



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, 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 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, 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, Participant 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.

Updated April 2020



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 (TAP)**

Notification of Separation/Application for Benefits

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: _____ Phone: _____ 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):

Signature of Pastor/Administrator/Principal

Date

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

**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 of 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

(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: _____

2021 TAP Schedule

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. **SHADED** and/or **RED** areas indicate early deadlines due to holidays.

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

| Affidavits MUST 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 20 (2020) to Dec 30 (2020) | (Wed) Dec 30 (2020) | 1/8/2021 |
| Jan 3 (2021) to Jan 13 (2021) | (Wed) Jan 13 (2021) | 1/22/2021 |
| Jan 17 to Jan 28 | (Thurs) Jan 28 | 2/5/2021 |
| Jan 31 to Feb 10 | (Wed) Feb 10 | 2/19/2021 |
| Feb 14 to Feb 25 | (Thurs) Feb 25 | 3/5/2021 |
| Feb 28 to Mar 11 | (Thurs) Mar 11 | 3/19/2021 |
| Mar 14 to Mar 25 | (Thurs) Mar 25 | 4/2/2021 |
| Mar 28 to Apr 8 | (Thurs) April 8 | 4/16/2021 |
| Apr 11 to Apr 22 | (Thurs) April 22 | 4/30/2021 |
| Apr 25 to May 6 | (Thurs) May 6 | 5/14/2021 |
| May 9 to May 20 | (Thurs) May 20 | 5/28/2021 |
| May 23 to June 3 | (Thurs) June 3 | 6/11/2021 |
| June 6 to June 17 | (Thurs) June 17 | 6/25/2021 |
| June 20 to June 30 | (Wed) June 30 | 7/9/2021 |
| July 4 to July 15 | (Thurs) July 15 | 7/23/2021 |
| July 18 to July 29 | (Thurs) July 29 | 8/6/2021 |
| Aug 1 to Aug 12 | (Thurs) Aug 12 | 8/20/2021 |
| Aug 15 to Aug 26 | (Thurs) Aug 26 | 9/3/2021 |
| Aug 29 to Sept 9 | (Thurs) Sept 9 | 9/17/2021 |
| Sept 12 to Sept 23 | (Thurs) Sept 23 | 10/1/2021 |
| Sept 26 to Oct 6 | (Wed) Oct 6 | 10/15/2021 |
| Oct 10 to Oct 21 | (Thurs) Oct 21 | 10/29/2021 |
| Oct 24 to Nov 3 | (Wed) Nov 3 | 11/12/2021 |
| Nov 7 to Nov 17 | (Wed) Nov 17 | 11/26/2021 |
| Nov 21 to Dec 2 | (Thurs) Dec 2 | 12/10/2021 |
| Dec 5 to Dec 15 | (Wed) Dec 15 | 12/24/2021 |
| Dec 19 to Dec 29 | (Wed) Dec 29, 2021 | 1/7/2022 |

Employee's Withholding Certificate

OMB No. 1545-0074
2021

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.

| | | | |
|---|---|-----------|--|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number <input type="checkbox"/> 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 . |
| | Address | | |
| | 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 2021 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 <input type="checkbox"/> \$ _____ Multiply the number of other dependents by \$500 <input type="checkbox"/> \$ _____ 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. <input type="checkbox"/> _____ <input type="checkbox"/> 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

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 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 2021 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, 2022.

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. one Form W-4. Withholding will be most accurate if Complete Steps 3 through 4(b) on only 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2021 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. **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 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. **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 **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 (along with any other additional amount you want withheld) **4** \$ _____

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



- 1 Enter an estimate of your 2021 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 **1** \$ _____

- \$25,100 if you're married filing jointly or qualifying widow(er)

- 2 Enter: • \$18,800 if you're head of household

- \$12,550 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-" **3** \$ _____

- 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 **4** \$ _____

- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4. **5** \$ _____

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 | \$190 | \$850 | \$890 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,100 | \$1,870 | \$1,870 |
| \$10,000 - 19,999 | 190 | 1,190 | 1,890 | 2,090 | 2,220 | 2,220 | 2,220 | 2,220 | 2,300 | 3,300 | 4,070 | 4,070 |
| \$20,000 - 29,999 | 850 | 1,890 | 2,750 | 2,950 | 3,080 | 3,080 | 3,080 | 3,160 | 4,160 | 5,160 | 5,930 | 5,930 |
| \$30,000 - 39,999 | 890 | 2,090 | 2,950 | 3,150 | 3,280 | 3,280 | 3,360 | 4,360 | 5,360 | 6,360 | 7,130 | 7,130 |
| \$40,000 - 49,999 | 1,020 | 2,220 | 3,080 | 3,280 | 3,410 | 3,490 | 4,490 | 5,490 | 6,490 | 7,490 | 8,260 | 8,260 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,080 | 3,280 | 3,490 | 4,490 | 5,490 | 6,490 | 7,490 | 8,490 | 9,260 | 9,260 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,080 | 3,360 | 4,490 | 5,490 | 6,490 | 7,490 | 8,490 | 9,490 | 10,260 | 10,260 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,160 | 4,360 | 5,490 | 6,490 | 7,490 | 8,490 | 9,490 | 10,490 | 11,260 | 11,260 |
| \$80,000 - 99,999 | 1,020 | 3,150 | 5,010 | 6,210 | 7,340 | 8,340 | 9,340 | 10,340 | 11,340 | 12,340 | 13,260 | 13,460 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 5,930 | 7,130 | 8,260 | 9,320 | 10,520 | 11,720 | 12,920 | 14,120 | 15,090 | 15,290 |
| \$150,000 - 239,999 | 2,040 | 4,440 | 6,500 | 7,900 | 9,230 | 10,430 | 11,630 | 12,830 | 14,030 | 15,230 | 16,190 | 16,400 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,500 | 7,900 | 9,230 | 10,430 | 11,630 | 12,830 | 14,030 | 15,270 | 17,040 | 18,040 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,500 | 7,900 | 9,230 | 10,430 | 11,630 | 12,870 | 14,870 | 16,870 | 18,640 | 19,640 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,500 | 7,900 | 9,230 | 10,470 | 12,470 | 14,470 | 16,470 | 18,470 | 20,240 | 21,240 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,500 | 7,940 | 10,070 | 12,070 | 14,070 | 16,070 | 18,070 | 20,070 | 21,840 | 22,840 |
| \$320,000 - 364,999 | 2,720 | 5,920 | 8,780 | 10,980 | 13,110 | 15,110 | 17,110 | 19,110 | 21,190 | 23,490 | 25,560 | 26,860 |
| \$365,000 - 524,999 | 2,970 | 6,470 | 9,630 | 12,130 | 14,560 | 16,860 | 19,160 | 21,460 | 23,760 | 26,060 | 28,130 | 29,430 |
| \$525,000 and over | 3,140 | 6,840 | 10,200 | 12,900 | 15,530 | 18,030 | 20,530 | 23,030 | 25,530 | 28,030 | 30,300 | 31,800 |

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 | \$440 | \$940 | \$1,020 | \$1,020 | \$1,410 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,030 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 940 | 1,540 | 1,620 | 2,020 | 3,020 | 3,470 | 3,470 | 3,470 | 3,640 | 3,840 | 3,840 | 3,840 |
| \$20,000 - 29,999 | 1,020 | 1,620 | 2,100 | 3,100 | 4,100 | 4,550 | 4,550 | 4,720 | 4,920 | 5,120 | 5,120 | 5,120 |
| \$30,000 - 39,999 | 1,020 | 2,020 | 3,100 | 4,100 | 5,100 | 5,550 | 5,720 | 5,920 | 6,120 | 6,320 | 6,320 | 6,320 |
| \$40,000 - 59,999 | 1,870 | 3,470 | 4,550 | 5,550 | 6,690 | 7,340 | 7,540 | 7,740 | 7,940 | 8,140 | 8,150 | 8,150 |
| \$60,000 - 79,999 | 1,870 | 3,470 | 4,690 | 5,890 | 7,090 | 7,740 | 7,940 | 8,140 | 8,340 | 8,540 | 9,190 | 9,990 |
| \$80,000 - 99,999 | 2,000 | 3,810 | 5,090 | 6,290 | 7,490 | 8,140 | 8,340 | 8,540 | 9,390 | 10,390 | 11,190 | 11,990 |
| \$100,000 - 124,999 | 2,040 | 3,840 | 5,120 | 6,320 | 7,520 | 8,360 | 9,360 | 10,360 | 11,360 | 12,360 | 13,410 | 14,510 |
| \$125,000 - 149,999 | 2,040 | 3,840 | 5,120 | 6,910 | 8,910 | 10,360 | 11,360 | 12,450 | 13,750 | 15,050 | 16,160 | 17,260 |
| \$150,000 - 174,999 | 2,220 | 4,830 | 6,910 | 8,910 | 10,910 | 12,600 | 13,900 | 15,200 | 16,500 | 17,800 | 18,910 | 20,010 |
| \$175,000 - 199,999 | 2,720 | 5,320 | 7,490 | 9,790 | 12,090 | 13,850 | 15,150 | 16,450 | 17,750 | 19,050 | 20,150 | 21,250 |
| \$200,000 - 249,999 | 2,970 | 5,880 | 8,260 | 10,560 | 12,860 | 14,620 | 15,920 | 17,220 | 18,520 | 19,820 | 20,930 | 22,030 |
| \$250,000 - 399,999 | 2,970 | 5,880 | 8,260 | 10,560 | 12,860 | 14,620 | 15,920 | 17,220 | 18,520 | 19,820 | 20,930 | 22,030 |
| \$400,000 - 449,999 | 2,970 | 5,880 | 8,260 | 10,560 | 12,860 | 14,620 | 15,920 | 17,220 | 18,520 | 19,910 | 21,220 | 22,520 |
| \$450,000 and over | 3,140 | 6,250 | 8,830 | 11,330 | 13,830 | 15,790 | 17,290 | 18,790 | 20,290 | 21,790 | 23,100 | 24,400 |

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 | \$820 | \$930 | \$1,020 | \$1,020 | \$1,020 | \$1,420 | \$1,870 | \$1,870 | \$1,910 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 820 | 1,900 | 2,130 | 2,220 | 2,220 | 2,620 | 3,620 | 4,070 | 4,110 | 4,310 | 4,440 | 4,440 |
| \$20,000 - 29,999 | 930 | 2,130 | 2,360 | 2,450 | 2,850 | 3,850 | 4,850 | 5,340 | 5,540 | 5,740 | 5,870 | 5,870 |
| \$30,000 - 39,999 | 1,020 | 2,220 | 2,450 | 2,940 | 3,940 | 4,940 | 5,980 | 6,630 | 6,830 | 7,030 | 7,160 | 7,160 |
| \$40,000 - 59,999 | 1,020 | 2,470 | 3,700 | 4,790 | 5,800 | 7,000 | 8,200 | 8,850 | 9,050 | 9,250 | 9,380 | 9,380 |
| \$60,000 - 79,999 | 1,870 | 4,070 | 5,310 | 6,600 | 7,800 | 9,000 | 10,200 | 10,850 | 11,050 | 11,250 | 11,520 | 12,320 |
| \$80,000 - 99,999 | 1,880 | 4,280 | 5,710 | 7,000 | 8,200 | 9,400 | 10,600 | 11,250 | 11,590 | 12,590 | 13,520 | 14,320 |
| \$100,000 - 124,999 | 2,040 | 4,440 | 5,870 | 7,160 | 8,360 | 9,560 | 11,240 | 12,690 | 13,690 | 14,690 | 15,670 | 16,770 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 5,870 | 7,240 | 9,240 | 11,240 | 13,240 | 14,690 | 15,890 | 17,190 | 18,420 | 19,520 |
| \$150,000 - 174,999 | 2,040 | 4,920 | 7,150 | 9,240 | 11,240 | 13,290 | 15,590 | 17,340 | 18,640 | 19,940 | 21,170 | 22,270 |
| \$175,000 - 199,999 | 2,720 | 5,920 | 8,150 | 10,440 | 12,740 | 15,040 | 17,340 | 19,090 | 20,390 | 21,690 | 22,920 | 24,020 |
| \$200,000 - 249,999 | 2,970 | 6,470 | 9,000 | 11,390 | 13,690 | 15,990 | 18,290 | 20,040 | 21,340 | 22,640 | 23,880 | 24,980 |
| \$250,000 - 349,999 | 2,970 | 6,470 | 9,000 | 11,390 | 13,690 | 15,990 | 18,290 | 20,040 | 21,340 | 22,640 | 23,880 | 24,980 |
| \$350,000 - 449,999 | 2,970 | 6,470 | 9,000 | 11,390 | 13,690 | 15,990 | 18,290 | 20,040 | 21,340 | 22,640 | 23,900 | 25,200 |
| \$450,000 and over | 3,140 | 6,840 | 9,570 | 12,160 | 14,660 | 17,160 | 19,660 | 21,610 | 23,110 | 24,610 | 26,050 | 27,350 |

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 #: _____

Partial Amount: _____ Deposited into account #: _____

Partial 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