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Form W-4 Employee's Withholding Certificate (OMB No. 1545-0047) **2020**

Department of the Treasury
Internal Revenue Service

▶ 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.

Step 1: Enter Personal Information

(a) First name and middle initial Last name
Address
City or town, state, and ZIP code

(b) Social security number

(c) Single or Married filing separately
 Married filing jointly (or Qualifying widow(er))
 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 number 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.

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 online estimator, 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 2020 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(c) 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 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 ▶ 5
 Multiply the number of other dependents by \$500 ▶ 5
 Add the amounts above and enter the total here 3 5

Step 4 (optional): Other Adjustments

(a) Other income (not from jobs). If you want less 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) 5

(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) 5

(c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) 5

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)

For Privacy Act and Paperwork Reduction Act Notice, see page 3. (Rev. 1/2020) Form W-4 (2020)

ACCORD CERTIFICATE OF LIABILITY INSURANCE (REV. 08/2017)

PRODUCER: [] THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONVEYS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURERS AFFORDING COVERAGE NAC #

INSURER A: []
 INSURER B: []
 INSURER C: []
 INSURER D: []
 INSURER E: []

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. COVERAGES HAVING ANY REQUIREMENTS, TERMS OR CONDITIONS OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSURED LISTED	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
GENERAL LIABILITY	COMMERCIAL GENERAL LIABILITY				SOB OCCURRENCE \$
					SHADE TOWERS \$
					THEFTS \$
					HOV OFF AND ON PREMISES \$
					PERSONAL & AUTO AUTO \$
					GENERAL AGGREGATE \$
					PRODUCTS-COMP/OP AGG \$
					\$
					\$
					\$
AUTOMOBILE LIABILITY	ANY AUTO				COVERED SINGLE LIMIT \$A \$B \$C \$
	ALL OWNED AUTOS				BODILY INJURY \$
	NON-OWNED AUTOS				\$
					\$
					\$
GARAGE LIABILITY	ANY AUTO				AUTO-ONLY - EA-ACCIDENT \$
					OTHER THAN EA-ACC \$
					AUTO-ONLY AGG \$
EXCESS/UMBRELLA LIABILITY					SOB OCCURRENCE \$
					AGGREGATE \$
					\$
					\$
					\$



केंद्रीय विद्यालय संगठन

केंद्रीय विद्यालय.....संभाग.....
Kendriya Vidyalaya Region.....

REGISTRATION FORM FOR NON-KV STUDENTS FOR ADMISSION TO CLASS XI (2020-21)

Reg No _____ Date of Reg. _____

STREAM CHOICE:

- (1) Science
- (2) Commerce
- (3) Humanities

Paste your
Latest
Photograph

1. Name of applicant: _____
2. School last Attended: _____
3. (a) Father's Name: _____ Mother's Name _____
 (b) Occupation : _____ Occupation: _____
 (c) Basic Pay : _____ Basic Pay : _____
 (d) Service Category of Parent as per KVS Admission guidelines _____

5. Residential Address: _____

6. Phone /Mobile No _____ Email id _____

7. Category of Applicant (Specify Gen./ SC/ST/OBC(NCL)): _____

(If SC/ST/OBC(NCL), attach self-attested photocopy of certificates)

8. Result of class X (supported by photo copy of mark sheet) CBSE Roll No. _____

Subject	Marks	Subject	Marks
Hindi		Mathematics Standard	
Sanskrit		Mathematics Basic	
English		Science	
Social Science		Total Marks with %	/500 %

9. Aggregate Marks in Science & Math _____

10. Subject Opted Core Subject (1) English

Elective Subject (2) _____ (3) _____
(4) _____ (5) _____

11. Whether participated in SGFI/KVS National /Regional Sports Meet/Scout/Guide/NCC (If yes, please attach attested photo copies of certificate and give details). Specify the level also _____

(All taken together Aggregate Marks will not be exceeded by 6%)

We hereby declare that the above information furnished is true to the best of our knowledge.

Date: _____ Signature of Student _____ Parent's Signature _____

1



British Columbia Training Tax Credit (Individuals)

Clear Data
Protected B when completed
2020

Complete this form to calculate your British Columbia training tax credit. You can claim this credit if you were a resident of British Columbia on December 31, 2020, and you completed an eligible program administered through the British Columbia Industry Training Authority or you passed a challenge exam and received a Certificate of Qualification from the British Columbia Industry Training Authority in the tax year.

Eligible programs and completion requirements are defined by Regulation. For more information, go to www2.gov.bc.ca/gov/content/taxes/income-taxes/corporate/credits/training or call 1-877-387-3332.

There are four parts to the training tax credit:

- Basic tax credit for an eligible recognized program (non-Red Seal only) (read Part 1 below)
- Completion tax credit for an eligible training program (Red Seal and non-Red Seal) (read Part 2 below)
- Certification tax credit for an eligible recognized program (non-Red Seal) or an eligible training program (Red Seal and non-Red Seal) (read Part 1 and Part 2 below)
- Enhanced tax credit for First Nations individuals and persons with disabilities (read Part 3 on the next page)

If you are filing a paper return, attach this form.

Part 1 – Basic and certification tax credits (level 1 or 2 of a non-Red Seal program only)

You can claim these credits if, in 2020, you completed the level 1 or level 2 requirements for a non-Red Seal program or you passed a challenge exam and received a Certificate of Qualification for a program where graduating from the program qualifies for level 1 or level 2. You cannot claim these credits for a Red Seal program.

If you completed level 1 in 2020, enter \$1,000.			1
If you completed level 2 in 2020, enter \$1,000.			2
Line 1 plus line 2	63430	=	3

Part 2 – Completion and certification tax credits (level 3 or 4 of a Red Seal or non-Red Seal program)

You can claim these credits if, in 2020, you completed the level 3 or level 4 requirements for either a Red Seal or non-Red Seal program or you passed a challenge exam and received a Certificate of Qualification for a program where graduating from the program qualifies for level 3 or level 4.

If you completed level 3 in 2020, enter \$2,000.	63430		4
If you completed level 4 in 2020, enter \$2,500.	63430	+	5
Line 4 plus line 5		=	6

Continue on the next page.

Clear Form

2020 Form OR-NRC-CERT

Page 1 of 1, 150-104-008 (Rev. 06-23-20, ver. 01)

Oregon Department of Revenue



17552001010000

Office use only

Annual Certification for Oregon Natural Resource Credit

Submit original form - do not submit photocopy.

For use with Form OR-706

Date mm/dd/yyyy

ending

Date mm/dd/yyyy

As the owner of inherited natural resource property or commercial fishing business property, on which the decedent's estate elected and claimed the Oregon Natural Resource Credit (NRC), you're required to complete this certification form each year to maintain your eligibility for the NRC.

Part 1 - Taxpayer information

Form fields for taxpayer information including property owner's name, SSN, phone, FEIN, address, and decedent's information.

Part 2 - Description of property (see instructions)

Table with 4 columns: A. Description of the qualifying property, B. Value of qualifying property, C. NRC related to the value in column B, D. Enter the natural resource asset code.

Part 3 - Signature

To the best of my knowledge and belief, the information contained on this form is true, correct, and complete. In accordance with Oregon Revised Statute (ORS) 118.140, I certify all natural resource or commercial fishing business property identified in part 2, remains in qualified use for the natural resource credit.

Signature and Date fields with a checkmark in the signature field.

This form is due on April 15th each year. Mail this form to: Oregon Department of Revenue, PO Box 14110, Salem OR 97309-0910

This will be exactly what you need to review and refresh your memory. If you find benefit from our efforts here, check out our premium quality CBET study guide to take your studying to the next level. The second form can be another government-issued photo ID or else a credit card, debit card, or employee ID card.

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