

FY 2022 Wayland Property Tax Work-Off Program Application form

Applications are due at COA by Friday, July 2 at noon to be included in the lottery. The lottery determines the order in which applicants are considered for placement. Applications received after July 2 at noon will be accepted but applicant names will be placed at the bottom of the list and processed in the order received. Maximum tax reduction possible is based on 125 hours of service. For those interested in fewer hours, a 65 hour commitment is another option.

PLEASE PRINT:

Name _____

Address _____

Email: _____

Telephone: Home: _____

Cell: _____

In case of emergency, please contact: _____

(Name, Telephone Number, Relationship)

Eligibility:

Yes

No

Are you a Wayland Resident? _____

Are you 60 years of age or older? _____

Do you own and occupy the property? _____

Have you ever been convicted of a felony? _____

Past Experience and Skills: Please describe past employment, volunteer or any tax work off experiences that might assist us with your job placement. List any skills or interests you have such as filing, data entry, computer skills, phone work, graphic design, grant writing, etc. Use the back of this form if necessary.

Please list any special accommodations you might need? _____

Have you participated in this program in the past? Yes ___ No ___

If yes, in which department did you work, and if possible, would you like to be placed in that department again? Department: _____ Interest in returning? _____

If not, is there another department that you would like to work in? _____

What hours and days are you available to work? _____

___ Check here if you are an applicant who seasonally relocates or anticipates extensive travel plans in the next 9 months. COA will meet with you to identify positions that would allow you to fulfill your 65 or 125 hour commitment given your travel plans.

Please indicate how many hours you would like to work: ___ 65 hours ___ 125 hours

Are you currently employed by the Town of Wayland or serving on any Town Board or Committee?

If so, please explain below. _____

My signature below certifies the information provided in this application is true and accurate to the best of my knowledge.

SIGNATURE: _____

DATE: _____



COUNCIL ON AGING
TOWN OF WAYLAND

TOWN BUILDING
41 COCHITUATE ROAD
WAYLAND, MASSACHUSETTS 01778

TEL. (508) 358-2990
FAX: (508) 358-7175

PROPERTY TAX WORK-OFF PROGRAM

Fiscal Year 2022 (July 1, 2021 – June 30, 2022)

Thank you for your interest in this great program. It is a win-win for both our residents and the community. We are happy to resume the program after it was postponed last year due to the pandemic.

At Annual Town Meeting in May, the Town voted to adopt the provisions of Massachusetts General Law Chapter 59, Section 5K, which allows seniors to earn a credit that will be applied to their property tax bill. This amount is based on Massachusetts' state minimum wage. The maximum number of service hours is capped at 125.

There is an increasingly diverse type of positions available in the Property Tax Work-Off Program. Town Departments identify specific needs for the fiscal year, and the COA and HR match an applicant's interest and skill set with available departmental positions. While we do our best to place all interested seniors with available positions, we cannot guarantee that there will be a position available for all applicants.

A new application must be filled out each year for consideration in the program, even if you participated previously.

Tax Work-Off applications are available beginning June 16, 2021 and must be completed and delivered to the COA by Friday, July 2, 2021 at 12:00pm noon to be included in the lottery. The lottery determines the order in which applicants are considered for placement. Applications received after July 2, 2021 at noon will still be accepted, but those names will be placed at the bottom of the list and then processed in received order.

Please read the Tax Work-Off Program's guidelines and be sure that you understand the time commitment. The abatement is considered to be income for federal tax purposes (including Social Security and Medicare), and may also affect a state Circuit Breaker tax credit. Please consult with a licensed accountant and/or tax attorney on how participating in this program may affect you.

(Continued on the other side)

The following forms are in the packet for the FY2022 Tax Work-Off Program:

- **Criminal Offender Record Information (CORI) Acknowledgement Form**
Mandated by Massachusetts, CORI checks must be performed when there is a break in service.
- **W-4 Withholding Form**
Tax Work-Off participants are exempt from any state deduction. However, the abatement is considered income at the federal level, subject to Medicare and Social Security withholdings. A W-2 is issued at year-end to reflect the credit earned for the service hours worked.
- **I-9 Form: Employment Eligibility Verification**
Mandated by the Department of Homeland Security, this form requires the employee to present a current passport or two acceptable forms of identification as listed on the form for compliance verification.
- **Council on Aging Confidentiality Form**
This form is required as tax work-off participants may come in contact with confidential and proprietary personal information regarding the Town of Wayland, its residents, and employees.

Thank you for your interest in this program. Residents continue to tell us what a satisfying experience they have in the program. With budgetary restrictions and growing demand for services, Town Departments are greatly appreciative of the tremendous help they receive from seniors in the Tax Work-Off Program.

If you have any questions about the program, please contact Shawna Levine, Project Coordinator, Wayland Council on Aging at (508) 358-2990.

Thank you again for your interest in the program.

Julie Secord, Director
Wayland Council on Aging
Office: (508) 358-2990
Email: jsecord@wayland.ma.us

Kathleen Buckley
Human Resources Manager
Office: (508) 358-6721
Email: kbuckley@wayland.ma.us

Shawna Levine, Project Coordinator
Wayland Council on Aging
Office: (508) 358-2990
Email: slevine@wayland.ma.us

PROPERTY TAX WORK-OFF PROGRAM GUIDELINES

FISCAL YEAR 2022 (JULY 1, 2021 – JUNE 30, 2022)

Please read below for important information about the program.

Applicant Submittal Deadline

1. Applications must be completed and submitted to the Council on Aging (COA) no later than Friday, July 2, 2021 at 12:00pm noon to be entered into the lottery. The lottery determines the order in which applicants are considered for placement. Applicants who return an application after Friday, July 2, 2021 at 12:00pm noon will be placed at the bottom of the applicant list and processed in the order received. Submitting an application does not guarantee placement in the program.

Eligibility

1. Applicant must be at least (60) years of age
2. The applicant must be the homeowner of record, and own and occupy the home for which taxes are paid and abatement is requested.
3. The maximum abatement allowed for a residence is based on 125 service hours. Only (1) tax credit is allowed per household.
4. Applicants are subject to a satisfactory CORI (criminal background check) prior to acceptance into the program.
5. Required to follow all Town Policies & Procedures.
6. An approved representative may provide volunteer services for persons physically unable to provide volunteer services to the Town. Approval of a representative is subject to a CORI, and all applicable processes and Town Policies & Procedures apply to any approved representative.

Tax Credit Process

1. Participants will have their property taxes abated based upon the number of volunteer service hours completed and then multiplied by the state minimum wage. Participants may work a maximum of 125 hours. Participants do not receive formal payment; they receive an abatement on their property tax bill.
2. The abatement is considered income for federal tax purposes (including Social Security and Medicare) but not for state taxes. The abatement may also affect a state Circuit Breaker tax credit. Please consult with a licensed accountant and/or tax attorney on how participating in this program may affect you.
3. The abatement is not considered income for benefits such as SNAP or LIHEAP (fuel assistance).
4. The abatement is not subject to OBRA (retirement) deductions.

Selection Process and Placements

1. Applications to the Tax Work-Off Programs must be received by Friday, July 2, 2021 at Noon to be entered into the lottery. The lottery determines the order in which participants are considered for placement. Applications received after July 2 at noon will still be accepted, but those names will be placed at the bottom of the list and processed in the order received.
2. Positions available are based upon the needs of the individual Town Departments.
3. Participants are placed based on their skills, interests and physical ability to execute tasks. An individual's preferences are considered but the Town cannot guarantee an individual will be placed in his/her preferred position.
4. Final decisions for position placement are made by the COA, in conjunction with HR.
5. The Town does not guarantee an applicant will be placed in the program.

Work Assignments

1. If the COA notifies an applicant of a potential placement, the applicant needs to contact the department's supervisor within (2) weeks to discuss the position and review the job description. Some departments may request an in-person interview. If, for any reason the department's supervisor is not available, the applicant should notify the COA Project Coordinator who will serve as the liaison to all Town Departments. An applicant may decline an assignment; the COA and HR will try to match the applicant with another assignment, but placement is not guaranteed.
2. Service may begin once an applicant has been approved by HR and the department head. A letter specifying the agreed upon service hours in a specific department will be sent to the applicant once the placement has been approved.
3. A minimum work assignment will be (2) hours/day unless approved otherwise. Tax Work-Off participants will maintain a dated time sheet of their start and stop times. Entries will be approved the department's supervisor.
4. When the Tax Work Off participant's volunteer service hours are completed, the participant and department head must sign the time sheet and the participant will submit the original time sheet to the Council On Aging for processing. COA will then turn that sheet in to HR.
5. Completion of the agreed upon commitment results in a one-time abatement that will be applied to the participant's real estate tax bill. Abatements will be applied no later than the fourth (4th) quarter tax bill in FY2022.
6. The value of the tax credit depends on the number of volunteer service hours completed and the current minimum wage at that time. All service hours must be completed no later than March 31, 2022.

If you have any questions or concerns, please contact:
Shawna Levine, Project Coordinator, Wayland Council on Aging.
Office: (508) 358-2990 Email: slevine@wayland.ma.us



Town of Wayland

41 Cochituate Road, Wayland, Massachusetts 01778-2697
(508) 358 - 3622 Fax (508) 358 - 3627

CRIMINAL OFFENDER RECORD INFORMATION (CORI) ACKNOWLEDGEMENT FORM

**To be used by organizations conducting CORI checks for
Employment, Contracted Employment or Volunteer**

Wayland is registered under the provisions of M.G.L. c. 6, & 172 to receive CORI for purposes of screening current and otherwise qualified prospective employees, contracted employees, and volunteers.

As a prospective or current employee, contracted employee, or volunteer, I understand that a CORI check will be submitted for my personal information to the DCJIS. I hereby acknowledge and provide permission to The Town of Wayland 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 Town of Wayland with written notice of my intent to withdraw consent to a CORI check.

FOR EMPLOYMENT, CONTRACTED EMPLOYMENT, OR VOLUNTEER PURPOSES ONLY: The Town of Wayland may conduct subsequent CORI checks within one year of the date on this Form was signed by me provided, however, that the Town of Wayland 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.

Signature

Date

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.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ 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 .
	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.)		

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, 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 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 2021 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.)

Step 3: Claim Dependents	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	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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	4(a)	\$ _____
	(b) Deductions. 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	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

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

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

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.

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 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 2021 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, 2022.

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 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 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2021 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.



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number
		<input type="text"/> - <input type="text"/> - <input type="text"/>				

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ *(See instructions for exemptions)*

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

WAYLAND COUNCIL ON AGING

Town of Wayland

41 Cochituate Road, Wayland, Massachusetts 01778-2697
(508) 358 – 2990 Fax (508) 358 – 7175

WAYLAND COUNCIL ON AGING CONFIDENTIALITY AGREEMENT

I understand that while performing certain Property Tax Work-off or other volunteer assignments, I may come into contact with confidential and proprietary personal information regarding the Town Of Wayland, residents and employees. I understand that I am bound to maintain the confidentiality of this information and therefore agree as follows:

1. CONFIDENTIAL INFORMATION

- 1.1 I shall maintain the confidentiality of any and all proprietary information and not reveal or disclose the contents to anyone unless directed to do so by a Town of Wayland official.
- 1.2 I shall not make use of any such confidential and proprietary information for my own purposes or for the benefit of any party other than the Town of Wayland.
- 1.3 I shall not make any copies of confidential and propriety personal information unless so instructed by the Department Head to whom I am assigned.
- 1.4 I shall deliver promptly to my assigned department, upon completion of the assignment, any and all documents (and all copies thereof) constituting or relating to such confidential and proprietary information which I may have in my possession.

2. ENFORCEMENT

I voluntarily acknowledge and agree that any breach of this Agreement by me could cause harm to the Town of Wayland, its residents and employees. I agree that if I commit a breach of any of the provisions of this agreement, the Town of Wayland shall have the right to take disciplinary action against me and to otherwise enforce this Agreement. Any such disclosures could subject me to liability for my actions.

AGREED TO AND ACCEPTED:

Name: _____

Signature

Date