

**State of Rhode Island and Providence Plantations
Employee's Withholding Allowance Certificate**

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form RI W-4 for the highest-paying job and claim zero on all of your other RI W-4 forms. You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld. Also, keep in mind that if your annual wages exceed \$221,800, your exemption amount will be phased out and be equal to zero.

Line 1: Figure your personal allowances (including allowances for dependents)

- A. No one else can claim me as a dependent. If yes, enter "1" on line 1A..... 1A. _____
- B. I can claim my spouse as a dependent. If yes, enter "1" on line 1B..... 1B. _____
- C. Enter the number of dependents (other than you or your spouse) you will claim on your tax return..... 1C. _____
- D. Enter any additional allowances (review carefully to avoid underwithholding) 1D. _____
- E. Add lines A, B, C and D and enter here. However, if line E is more than 10, enter 10.
This is the total number of personal allowances to which you are entitled. Enter on line 1 below..... 1E. _____

Line 2: Additional withholding amounts

If you want additional withholding taken out of your pay, enter that dollar amount which is to be withheld **each pay period** on line 2 below.

Line 3: Exempt Taxpayer

Exempt Status #1

If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2018:

- a) Last year I had a right to a refund of all Rhode Island income tax withheld because I had **no** tax liability **AND**
- b) This year I expect a refund of all Rhode Island income tax because I expect to have **no** tax liability.

If you meet both of the above conditions, write "EXEMPT" on line 3 below.

Exempt Status #2

If you are the spouse of a servicemember stationed in Rhode Island, your wages may be exempt under the Military Spouses Residency Relief Act. If you meet both of the conditions below, you may claim exemption from Rhode Island withholding for 2018.

- a) You moved to Rhode Island solely to be with your servicemember spouse in compliance with military orders sending the servicemember to Rhode Island **AND**
- b) You have the same non-Rhode Island domicile as your servicemember spouse.

If you meet both of the above conditions, write "EXEMPT-MS" on line 3 below.

NOTE:

If you claim "EXEMPT" or "EXEMPT-MS" on line 3, you must complete Form RI W-4 each year. Otherwise, Form RI W-4 only needs to be completed if you are making changes to your withholding allowance.

RI W-4 **2018**
**State of Rhode Island and Providence Plantations
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PLEASE PRINT

Name - first, middle initial, last _____

Present home address (Number and street, including apartment number or rural route) _____

City, town or post office _____ State _____ ZIP code _____

Your social security number _____

1. Enter the number of allowances from line 1E above 1. _____

2. Enter any additional dollar amount which you would like withheld from your pay 2. \$ _____

3. If you meet the conditions above, write "EXEMPT" or "EXEMPT-MS" whichever applies 3. _____

Employee:
File this form with your employer to adjust your Rhode Island withholding. You should make a copy for your own records.

Employer:
Keep this certificate with your payroll records. The form must be available to the Division of Taxation upon request.

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

Employee Signature _____ Date _____

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EMPLOYEE SELF-IDENTIFICATION FORM

EMPLOYEE NAME *(please print):*

Johnson & Wales University is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please answer the following question:

Do you consider yourself to be Hispanic or Latino *(a person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race)?*

YES **NO**

If "**NO**" please select your race/ethnic category from the list below, then sign and date the form:

RACE /ETHNIC CATEGORIES:

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

BLACK OR AFRICAN AMERICAN (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.

ASIAN: 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.

NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER: A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

AMERICAN INDIAN or ALASKAN NATIVE: A person having origins in any of the original peoples of North or South America (including Central America), and who maintain tribal affiliation or community attachment.

TWO OR MORE RACES: All persons who identify with more than one of the above five races.

I decline to self-identify my race/ethnic category.

EMPLOYEE SIGNATURE: _____

DATE:

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CONFIDENTIALITY AGREEMENT FOR STUDENT EMPLOYEES

I, (print your full name) _____, hereby acknowledge that, as a Student Employee of Johnson & Wales University, I may be exposed to or made aware of private, confidential, non-public, sensitive or legally protected information about the university, its students and employees (“Confidential Information”).

For example, the federal Family Educational Rights and Privacy Act of 1974, as amended, and its regulations govern the privacy rights of students and their families, and protects student records as Confidential Information. As a further example, Confidential Information can include non-public financial information about the university, the technology it may develop or its future.

I understand that I have a continuing obligation, now and in the future, not to reveal to anyone or use for myself or anyone else any Confidential Information learned by me either through my employment by the university, the use of the university computer systems, or in any manner while employed by or as a student of the university. This includes Confidential Information that I may hear or overhear.

I understand that I may not discuss Confidential Information with anyone outside my work group, and only with those in my work group who have a need to know. I understand that I may not post Confidential Information on any social media platform, discuss Confidential Information with my family or friends, or use Confidential Information for the benefit of anyone within or outside of the university.

I understand that failing to comply with these obligations may subject me to disciplinary action up to and including termination of my employment and may subject me to legal action by governmental agencies and the individuals whose information is disclosed.

Signature: _____

Date: