

HR Connections

JANUARY EDITION

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ 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.		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) _____ City or town, state, and ZIP code _____		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." 4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5		6 \$
6 Additional amount, if any, you want withheld from each paycheck		6		7
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) _____	

For Privacy Act and Paperwork Reduction Act Notice, see page 4. Cat. No. 102200 Form **W-4** (2019)

New 2019 W-4 Forms Available

www.rutlandcitypublicschools.org, click on Central Office, click on Human Resources, on the right hand side, click on resources. The form will be located on the bottom. This is if you want/need to change your tax allowances.

City Pension contributions are going up in January.

The reason is City Pension goes by calendar year, not fiscal year. Raises that occurred on 7/1/18 are being added to the City Pension effective 1/1/19.

Vermont Minimum Wage Increase

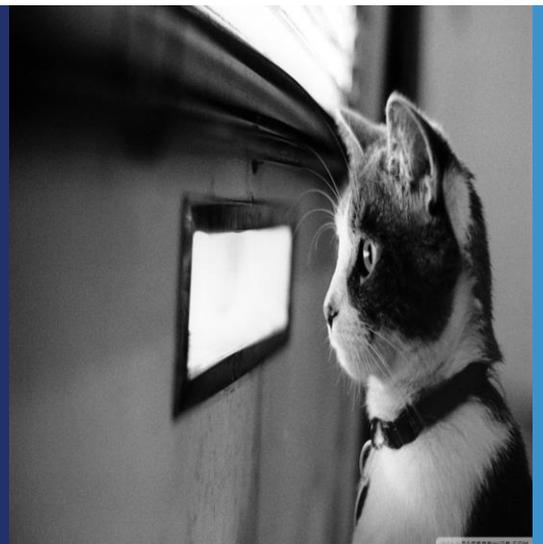
Effective 1/1/19, the Vermont minimum wage increased to \$10.78 per hour. Keep on the lookout in your January paychecks if applicable.



\$10.78 per Hour effective 1/1/19

Delay on BC/BS and Data Path Cards

There is a slight delay for BC/BS health insurance cards and for Data Path My Source cards. They are currently in the mail and should arrive in your mailbox soon. Please be on the lookout if you are still waiting for them.



1095-C forms coming soon

What is a 1095-C? A 1095-C is the form we send employees that shows that you were on our health insurance for all or part of the year.

Please review all dependent names and social security numbers on your 1095-C which you will receive in January.

In the past, you received one from RCPS and one from BC/BS with the dependent information on it. We are now self-insured and are required to include all dependent information on one form from RCPS.

Please help us to be sure all information is accurate ASAP so we can update it in our system. Thank you.

Form 1095-C Employer-Provided Health Insurance Offer and Coverage
 Department of the Treasury Internal Revenue Service
 Information about Form 1095-C and its separate instructions is at www.irs.gov/form1095c

Part I Employee		Applicable Large Employer																																														
1 Name of employee	2 Social security number (SSN)	7 Name of employer																																														
3 Street address (including apartment no.)		6 Street address (including room or suite no.)																																														
4 City or town	5 State or province	8 County and ZIP or foreign postal code	11 City or town																																													
Part II Employee Offer and Coverage			Plan Start Month (Enter 2-digit num)																																													
<table border="1"> <thead> <tr> <th>All 12 Months</th> <th>Jan</th> <th>Feb</th> <th>Mar</th> <th>Apr</th> <th>May</th> <th>June</th> <th>July</th> <th>Aug</th> </tr> </thead> <tbody> <tr> <td colspan="9">14 Offer of Coverage (enter required code)</td> </tr> <tr> <td colspan="9">15 Employee Share of Lowest Cost Monthly Premium, to Self-Only Minimum Value Coverage</td> </tr> <tr> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> <td>\$</td> </tr> <tr> <td colspan="9">16 Applicable Section 408(a) Code (enter letter code, if applicable)</td> </tr> </tbody> </table>				All 12 Months	Jan	Feb	Mar	Apr	May	June	July	Aug	14 Offer of Coverage (enter required code)									15 Employee Share of Lowest Cost Monthly Premium, to Self-Only Minimum Value Coverage									\$	\$	\$	\$	\$	\$	\$	\$	\$	16 Applicable Section 408(a) Code (enter letter code, if applicable)								
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Part III Covered Individuals																																																
If Employer provided self-insured coverage, check the box and enter the information for each covered individual. <input type="checkbox"/>																																																

Happy New Year! This means, a new you! Have you wanted to think about how you can maintain the New Year's Resolutions pas a couple of weeks? Each school has a building leader that is the liaison within wellness at RCPS. I am attending a Wellness conference to bring new ideas through the district, stay tuned for more information in upcoming issues.

