	April 15 to April 26	May 4
May 10	April 29 to May 10	May 18
May 24	May 13 to May 24	June 1
June 7	May 27 to June 7	June 15
June 21	June 10 to June 21	June 29
July 5	June 24 to July 5	July 13
July 19	July 8 to July 19	July 27
August 2	July 22 to August 2	August 10
August 16	August 5 to August 16	August 24
August 30	August 19 to August 30	September 7
September 13	September 2 to September 13	September 21
September 27	September 16 to September 27	October 5
October 11	September 30 to October 11	October 19
October 25	October 14 to October 26	November 2
November 8	October 28 to November 8	November 16
November 21	November 11 to November 21	November 30
December 6	November 25 to December 6	December 14
December 19	December 9 to December 19	December 28
January 3	December 23 to January 3	January 11, 2019

*Pay dates are normally on Fridays except when on a Federal holiday*

***\*Shaded areas indicate early deadline***

***Submit affidavits for each pay period (unless early deadline) before 4 pm Thursdays on due date.***