

Substitute Teacher Report

Name: _____ Date: _____

Substitute For: _____

_____ 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: _____

Teacher substitute pay rate is \$100.00 per day or prorated for a portion of a day (unless other arrangements have been made).

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 for us, please complete the W-4 below. It is not necessary to complete if you have previously subbed.

Form <b style="font-size: 24pt;">W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: 10pt; margin: 0;">▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2019
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 filing separately, check "Married, but withhold at higher Single rate."
City or town, state, and ZIP code _____		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2019, 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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) _____		9 First date of employment _____
		10 Employer identification number (EIN) _____