COUNTY OF MONMOUTH

NEW EMPLOYEE ORIENTATION PAPERWORK

INSTRUCTIONS

1. Complete and print each of the following pages and bring them with you to New Employee Orientation. **Please do not print double-sided.** It is not necessary to print this cover page.

2. **Sign and date each form** - The date you sign may be the date you complete the form (the date does not need to reflect your first day).

3. **NJ-W4 Form** – Make sure to complete #4, the total number of allowances you are claiming.

4. **I-9 Form, Employment Eligibility Verification** - Complete Section 1 only. See other related documents if applicable on the New Employee Orientation Website, e.g., List of Acceptable Documents & Supplement A - If you need a preparer and/or translator.

5. If you have any questions, please contact your recruiter.

EMPLOYMENT DATA AUTHORIZATION

The COUNTY OF MONMOUTH is an Equal Opportunity Employer and does not discriminate on the basis of race, creed, color, national origin, nationality, ancestry, age, sex or any other protected classification.

Monmouth County Human Resources Department
Hall of Records, 1 East Main Street, Freehold, New Jersey 07728
Email: MC.HumanResources@co.monmouth.nj.us

www.visitmonmouth.com
Phone 732-431-7300
Fax 732-431-7924

The following information is required for entry into our Monmouth County Human Resources Management System (HRMS)

NEW HIRE INFORMATION

Name: _____
Last Name *First Name* *Middle Name/M.I.*

Title (Mr./Mrs./Ms./Other): _____

Maiden Name: _____
If Applicable

Home: ( ) _____

Address: _____
Permanent residence / Number & Street / Apt. # (PO Box not acceptable)

Cell: ( ) _____

_____
City *County* *State* *Zip Code*

Work: ( ) _____

Social Security Number: _____
xxx / xx / xxxx

E-mail: _____

Date of Birth: _____
Month / Day / Year

RACE / ETHNIC CATERGORIES – THE FOLLOWING IS REQUIRED BY THE EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

Gender ☐ **Male** ☐ **Female**

☐ **Hispanic or Latino**
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

☐ **White** (Not Hispanic or Latino)
A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

☐ **Black or African American** (Not Hispanic or Latino) A person having origins in any of the black racial groups of Africa.

☐ **Native Hawaiian or Other Pacific Islander** (Not Hispanic or Latino) A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

☐ **Asian** (Not Hispanic or Latino)
A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

☐ **American Indian or Alaska Native** (Not Hispanic or Latino)
A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

☐ **Two or More Races** (Not Hispanic or Latino) All persons who identify with more than one of the above races.

_____ _____
Signature *Date*

MONMOUTH COUNTY EMPLOYEE EMERGENCY CONTACT FORM

It is your responsibility to ensure that the information on this form is accurate and updated as necessary.

Employee Personal Information:

Name: _____

Department: _____Division: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Personal Email Address: _____

Primary person to be notified in case of an emergency:

Name: _____

Relationship: Relative ☐ Friend ☐ Other ☐ Indicate Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____Work Phone: _____Cell Phone: _____

Secondary person to be notified in case of an emergency:

Name: _____

Relationship: Relative ☐ Friend ☐ Other ☐ Indicate Relationship: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____Work Phone: _____Cell Phone: _____

Signature: _____Date:_____

Form **NJ-W4**
(1-21)

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

1. SS#		2. Filing Status: (Check only one box) 1. ☐ Single 2. ☐ Married/Civil Union Couple Joint 3. ☐ Married/Civil Union Partner Separate 4. ☐ Head of Household 5. ☐ Qualifying Widow(er)/Surviving Civil Union Partner
Name		
Address		
City	State / Zip	

3. If you have chosen to use the chart from instruction A, enter the appropriate letter here	3.
4. Total number of allowances you are claiming (see instructions)	4.
5. Additional amount you want deducted from each pay	5. $
6. I claim exemption from withholding of NJ Gross Income Tax and I certify that I have met the conditions in the instructions of the NJ-W4. If you have met the conditions, enter "EXEMPT" here	6.

7. Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature _____ Date _____

Employer's Name and Address _____ Employer Identification Number _____

BASIC INSTRUCTIONS

Line 1 Enter your name, address, and Social Security number in the spaces provided.

Line 2 Check the box that indicates your filing status. If you checked Box 1 (Single) or Box 3 (Married/Civil Union Partner Separate) you will be withheld at Rate A.
Note: If you have checked Box 2 (Married/Civil Union Couple Joint), Box 4 (Head of Household) or Box 5 (Qualifying Widow(er) Surviving Civil Union Partner) and either your spouse/civil union partner works or you have more than one job or more than one source of income and the combined total of all wages is greater than $50,000, see instruction A below. If you do not complete Line 3, you will be withheld at Rate B.

Line 3 If you have chosen to use the wage chart below, enter the appropriate letter.

Line 4 Enter the number of allowances you are claiming. Entering a number on this line will decrease the amount of withholding and could result in an underpayment on your return.

Line 5 Enter the amount of additional withholdings you want deducted from each pay.

Line 6 Enter "EXEMPT" to indicate that you are exempt from New Jersey Gross Income Tax Withholdings, if you meet one of the following conditions:

- Your filing status is **SINGLE** or **MARRIED/CIVIL UNION PARTNER SEPARATE** and your wages plus your taxable nonwage income will be $10,000 or less for the current year.
- Your filing status is **MARRIED/CIVIL UNION COUPLE JOINT**, and your wages combined with your spouse's/civil union partner's wages plus your taxable nonwage income will be $20,000 or less for the current year.
- Your filing status is **HEAD OF HOUSEHOLD** or **QUALIFYING WIDOW(ER)/SURVIVING CIVIL UNION PARTNER** and your wages plus your taxable nonwage income will be $20,000 or less for the current year.

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

Instruction A - Wage Chart

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

HOW TO USE THE CHART

1) Find the amount of your wages in the left-hand column.

2) Find the amount of the total for all other wages (including your spouse's/civil union partner's wages) along the top row.

3) Follow along the row that contains your wages until you come to the column that contains the other wages.

4) This meeting point indicates the Withholding Table that best reflects your income situation.

5) If you have chosen this method, enter the "letter" of the withholding rate table on Line 3 of the NJ-W4.

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

THIS FORM MAY BE REPRODUCED

WAGE CHART

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

RATE TABLES FOR WAGE CHART

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

RATE "A"

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:		Of Excess Over
$ 0	$ 385		1.5%	$ 0
$ 385	$ 673	$ 5.77	+ 2.0%	$ 385
$ 673	$ 769	$ 11.54	+ 3.9%	$ 673
$ 769	$ 1,442	$ 15.29	+ 6.1%	$ 769
$ 1,442	$ 9,615	$ 56.35	+ 7.0%	$ 1,442
$ 9,615	$ 19,231	$ 628.46	+ 9.9%	$ 9,615
$ 19,231		$ 1,580.38	+ 11.8%	$ 19,231

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:		Of Excess Over
$ 0	$ 20,000		1.5%	$ 0
$ 20,000	$ 35,000	$ 300.00	+ 2.0%	$ 20,000
$ 35,000	$ 40,000	$ 600.00	+ 3.9%	$ 35,000
$ 40,000	$ 75,000	$ 795.00	+ 6.1%	$ 40,000
$ 75,000	$ 500,000	$ 2,930.00	+ 7.0%	$ 75,000
$ 500,000	$ 1,000,000	$ 32,680.00	+ 9.9%	$ 500,000
$ 1,000,000	over	$ 82,180.00	+ 11.8%	$ 1,000,000

RATE "B"

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:		Of Excess Over
$ 0	$ 385		1.5%	$ 0
$ 385	$ 962	$ 5.77	+ 2.0%	$ 385
$ 962	$ 1,346	$ 17.31	+ 2.7%	$ 962
$ 1,346	$ 1,538	$ 27.69	+ 3.9%	$ 1,346
$ 1,538	$ 2,885	$ 35.19	+ 6.1%	$ 1,538
$ 2,885	$ 9,615	$ 117.31	+ 7.0%	$ 2,885
$ 9,615	$ 19,231	$ 588.46	+ 9.9%	$ 9,615
$ 19,231		$ 1,540.38	+ 11.8%	$ 19,231

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:		Of Excess Over
$ 0	$ 20,000		1.5%	$ 0
$ 20,000	$ 50,000	$ 300.00	+ 2.0%	$ 20,000
$ 50,000	$ 70,000	$ 900.00	+ 2.7%	$ 50,000
$ 70,000	$ 80,000	$ 1,440.00	+ 3.9%	$ 70,000
$ 80,000	$ 150,000	$ 1,830.00	+ 6.1%	$ 80,000
$ 150,000	$ 500,000	$ 6,100.00	+ 7.0%	$ 150,000
$ 500,000	$ 1,000,000	$ 30,600.00	+ 9.9%	$ 500,000
$ 1,000,000		$ 80,100.00	+ 11.8%	$ 1,000,000

RATE "C"

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:		Of Excess Over
$ 0	$ 385		1.5%	$ 0
$ 385	$ 769	$ 5.77	+ 2.3%	$ 385
$ 769	$ 962	$ 14.62	+ 2.8%	$ 769
$ 962	$ 1,154	$ 20.00	+ 3.5%	$ 962
$ 1,154	$ 2,885	$ 26.73	+ 5.6%	$ 1,154
$ 2,885	$ 9,615	$ 123.65	+ 6.6%	$ 2,885
$ 9,615	$ 19,231	$ 567.88	+ 9.9%	$ 9,615
$ 19,231		$ 1,519.81	+ 11.8%	$ 19,231

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:		Of Excess Over
$ 0	$ 20,000		1.5%	$ 0
$ 20,000	$ 40,000	$ 300.00	+ 2.3%	$ 20,000
$ 40,000	$ 50,000	$ 760.00	+ 2.8%	$ 40,000
$ 50,000	$ 60,000	$ 1,040.00	+ 3.5%	$ 50,000
$ 60,000	$ 150,000	$ 1,390.00	+ 5.6%	$ 60,000
$ 150,000	$ 500,000	$ 6,430.00	+ 6.6%	$ 150,000
$ 500,000	$ 1,000,000	$ 29,530.00	+ 9.9%	$ 500,000
$ 1,000,000		$ 79,030.00	+ 11.8%	$ 1,000,000

RATE "D"

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:		Of Excess Over
$ 0	$ 385		1.5%	$ 0
$ 385	$ 769	$ 5.77	+ 2.7%	$ 385
$ 769	$ 962	$ 16.15	+ 3.4%	$ 769
$ 962	$ 1,154	$ 22.69	+ 4.3%	$ 962
$ 1,154	$ 2,885	$ 30.96	+ 5.6%	$ 1,154
$ 2,885	$ 9,615	$ 127.88	+ 6.5%	$ 2,885
$ 9,615	$ 19,231	$ 565.38	+ 9.9%	$ 9,615
$ 19,231		$ 1,517.31	+ 11.8%	$ 19,231

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:		Of Excess Over
$ 0	$ 20,000		1.5%	$ 0
$ 20,000	$ 40,000	$ 300.00	+ 2.7%	$ 20,000
$ 40,000	$ 50,000	$ 840.00	+ 3.4%	$ 40,000
$ 50,000	$ 60,000	$ 1,180.00	+ 4.3%	$ 50,000
$ 60,000	$ 150,000	$ 1,610.00	+ 5.6%	$ 60,000
$ 150,000	$ 500,000	$ 6,650.00	+ 6.5%	$ 150,000
$ 500,000	$ 1,000,000	$ 29,400.00	+ 9.9%	$ 500,000
$ 1,000,000		$ 78,900.00	+ 11.8%	$ 1,000,000

RATE "E"

WEEKLY PAYROLL PERIOD (Allowance $19.20)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:		Of Excess Over
$ 0	$ 385		1.5%	$ 0
$ 385	$ 673	$ 5.77	+ 2.0%	$ 385
$ 673	$ 1,923	$ 11.54	+ 5.8%	$ 673
$ 1,923	$ 9,615	$ 84.04	+ 6.5%	$ 1,923
$ 9,615	$ 19,231	$ 584.04	+ 9.9%	$ 9,615
$ 19,231		$ 1,535.96	+ 11.8%	$ 19,231

ANNUAL PAYROLL PERIOD (Allowance $1,000)

If the amount of taxable wages is: Over	But Not Over	The amount of income tax to be withheld is:		Of Excess Over
$ 0	$ 20,000		1.5%	$ 0
$ 20,000	$ 35,000	$ 300.00	+ 2.0%	$ 20,000
$ 35,000	$ 100,000	$ 600.00	+ 5.8%	$ 35,000
$ 100,000	$ 500,000	$ 4,370.00	+ 6.5%	$ 100,000
$ 500,000	$ 1,000,000	$ 30,370.00	+ 9.9%	$ 500,000
$ 1,000,000		$ 79,870.00	+ 11.8%	$ 1,000,000

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2026

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		**Does your name match the name on your social security card?** If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to *www.ssa.gov*.
City or town, state, and ZIP code		

(c) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying surviving spouse**
☐ **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.)

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

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

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

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 the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

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

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

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

Step 3: Claim Dependent and Other Credits

If your total income will be $200,000 or less ($400,000 or less if married filing jointly):

(a) Multiply the number of qualifying children under age 17 by $2,200 . . . . . **3(a)** $

(b) Multiply the number of other dependents by $500 . . . **3(b)** $

Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . **3** $

Step 4: 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. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . **4(b)** $

(c) Extra withholding. Enter any additional tax you want withheld each **pay period** . . **4(c)** $

Exempt from withholding

I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027 . ☐

Step 5: Sign Here

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

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

Employers Only

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

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 05/31/2027

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

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

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

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.) _____
- ☐ 4. An alien authorized to work until _____ (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

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

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

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

☐ Check here if you used an alternative procedure authorized by DHS to examine documents.

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

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

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

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