

SUBSTITUTE TEACHER REPORT

Pay Rate: \$95.00 per day or prorated for a portion of a day (unless other arrangements have been made)

Substitute Name _____ Date of Substitution _____

Teacher Who Needed Substitute _____

½ day or full day

_____ ½ day = 4 hours or less

_____ full day = more than 4 hours

I certify by my signature that the above hours were for the purpose of providing substitute services for Southeast Area Cooperative.

Signature: _____

Payment for services will be made on the 20th of the month following the end of the month. (for example, hours subbed in January, will be paid on February 20th) If you have not previously subbed, please complete the W-4 below. It is not necessary to complete if you have previously subbed.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2017
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5			
6 Additional amount, if any, you want withheld from each paycheck	6 \$			
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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.		7		
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's signature (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 number (EIN)	