

**Election Worker Forms Checklist**  
**Updated 01/25/2023**

Thank you for joining the City Clerk's Office and supporting elections. Your work is critical in supporting integrity of the election process.

Below is a checklist of all payroll forms that are **required** to be completed and returned to Cassidy Flynn in the City Clerk's Office or by email to elections@newtonma.gov. You will not be authorized to begin work as an Election Worker without submitting all of these forms.

- CORI Form – *2 pages, government issued photo ID (passport) required with forms*
- Election Worker application form
- W-4 Federal Tax Form
- M-4 Federal Tax Form
- Vaccination record or exemption request
  - All City of Newton employees are required to be in compliance with the City's Vaccination Policy. To view the policy please click [here](#).

**CRIMINAL OFFENDER RECORD INFORMATION (CORI)  
ACKNOWLEDGEMENT FORM**

TO BE USED BY ORGANIZATIONS CONDUCTING CORI CHECKS FOR  
EMPLOYMENT, VOLUNTEER, SUBCONTRACTOR, LICENSING, AND  
HOUSING PURPOSES

**The City of Newton** is registered under the provisions of M.G.L. c. 6, § 172 to receive CORI for the purpose of screening current and otherwise qualified prospective employees, subcontractors, volunteers, license applicants, current licensees, and applicants for the rental or lease of housing.

As a prospective or current employee, subcontractor, volunteer, license applicant, current licensee, or applicant for the rental or lease of housing, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to **The City of Newton** to submit a CORI check for my information to the DCJIS. This authorization is valid for one year from the date of my signature. I may withdraw this authorization at any time by providing **The City of Newton** with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, VOLUNTEER, AND LICENSING PURPOSES ONLY:  
The **City of Newton** may conduct subsequent CORI checks within one year of the date this Form was signed by me provided, however, that **The City of Newton** must first provide me with written notice of this check.

By signing below, I provide my consent to a CORI check and acknowledge that the information provided on Page 2 of this Acknowledgement Form is true and accurate.

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SIGNATURE

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DATE

SUBJECT INFORMATION:

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Last Name                      First Name                      Middle Name                      Suffix

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Maiden Name (or other name(s) by which you have been known)

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Date of Birth                      Place of Birth

Last Six Digits of Your Social Security Number: \_\_\_\_\_ - \_\_\_\_\_

Driver's License or ID Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

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Mother's Full Maiden Name                      Father's Full Name

Current and Former Addresses:

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Street Number & Name                      City/Town State Zip

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Street Number & Name                      City/Town State Zip

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The above information was verified by reviewing the following form(s) of government issued identification:

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VERIFIED BY: \_\_\_\_\_  
Name of Verifying Employee (Please Print)

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Signature of Verifying Employee

# City of Newton

## Election Officer Application

*Please print/type and complete ALL information clearly and return to:*

**By Mail:**  
 Newton Election Commission  
 1000 Commonwealth Avenue  
 Room 103  
 Newton, MA 02459

**By E-Mail w/ Attachment**  
[elections@newtonma.gov](mailto:elections@newtonma.gov)  
 Phone: (617) 796-1350  
 Fax: (617) 796-1214

<b>1</b>	<b>Full Name:</b> <i>first name                      middle name                      last name</i>	
<b>2</b>	<b>Residential Address:</b> <i>street number / street name / apt. no. / town / state / zip</i>	
<b>3</b>	<b>Phone Number(s):</b> <div style="display: flex; justify-content: space-between;"> <span><i>Home:</i></span> <span><i>Cell:</i></span> </div>	
<b>4</b>	<b>Date of Birth (month/day/year):</b>	
<b>5</b>	<b>Emergency Contact:</b>	<b>6</b>
		<b>Emergency Contact's Phone:</b>
<b>7</b>	<b>YOUR E-Mail Address:</b>	
<b>8</b>	<b>Are you registered to vote in Massachusetts?</b> <b>Party Affiliation:</b>	
<b>9</b>	<b>Have you ever served as an Election Official?</b> <i>If yes, how many years?                      Position? Circle (Inspect./ Warden/Clerk)</i>	
<b>10</b>	<b>Do you drive?                      Do you use public transport?</b>	
<b>11</b>	<b>Have you ever been convicted of a felony?</b>	
<b>12</b>	<b>Can you work a full day (06:00AM to 09:00PM/CLOSING)?</b> <i>If no, what hours are you available? From: _____ To: _____</i>	
<b>13</b>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <b>I certify that the information given above is true and complete.</b>	

## 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.**

2022

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial _____ Last name _____	(b) Social security number XXX-XX-
	Address _____	
	City or town, state, and ZIP code _____	
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> 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.)	

▶ **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](http://www.ssa.gov).

**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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**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](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3-4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . ▶ \$ _____ Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____	
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . . <b>4(a)</b> \$ _____	
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . . <b>4(b)</b> \$ _____	
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . <b>4(c)</b> \$ _____	

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ _____ ▶ <b>Date</b>

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er) \$19,400 if you're head of household \$12,950 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,360	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



FORM  
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name .....  
Print home address.....

Social Security no. ....  
City..... State..... Zip.....

**Employee:**

File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

**Employer:**

Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2" .....
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.....
3. Write the number of your qualified dependents. See Instruction D.....
4. Add the number of exemptions which you have claimed above and write the total.....
5. Additional withholding per pay period under agreement with employer \$.....
  - A.  Check if you will file as head of household on your tax return.
  - B.  Check if you are blind.
  - C.  Check if spouse is blind and not subject to withholding.
  - D.  Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

**EMPLOYER: DO NOT withhold if Box D is checked.**

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date..... Signed.....

**THIS FORM MAY BE REPRODUCED**

**THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE**

**A. Number.** The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

**B. Changes.** You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

**C. Spouse.** If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholdingg exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

**D. Dependent(s).** You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.



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# CITY OF NEWTON, MASSACHUSETTS

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## **COVID-19 Vaccination Policy** **Effective September 24, 2021 (updated)**

### **1. Purpose and Scope**

The City of Newton continues to place the highest priority on the health, safety and well-being of our staff, residents, and the Newton community.

To support this objective, the City has made a commitment to enact policies which respond to the rapidly evolving coronavirus pandemic and its impact on the health of our employees and the people we serve. The COVID-19 virus and the highly contagious Delta variant pose a current threat, and therefore this action will support current and future employees of the City of Newton.

To that end, the City of Newton has adopted a COVID-19 vaccination policy to safeguard the health of our employees, residents, and the community.

This policy complies with all applicable laws and is based on guidance from the Centers for Disease Control and Prevention (CDC) and the Massachusetts Department of Public Health (DPH).

All City of Newton employees will be required to meet the requirements of this policy, subject to the exceptions and exemptions described below.

### **2. Applicability**

This policy applies to all employees of the City of Newton.

Under this policy, the term “employees” includes all full time, part time, temporary, seasonal, and probationary employees, and prospective employees of the City of Newton, whether working in-person or remotely.

Under this policy, the term “employees” does not include employees of the Newton Public School System who have established their own policy, or members of the City Council, School Committee or appointed members of Boards and Commissions.

### **3. Policy**

All employees are required to be fully vaccinated with a Federal Drug Administration or World Health Organization authorized or approved COVID-19 vaccine, as a term and condition of their employment with the City of Newton or have an approved medical or religious exemption on file with the Human Resources Department. To be considered fully vaccinated, employees must receive any additional doses that may be required or recommended by the Federal Drug Administration or the Centers for Disease Control and Prevention.

The following compliance dates shall apply to employee groups:

November 19, 2021	All nonunion H-grade employees and MNA HHS School Nurses
January 14, 2022	All seasonal/temporary employees and employees covered by collective bargaining agreements with AFSCME Council 93, Teamsters Local 25, the Newton Police Association, the Newton Police Superior Officers Associations, and the International Association of Fire Fighters Local 863.

#### 4. Procedures

##### a. Documentation of Vaccination:

- i. Documentation of vaccination must include the full name and date of birth of the employee, and the type, lot number (if available), and date(s) of vaccine administration.
- ii. Documentation of vaccination must be submitted as soon as possible and no later than 5:00 p.m. on the deadline listed below, to allow for the Department of Human Resources to verify an employee’s vaccination as of the compliance date in Section 3 above.

Friday November 5, 2021	All nonunion H-grade employees and MNA HHS School Nurses
Friday December 3, 2021	All seasonal/temporary employees and employees covered by collective bargaining agreements with AFSCME Council 93, Teamsters Local 25, the Newton Police Association, the Newton Police Superior Officers Associations, and the International Association of Fire Fighters Local 863.

- iii. Any employee who submits a fake or falsified vaccination record will be out of compliance with this policy and may be subject to discipline, up to and including termination from employment.
- iv. If future doses are required for an individual to remain fully vaccinated, the City of Newton will require employees to submit continuing documentation of vaccination.

##### b. Exemption Requests:

Employees who request to be exempt from this policy for medical or religious reasons must send a request to the Human Resources Department no later than the deadline listed in this section to allow enough time for review. Each request will be carefully reviewed and may involve an interactive discussion if the City needs additional information.

##### i. Deadlines for Submission:

Friday October 8, 2021	All nonunion H-grade employees and MNA HHS School Nurses
Friday December 3, 2021	All seasonal/temporary employees and employees covered by collective bargaining agreements with AFSCME Council 93, Teamsters Local 25, the Newton Police Association, the Newton Police Superior Officers Associations, and the International Association of Fire Fighters Local 863.

- ii. Exemption for Medical Reasons:  
The City of Newton may grant an exemption to employees who have a medical reason that prevents them from receiving the COVID-19 vaccine. The medical reason must be documented by a physician. To request a medical exemption, the employee must complete the *Medical Exemption Request Form* (attachment B) and submit it to the Human Resources Department.
- iii. Exemption for Sincerely Held Religious Beliefs:  
The City of Newton may grant an exemption to employees with sincerely held religious beliefs that conflict with receiving a COVID-19 vaccine. To request a religious exemption, the employee must complete the *Religious Exemption Request Form* (attachment C) and submit it to the Human Resources Department.
- iv. Exemptions based on personal or philosophical reasons for deciding not to get the COVID-19 vaccine will not be granted.
- v. The City of Newton may need more information to make a decision about an exemption. The City reserves the right to ask for additional documentation to make this decision. The City of Newton will keep confidential any medical information obtained in connection with requests for exemption.

**5. Compliance**

- a. Employees are in compliance with this policy if they: 1) have submitted valid proof of vaccination or 2) have been granted an approved exemption.
- b. Employees who do not comply with this policy will not be allowed to report to work after the compliance date in Section 3 above, unless a later date is approved by Human Resources while a request for an exemption is pending.
- c. Employees who do not comply with this policy, and are not granted an exemption, will be deemed to be in violation of a term and condition of their employment with the City of Newton and may be disciplined, up to and including termination from employment.
- d. Employees who do not comply with this policy and are covered by a collective bargaining agreement, individual employment agreement or are otherwise covered by state statute will be required to work remotely pending a disciplinary hearing. If the nature of the employee’s work does not allow for it to be performed outside of the workplace as determined by the department head and Human Resources, the employee will be placed on paid administrative leave pending a disciplinary hearing.
- e. Employees who do not comply with this policy and are not covered by a collective bargaining agreement, individual employment agreement or otherwise covered by state statute will be separated from employment.
- f. No confidential information will be shared, and department heads will receive only that information which allows employees to fully comply with this policy and any other health and safety requirements that might apply.

**6. Non-Retaliation**

The City of Newton prohibits any form of discipline, reprisal, intimidation, or retaliation against any employee who reports a violation of this policy or any other health and safety concern.

## **7. Policy Modification**

Governmental and public health guidelines, and restrictions and industry best practices regarding COVID-19 and COVID-19 vaccines, are changing rapidly as new information becomes available, further research is conducted, and additional vaccines are approved and distributed. The City of Newton reserves the right to modify this policy at any time in its sole discretion to adapt to changing circumstances and business needs, consistent with its commitment to maintaining a safe and healthy workplace.

## **8. Vaccine Paid Leave**

The City of Newton will provide employees with reasonable time off to receive the vaccine(s). Employees may also use up to three (3) days of COVID-19 Vaccine Paid Leave, per calendar year, to recover from possible vaccine side effects immediately following vaccination. This paid leave shall be inclusive of any paid leave that may be provided for under state or federal law.

### **Attachments:**

- A: Questions and Answers
- B: Medical Exemption Request Form
- C: Religious Exemption Request Form
- D: COVID-19 Resources

**Attachment A**  
**Vaccination Policy**  
**Questions and Answers**

**Q: Why is the City of Newton requiring employees be vaccinated?**

A: It is vital that as many people as possible are vaccinated against COVID-19 to protect vulnerable members of our community, including coworkers, and loved ones who may be unable to be vaccinated or may be immunocompromised. Our workplace and entire community are safer when more people are vaccinated and having employees vaccinated will allow us to fulfill this mission more fully. Many employers, including the US military, are requiring that employees be vaccinated, based on guidance from the CDC.

**Q: Which vaccines will the City of Newton accept?**

A: The City will accept all vaccines that have received either Emergency Use Authorization or final approval from the US Food and Drug Administration, as well as those vaccines with an emergency use listing from the World Health Organization.

**Q: How do I apply for a medical or religious exemption?**

A: Medical or religious exemptions must be submitted in writing using the forms included with this policy. They must be sent to the Department of Human Resources no later than the applicable deadline indicated in Section 4(b)(i) of this Policy.

**Q: Personally, I do not believe in getting the vaccine. May I apply for an exemption?**

A: The City of Newton will not grant exemptions to this policy for personal or philosophical reasons. To receive an exemption, you must share proof that a medical condition, documented by a physician, prevents you from receiving the COVID-19 vaccine or demonstrate a sincerely held religious objection to the vaccine.

**Q: If I cannot or do not want to receive the vaccine, may I instead work remotely?**

A: No. As the City of Newton continues to scale up operations, all employees will be expected to return to work in various capacities, with very few exceptions. As a result, all City of Newton employees who need to access the workplace, even intermittently, to perform their jobs are required to be fully vaccinated, unless they receive a medical or religious exemption.

**Q: What will happen to my vaccination record?**

A: All vaccination information will be stored on a secured server separate from other personnel files; only authorized personnel will have access to these records on a limited basis for required business purposes.

**Q: What if I decline to get vaccinated or share my proof of vaccination?**

A: As of the compliance date indicated in Section 3 of the policy, employees without approved exemptions who have not provided proof of vaccination will not be allowed to return to work, unless an extension is granted by Human Resources pending review of a medical or religious exemption request.

**Q: What happens if I submit a fake vaccination record?**

**A:** The F.B.I. considers the falsification of vaccination records to be a crime punishable by a fine and possible imprisonment. The City may refer such falsified records to the proper authorities for investigation and prosecution. The City may also conduct an independent investigation into the submission of falsified records in connection with this policy, which may result in discipline, up to and including termination from employment.

**Q: Who can I go to with questions about the requirements not answered in this Q&A section?**

**A:** Please contact the Department of Human Resources, for questions regarding the vaccination requirement. If you have questions regarding the vaccine and other public health concerns, please contact the Department of Health and Human Services.

**Attachment B**  
**Medical Exemption Request Form**

To request an exemption from required vaccinations, please complete section 1 below and have your medical provider complete section 2, before returning this form to the Department of Human Resources. Be sure to sign both pages of the request where noted. Requests must be received by the Department of Human Resources no later than:

Friday October 8, 2021	All nonunion H-grade employees and MNA HHS School Nurses
Friday December 3, 2021	All seasonal/temporary employees and employees covered by collective bargaining agreements with AFSCME Council 93, Teamsters Local 25, the Newton Police Association, the Newton Police Superior Officers Associations, and the International Association of Fire Fighters Local 863.

The submission of this form does not constitute an exemption approval and exemptions are not guaranteed. The City reserves the right to request additional documentation supporting the need for an exemption. The City will keep confidential any medical information obtained in connection with requests for exemption.

Forms should be submitted electronically, when possible, via a secure email: [vaccinepolicy@newtonma.gov](mailto:vaccinepolicy@newtonma.gov). If you are unable to submit via email, you may also submit this form by secure fax to 617-454-5792 or by sending directly to the Human Resources Department located at Newton City Hall, Room 210, 1000 Commonwealth Avenue, Newton MA 02459.

**Section 1:**

Name (print or type):	Date:
Dept.:	Position:
Email:	Phone:

I am requesting a medical exemption from the City of Newton’s COVID-19 vaccination policy. I verify that the information I am submitting to substantiate my request for exemption is true and accurate. I understand that any falsified information can lead to disciplinary action, up to and including termination from employment.

I further understand that the City of Newton is not required to provide this exemption accommodation if doing so would create an undue hardship for the City of Newton.

Employee Signature:	Date:
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**Section 2:  
Medical Certification for Vaccination Exemption**

Employee Name:	Date:
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Dear Medical Provider,

The City of Newton requires COVID-19 vaccination of its employees as a condition of employment. The individual named above is seeking an exemption to this policy for medical reasons.

Please complete this form to assist the City of Newton in the reasonable accommodation process.

<b>The person named above should not receive the COVID-19 vaccine due to:</b>
<b>This exemption should be:</b>  <input type="checkbox"/> Temporary, expiring on: __/__/____, or when _____ <input type="checkbox"/> Permanent
<b>Describe any accommodations that you believe might address this employee's needs:</b>

I certify the above information to be true and accurate, and request exemption from the COVID-19 vaccination for the above-named individual.

Medical Provider Name (print or type):	
Medical Provider Signature:	Date:
Practice Name and Address:	Provider Phone:

Employee Signature:	Date:
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**Attachment C**  
**Religious Exemption Request Form**

To request an exemption from required vaccinations, please complete Sections 1 and 2 below and return to the Department of Human Resources. Be sure to sign both pages of the request where noted. Requests must be received by the Department of Human Resources no later than:

Friday October 8, 2021	All nonunion H-grade employees and MNA HHS School Nurses
Friday December 3, 2021	All seasonal/temporary employees and employees covered by collective bargaining agreements with AFSCME Council 93, Teamsters Local 25, the Newton Police Association, the Newton Police Superior Officers Associations, and the International Association of Fire Fighters Local 863.

The submission of this form does not constitute an exemption approval and exemptions are not guaranteed. The City reserves the right to request additional documentation supporting the need for an exemption.

Forms should be submitted electronically, when possible, via a secure email: [vaccinepolicy@newtonma.gov](mailto:vaccinepolicy@newtonma.gov). If you are unable to submit via email, you may also submit this form by secure fax to 617-454-5792 or by sending directly to the Human Resources Department located at Newton City Hall, Room 210, 1000 Commonwealth Avenue, Newton MA 02459.

**Section 1:**

Name (print or type):	Date:
Dept.:	Position:
Email:	Phone:

I am requesting a religious exemption from the City of Newton’s COVID-19 vaccination policy. My religious beliefs and practices, which result in this request for a religious accommodation, are sincerely held. I further understand that the City of Newton is not required to provide this exemption accommodation if doing so would create an undue hardship for the City of Newton. I understand that the City of Newton may need to obtain supporting documentation regarding my religious practice and beliefs to further evaluate my request for a religious accommodation.

I verify that the information I am submitting to substantiate my request for exemption is true and accurate. I understand that any falsified information can lead to disciplinary action, up to and including termination from employment.

Employee Signature:	Date:
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**Section 2:**

Length of time the accommodation is needed:
Describe the religious belief or practice that necessitates this request for accommodation:
Describe any alternate accommodations that you believe might address your needs:

Employee Signature:	Date:
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**Attachment D**  
**COVID-19 Vaccination Policy**  
**COVID-19 Resources**

**Department of Human Resources**

[hr@newtonma.gov](mailto:hr@newtonma.gov)

(617) 796-1260

Newton City Hall, Room 210  
1000 Commonwealth Avenue  
Newton, MA 02459

**Department of Human Resources Employee COVID-19 website:**

<https://newtonma.gov/HRcovid19>

**Department of Health and Human Services**

[health@newtonma.gov](mailto:health@newtonma.gov)

(617) 796-1420

Newton City Hall, Room 107  
1000 Commonwealth Ave  
Newton, MA 02459

**Department of Health and Human Services**

<https://www.newtonma.gov/government/health-human-services>

**Massachusetts Department of Public Health**

<https://www.mass.gov/orgs/department-of-public-health>

**Centers for Disease Control and Prevention**

<https://www.cdc.gov>

**Federal Food and Drug Administration**

<https://www.fda.gov>

**World Health Organization**

<https://www.who.int>