

OFFICE USE ONLY

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____ SPEC ED

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**BOARD OF COOPERATIVE EDUCATIONAL SERVICES
HAMILTON-FULTON-MONTGOMERY COUNTIES**

2755 ST HWY 67
Johnstown, NY 12095

Job # _____

Code # _____

SUBSTITUTE CLAIM FORM

Name _____ Date _____

Address _____

City _____ State NY Zip _____

Soc Security # _____

_____ I am a member of Teachers' Retirement System

_____ Retirement Number

_____ Date Joined (mm/dd/yy)

_____ I am a member of Employees' Retirement System

_____ Retirement Number

_____ Date Joined (mm/dd/yy)

_____ No, I am not a member of a public retirement system

Please indicate if you are a certified teacher

Yes _____ No _____

School or Class Location

Rate per

Name of Person

Dates of Substitution

Day

Amount

Name of Person	Dates of Substitution	Day	Amount

The information given above is a valid claim for services rendered

Date _____

Substitute's Signature

Date _____

Authorized BOCES Supervisor's Signature

Form **W-4**

Employee's Withholding Allowance Certificate

2011

Department of the Treasury
Internal Revenue Service

**Whether you are 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.

1 Type or print your first name and middle initial	Last Name	2 Your social security number
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Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, withhold at Higher Single rate Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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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. _____
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5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5
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6 Additional amount, if any, you want withheld from each paycheck	6 \$
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7 I claim exemption from withholding for 2010, and I certify that I meet **both** of the following conditions for ex

a. Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability **and**

b. 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

(Form is not valid unless you sign it.)

Date

8 Employer's name & address (Employer: Complete lines 8 & 10 only if sending to the IRS.) | 9 Office code | 10 Employer Identification number (EIN)