

SMTMS 27 Hyland Drive PO BOX 200 Lake Luzerne, NY 12846

Phone (518) 696-2378 x 108

Fax (518) 696-5884

Paul C. Berry

Superintendent of Schools

New Year Substitute Checklist

Dear Substitute,

Welcome back to Hadley-Luzerne Central School. I want to make sure that we have all your current information. Please take the time to go through this packet thoroughly and return it to the building secretary. Attached you will find the following forms, W4, IT-2104 & tax shelter annuity waiver. The tax shelter annuity waiver is a 403(b) plan that is comparable to the 401k in the private sector. We can provide you with more information about this if you would like. Please fill in your name and current phone number below where indicated and answer the questions provided.

Name:				
Phone:				
Email:				
Did you have direct deposit last time you worked h	ere?	YES	or	NO
If so, is that information still accurate?		YES	or	NO
Have I become a member of the ERS/TRS since I wo	orked last?	YES	or	NO
EMPLOYID# Da	te of Membership			Tier
If you answered NO to the above questions, would	you like to do eithe	er?		
If you want to start having direct deposit, please fil page.	l out information re	equested	l below a	nd sign bottom of
Bank Name:	Routing #:			
Account #:	Circle one:	Check	king	Savings
Net Pay: YES NO				
Authorize above change:			Date: _	

This documentation should be forwarded to Regina York, at the SMTMS, PO Box 200, Lake Luzerne, NY 12846 (696-2378 Ext. 108 or fax 696-5884). If you have specific questions regarding payroll, retirement or insurance please contact Cindy Woodcock at 518-696-2378 Ext. 136. She is also located in the SMT Middle School Business Office.

Thank you.

HLCS

Form W-4 (2013)

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 2013 expires February 17, 2014. 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 cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not 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.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

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 Norresident 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 2013. 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.

Form W-4 (2013)

Cat. No. 10220Q

Employee's withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. 1 Your first name and middle initial Last name 2 Your social security number 1 Your first name and middle initial Last name 1 Your first name and middle initial Last name 1 Your first name and middle initial Last name 2 Your social security number Note. If married, but legally separated, or spouse is a nonresident alien, check the "Sing check here. You must call 1-800-772-1213 for a replacement card. 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 6 Additional amount, if any, you want withheld from each paycheck 7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here	r two-earners/mu	ultiple jobs situati	ons.	may owe additional tax. If you I	nave pension or annu	ity		
Enter "1" if: - You are single and have only one job; or - You are married, have only one job; and your spouse does not work; or - You regues from a second job or your spouse's wages (or the total of both) are \$1,500 or less. C 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 taw withheld.) C Enter number of dependents (other than your spouse or yourself) yoù will claim on your tax return. D Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E Finter "1" if you have at least \$1,900 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.) G Child Tax Credit (including additional child tax credit), See Pub. 572, Child Tax Credit (including additional child tax credit), See Pub. 572, Child Tax Credit, for more information. • If your total income will be between \$65,000 (\$85,000 and \$19,000 it married), enter "1" for each eligible child then less "1" if you have seven or more eligible children. • If your for talm income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 it married), enter "1" for each eligible child • 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 pan 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 core stream of the transpart of the al			Personal A	Allowances Worksho	eet (Keep for y	our records.)		
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Employee's signature Chie form is not valid unless you sign it.) ▶ Date ▶	If you	meet both co	nditions, write "Exer	mpt" here			elief it is true o	orrect and comple
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(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 numbers	This form is r	not valid unless	you sign it.) ►		ding to the IDC \	9 Office code (optional)		dentification number (



New York State Department of Taxation and Finance

IT-2104

Employee's Withholding Allowance Certificate

New York State . New York City . Yonkers

First name and middle initial	Last name		Your social security number
Permanent home address (number and street or rural route)		Apartment number	Single or Head of household Married Married Married, but withhold at higher single rate
City, village, or post office	State	ZIP code	Note: If married but legally separated, mark an X in the Single or Head of household box.
Are you a resident of New York City?	es No naking any entries. If or New York State and		
2 Total number of allowances for New York Cituse lines 3, 4, and 5 below to have addition	al withholding per pay p	eriod under special	agreement with your employer.
3 New York State amount	••••••	•••••	4
I certify that I am entitled to the number of with			
Employee's signature			Date
Penalty – A penalty of \$500 may be imposed for from your wages. You may also be subject to cr	or any false statement you iminal penalties.	make that decreases	s the amount of money you have withheld
Employee: detach this page and give it to yo	our employer; keep a co	by for your records.	
Employers only: Mark an X in box A and/or bo	x B to indicate why you a	e sending a copy of t	his form to New York State (see instr.):
A Employee claimed more than 14 exemption	allowances for NYS	A 🗆	
B Employee is a new hire or a rehire B	First date employee perfor	med services for pay (m	nm-dd-yyyy) (see instr.):
Are dependent health insurance benefits a	vailable for this employee	?Yes	No 🔲
If Yes, enter the date the employee qualif	ies (mm-dd-yyyy):		
Employer's name and address (Employer: complete this section	only if you are sending a copy of this fo	rm to the NYS Tax Department.,	Employer identification number

Instructions

Changes effective for 2013

Form IT-2104 has been revised for tax year 2013. The worksheet on page 3 used to compute your withholding allowances and the charts beginning on page 4 used to enter an additional dollar amount of withholding have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2013 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- · You started a new job.
- · You are no longer a dependent.
- Your individual circumstances may have changed (for example, you
 were married or have an additional child).
- · You itemize your deductions on your personal income tax return.
- · You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$102,900 or more during the tax year.
- The total income of you and your spouse has increased to \$102,900 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Fax (518) 696-5884

LAKE LUZERNE, NEW YORK 12846-0200 PHONE (518) 696-2378 Ext. 108

PQ BOX 200

email berryp@hlcs.org
SUPERINTENDENT OF SCHOOLS

PAUL C. BERRY

TAX SHELTER ANNUITY WAIVER 2013-2014 SCHOOL YEAR

I hereby acknowledge that I have been informed by the Hadley-Luzerne Central School, my employer, that I am eligible to participate in the 403B program offered by this District.

If I chose to participate in the 403B plan, I also understand that an application must be completed and filed with the payroll office. It will become effective upon verification by the OMNI Group, the school's representative. I will be required to contribute the amount listed on the application.

Please refer to the website omni403b.com for a listing of the 403B participating companies.

I also understand if I do not elect to join at this time, I may do so at a later date by notifying the Hadley-Luzerne Payroll Office.

 Yes, I do wish to participate in the 403B TSA plan.
 No, I do not wish to participate in the 403BTSA plan at this time.
Signature

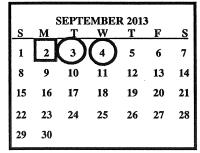
HADLEY-LUZERNE CENTRAL SCHOOL 2013-2014 ACADEMIC CALENDAR

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July 4	Independence Day
September 2	Labor Day
September 3	Superintendent's Conf. Day
September 4	Superintendent's Conf. Day
September 5	Classes Begin
October 11	1/2 Day of School
October 14	Columbus Day
November 1*	Emergency Release Day*
November 8	Superintendent's Conf. Day
November 11	Veterans' Day Observance
November 25-26	1/2 Day of School K-8
November 27-29	Thanksgiving Recess
December 23	Holiday Recess Begins
January 6	Classes Resume
January 20	Martin Luther King Day
January 27-30	Regents Testing Week
February 17-21	Mid-Winter Recess
February 26	1/2 Day of School K-8
March 13	1/2 Day of School PD Day
April 14-21	Spring Recess
May 26	Memorial Day
June 3-4	Regents Testing (CCSS)
June 17-26	Regents Testing
June 23-26	1/2 Day of School K-8
June 26*	Last Day of School*
June 27	Class of 2014 Graduation

Classes Not in Session
Regents Testing Days
Supt. Conference Day

70

1/2 Day of School K-12

1/2 Day of School K-8 (P/T Conferences Nov. and Feb.)

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Paul Berry Superintendent



Adopted: March 18, 2013 Revised: July 9, 2013

HADLEY-LUZERNE CENTRAL SCHOOL 2013-2014 PAYROLL SCHEDULE							
		Pay Period From To		12 Month	10 Month	Teachers	
2013 JULY	David Data a			Salary	Employees	Daymall 4	
	Pay Dates 12	6/17	6/30	Payroll #	Payroll #	Payroll #	
JULT	12	0/17	6/30	1			
	26	7/1	7/14	2			
AUGUST	9	7/15	7/28	3			
	23	7/29	8/11	4			
SEPTEMBER	6	8/12	8/25	5		1	
OEI VEMBEIX							
	20	8/26	9/8	6	2	2	
OCTOBER	4	9/9	9/22	7	3	3	
	18	9/23	10/6	8	4	4	
NOVEMBER	1	10/7	10/20	9	5	5	
	15	10/21	11/3	10	6	6	
	27	11/4	11/17	11	7	7	
DECEMBER	13	11/18	12/1	12	8	8	
					9	9	
2014	27	12/2	12/15	13	9	9	
JANUARY	10	12/16	12/29	14	10	10	
	24	12/30	1/12	15	11	11	
FEBRUARY	7	1/13	1/26	16	12	12	
PEDRUARI			1000				
	21	1/27	2/9	17	13	13	
MARCH	7	2/10	2/23	18	14	14	
	21	2/24	3/9	19	15	15	
APRIL	4	3/10	3/23	20	16	16	
	17	3/24	4/6	21	17	17	
MAY	2	4/7	4/20	22	18	18	
	16	4/21	5/4	23	19	19	
	30	5/5	5/18	24	20	20	
JUNE	13	5/19	6/1	25	21	21**	
	27	6/2	6/15	26	22	1	
JULY	11	6/16	6/29	1	1	2	
	25	6/30	7/13	2			
All chacke will	be distributed o	n Thursdaye					
	payroll for teach		A) cummor ob	acke			