



Completing Payroll Forms

Instructions for international students and scholars
at Lehigh University



Forms to Complete

Please download the following forms before going to the next slide.

- [I-9](#)
- [W-4](#)
- [Residency Certification Form](#)
- [International Tax Information Form](#)

Form I-9

IMPORTANT NOTES

- This page of the I-9 must be completed by the employee and signed **no later than the FIRST DAY OF EMPLOYMENT**
- Page 2 of this document will be completed by OISS during your payroll appointment.
- During your payroll appointment with OISS, an OISS staff will sign page 2 of your I-9 within three (3) days of your on-campus employment start date

		Employment Eligibility Verification Department of Homeland Security U.S. Citizenship and Immigration Services		USCIS Form I-9 OMB No. 1615-0047 Expires 10/31/2022																																																											
<p>▶ START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.</p> <p>ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.</p> <p>Section 1. Employee Information and Attestation <i>(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)</i></p> <table border="1"><tr><td colspan="2">Last Name (Family Name)</td><td colspan="2">First Name (Given Name)</td><td>Middle Initial</td><td>Other Last Names Used (if any)</td></tr><tr><td colspan="6">Print your name as it appears on your passport</td></tr><tr><td colspan="2">Address (Street Number and Name)</td><td>Apt. Number</td><td>City or Town</td><td>State</td><td>ZIP Code</td></tr><tr><td colspan="6">Your local address in the U.S.</td></tr><tr><td>Date of Birth (mm/dd/yyyy)</td><td colspan="2">U.S. Social Security Number</td><td colspan="2">Employee's E-mail Address</td><td>Employee's Telephone Number</td></tr><tr><td></td><td colspan="2">leave it blank if no SSN</td><td colspan="2"></td><td></td></tr></table> <p>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</p> <p>I attest, under penalty of perjury, that I am (check one of the following boxes):</p> <table border="1"><tr><td><input type="checkbox"/> 1. A citizen of the United States</td></tr><tr><td><input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)</td></tr><tr><td><input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____</td></tr><tr><td><input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 1-20 / DS-2019 end date OR EAD end date Some aliens may write "NA" in the expiration date field. (See instructions)</td></tr></table> <p>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</p> <table border="1"><tr><td>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</td><td>Complete either #2 OR #3</td></tr></table> <table border="1"><tr><td>Signature of Employee</td><td>Today's Date (mm/dd/yyyy)</td></tr><tr><td>Sign your name here</td><td>Enter the date on which this form is signed</td></tr></table> <p>Preparer and/or Translator Certification (check one):</p> <p><input checked="" type="checkbox"/> I did not use a preparer or translator. <input type="checkbox"/> A preparer(s) and/or translator(s) assisted the employee in completing Section 1. (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)</p> <p>I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.</p> <table border="1"><tr><td colspan="2">Signature of Preparer or Translator</td><td colspan="2">Today's Date (mm/dd/yyyy)</td></tr><tr><td colspan="2">Last Name (Family Name)</td><td colspan="2">First Name (Given Name)</td></tr><tr><td colspan="2">Address (Street Number and Name)</td><td>City or Town</td><td>State ZIP Code</td></tr></table>						Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	Print your name as it appears on your passport						Address (Street Number and Name)		Apt. Number	City or Town	State	ZIP Code	Your local address in the U.S.						Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number		leave it blank if no SSN					<input type="checkbox"/> 1. A citizen of the United States	<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	<input checked="" type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): 1-20 / DS-2019 end date OR EAD end date Some aliens may write "NA" in the expiration date field. (See instructions)	1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. 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Employer Completes Next Page



W-4

IMPORTANT NOTES

Nonresident alien for tax purposes is generally defined as:

- An F-1 or J-1 student who has **not** lived in the U.S. for more than five (5) years
- A J-1 scholar who has **not** lived in the U.S. for more than two (2) years

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ 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 Print your name as it appears on your passport Address Your local address in the U.S. City or town, state, and ZIP code	Last name leave it blank if no SSN ▶ 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 .	2020
		(c) <input checked="" type="checkbox"/> Single or Married filing separately Check this box if you are a nonresident alien for tax purposes <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 online estimator, 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 ▶ <input type="checkbox"/> TIP: To be accurate, submit a 2020 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 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. Sign your name here Employee's signature (This form is not valid unless you sign it.) Date on which this form is signed Date		
Employers Only		Employer's name and address	First date of employment	Employer identification number (EIN)

Residency Certification Form

IMPORTANT NOTES

- If your address is in Bethlehem
 - Municipality: Bethlehem City
 - County: Northampton
- If your address is in Allentown
 - Municipality: Allentown City
 - County: Lehigh
- If your address is in Hellertown
 - Municipality: Hellertown Borough
 - County: Northampton

CLGS-32-6 (8-11)



RESIDENCY CERTIFICATION FORM Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial) Print your name as it appears on your passport			SOCIAL SECURITY NUMBER Leave it blank if not SSN
STREET ADDRESS (No PO Box, RD or RR) Your local address in PA			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name) Lehigh University - name of the department for which you will be working			EMPLOYER FEIN 2 4 0 7 9 5 4 4 5
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR) address of the department			
SECOND LINE OF ADDRESS			
CITY Bethlehem	STATE PA	ZIP CODE 18015	PHONE NUMBER phone # of the department
MUNICIPALITY (City, Borough or Township) Bethlehem			
COUNTY Northampton	WORK LOCATION PSD CODE		WORK LOCATION NON-RESIDENT EIT RATE

CERTIFICATION	
Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE Sign your name here	DATE (MM/DD/YYYY) Date on which is form is signed
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com

PAGE 1

- All applicable sections of this application form must be completed to determine your tax status and to see if you qualify for any treaty benefits. A copy of both sides of your I-94 Form "Arrival and Departure Record", a copy of your U.S. visa from your passport, and I-20 or DS-2019 Form (if applicable) must be attached to this form.

Last Name:		First Name:		Middle Name:	
Social Security Number/Individual Tax Identification Number (ITIN):				Department:	
Position at Lehigh: Student Post-Doc Research Scientist etc.				Date of Birth: / / MM/DD/YYYY	
Section One:		Residence Information			
Tax Residence Country (where you last paid taxes):					
United States Local Address			Foreign Residence Address Prior To Visiting U.S.		
Address Line 1:			Address Line 1:		
Address Line 2:			Address Line 2:		
Address Line 3:			Address Line 3:		
City:			City:		
State:			Province/Region:		
Zip Code:			Country:		
Telephone Number: - -			Regional Postal Code:		
Section Two:		Passport Information			
Home Country:		Country of Citizenship:			
Country Issuing Passport:		Passport Number:		Passport Expiration Date: / /	
Section Three:		Income Information			
Check all that apply:		<input type="checkbox"/> Income from Lehigh employment (including assistantships), estimated annual amount _____ <input type="checkbox"/> Scholarship or Fellowship _____		<input type="checkbox"/> Honorarium _____ <input type="checkbox"/> Other, please specify _____	
Section Four:		Current Immigration Information			
Current Immigration Status/Visa Type (check one)		Primary Purpose of Visit (check one)			
<input type="checkbox"/> F-1 Student <input type="checkbox"/> J-1 Exchange Visitor (check Sub Type) Sub Type: <input type="checkbox"/> 01 Student <input type="checkbox"/> Short Term Scholar <input type="checkbox"/> 05 Professor <input type="checkbox"/> Other, please specify _____ <input type="checkbox"/> 12 Research Scholar		<input type="checkbox"/> 01 Studying-Degree Program <input type="checkbox"/> 02 Studying-Non-Degree Program <input type="checkbox"/> 03 Teaching <input type="checkbox"/> 04 Lecturing <input type="checkbox"/> 05 Observing <input type="checkbox"/> 06 Consulting <input type="checkbox"/> 07 Conducting Research <input type="checkbox"/> 08 Acquiring Training <input type="checkbox"/> 09 Demonstrating Special Skills <input type="checkbox"/> 11 Temporary Employment <input type="checkbox"/> 12 Here with spouse/relative			
<input type="checkbox"/> J-2 Spouse/Child of Exchange Visitor <input type="checkbox"/> H-1 Temporary Employee <input type="checkbox"/> U.S. Immigrant/Permanent Resident <input type="checkbox"/> Other, please specify _____					
Visa Number (# in lower right hand corner):		Visa Start Date: / /		This is your visa issue date	
First Day in USA in this status: / /		Anticipated Completion Date: / /		I-20/DS-2019 end date or EAD end date	

Turn over for more sections →



Int'l Tax Information Form

PAGE 2

- If your answer to the question in Section Six is “no”, you are required to provide the dates on which you entered and departed the U.S. in the chart following the question. If you have multiple entry/departure dates (more than five), you may choose to download your travel history from www.cbp.gov/I-94, attach it to this form and write down “see attached” on the chart.

Section Five		Complete only if you are a consultant/self employed individual			
Do you/will you have an office (fixed base) in the United States? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If yes, how many days in this tax year did you/will you have an office (fixed base)?					
Section Six		Immigration Activity			
Is this your first visit to the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If no, please list all visa immigration activity in the chart below. For visa type, J-1 subtypes, primary purpose, use the same codes listed in Section Four of this form.					
Date of Entry (mm/dd/yyyy)	Date of Exit (mm/dd/yyyy)	Visa Status	J-1 Subtype	Primary Purpose	Have you taken any treaty benefits?
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
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/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
/ /	/ /				<input type="checkbox"/> Yes <input type="checkbox"/> No
Section Seven		Certification			
I hereby certify that all of the above information is TRUE, COMPLETE, AND CORRECT. I understand that if my <u>visa status changes</u> from that which I have indicated on this form, I must submit a new Lehigh University International Tax Information form.					
Signature: _____ Date: / /					



Make an Appointment with OISS

- After completing these forms to the best of your ability, please schedule a payroll appointment (via [iHome](#)) with OISS. A staff member will go over your forms with you to check for completeness and accuracy.
- Remember that you must meet with an OISS staff within three (3) days of your on-campus employment start date. Please schedule your appointment as early as possible.
- During the appointment, you will be given instructions on how to apply for a SSN if needed.



Additional Documents to Bring to Your Payroll Appointment

- Original passport and visa
- Original I-20 or DS-2019
- Original EAD (for students who are on OPT)
- A copy of your I-94 (www.cbp.gov/I-94)