Diocese of Columbus

New Hire Packet
For All New Employees
Information and Forms
EMPLOYEE INFORMATION

Name: __________________________ Location: __________________________

Title: __________________________ Date of Hire: ______________________

Status: _____ Classification: Exempt _____ Non-Exempt _____ Rate of Pay: $________

Gender: _____ Ethnicity: ______________________ Background Check Date: __________

Cell Phone #: _________________ E-mail Address: ______________________

Name of Emergency Contact Information: ________________________________

Phone #: (____) __________________ Relationship: ______________________

DOCUMENT

Application and/or Resume

Job Description

Employment Contract (where applicable)

Verification of Licensure and Certifications (if applicable) Performed

Reference Checks Performed

Date of Attending “Protecting God’s Children” Training

Date of Criminal Background Check Results

Offer Letter of Understanding (including agreed compensation)

Employee Handbook Acknowledgement Form

Cell Phone Acknowledgement Form

Employee Eligibility Verification Form (I-9)

Federal/State Tax Forms (W-4 & IT-4)

New Hire Reporting (Ohio Revised Code section 3121.89)

Direct Deposit Form

Marketplace Form

The following forms must be completed if the new hire is eligible for benefits

Please return the completed benefits forms to the Insurance Office

Group Benefit Enrollment/Waiver Forms (copies), if applicable __________

403 (b) Opening Account Enrollment & Beneficiary Forms (copy), if applicable __________
Employment Letter of Understanding

Instructions

The template on the following page is to be used to document the salary, benefits and employment relationship for any person employed within the Diocese of Columbus on an “at-will” basis. This should include all employees other than school principals, assistant principals and teachers, and any other employee where a contractual arrangement has been approved by the Bishop of Columbus. To complete the template:

1. enter the employee’s name in the first blank
2. enter the entity’s name in the second blank
3. enter the effective date of the information in the third blank
4. enter the employee’s title in Position Title
5. enter either Exempt or Non-Exempt in Position Classification. Please refer to Policy 801.0 for a definition of Exempt and Non-Exempt
6. Under Type of Employment enter either Full-time or Part-Time and Regular or Temporary
7. under Expected Work Schedule enter the hours per week you expect the employee to work and the months per year you expect the employee to work
8. under Terms of Understanding, modify #4 as appropriate – either Employee will or will not be offered benefits per Policy 701.0
9. under Terms of Understanding, #5 requires that a Job Description be attached. Please make sure that the Job Description is accurate and up-to-date.
10. under Terms of Understanding, add any other terms that are important to clarifying the employment relationship
11. enter the Compensation and specify if this is per year or per hour
12. enter whether the person is eligible for benefits. Please remember that you must follow the parameters in Policy 701.0 to make this determination
13. enter any Benefit Time that the person will earn during the year. This should be per your written Benefit Time Policy.

Please contact the Finance Office if you have questions or need assistance.
Employment Letter of Understanding

This Letter of Understanding, by and between ___________________________ ("Employee")
and ___________________________ ("Employer") defines the understanding of the parties with
regards to the employment of Employee by Employer as of _____________.

Position Title:
Position Classification: Exempt/Non-Exempt
Type of Employment: Full-time/Part-Time, Regular/Temporary
Expected Work Schedule: _________ hours per week, ______ months per year, excepting allowed
vacation, holiday and other allowed time-off

Terms of Understanding

1. The employment relationship between Employer and Employee is “at will”. This means that either
   Employee or Employer can end the relationship at any time and for any reason other than those
   prohibited by law. Neither Employer nor Employee has a legal obligation to continue the
   employment for any particular length of time or to end it only upon certain reasons or procedures.
   Should the employment relationship end, all compensation will cease as of the last day of
   employment. Benefits will cease as per the terms of the applicable benefits document.

2. Employee understands that as an employee of a Catholic institution Employee is expected to abide
   by Catholic Church teachings, both within and outside their employment duties, and regardless of
   her/his religious affiliation. As such, Employee agrees to refrain from conduct or lifestyle which
   would be in contradiction to Catholic doctrine or morals. Employee also agrees to comply with and
   act consistently in accordance with the teachings of the Roman Catholic Church, and the rules,
   regulations, and policies of the employing agency and the Diocese of Columbus now in effect, or
   that may hereinafter be adopted governing this employment, including but not limited to the
   attached Adherence to Church Teachings policy. Employee understands and agrees that the
   Employer has the right to dismiss Employee for violation of these standards, thereby terminating
   any and all rights Employee may have to continued employment.

3. Compensation of the Employee will be reviewed annually and be determined at the sole discretion
   of Employer.

4. Benefits (i.e. insurance, pension, time off, etc.) will/will not be offered to Employee consistent with
   the benefits offered to other employees of Employer and consistent with Policy 701.0 Qualification

5. Employee will undertake, to the best of their ability, to fulfill the duties and responsibilities as
   defined on the attached Job Description, which is hereby incorporated by reference.

   Compensation: $__________ per year/hour

   Benefits Eligible: Yes/No
   Benefit Time: Vacation/PTO is accrued according to the Personnel Policy Manual.

Statement and Signature of Employee
The undersigned acknowledges and agrees to the understanding above. I will not rely on any statements
made to me that are contrary to this understanding.

______________________________
Employee’s Name (Typed or Printed)

______________________________
Employee’s Signature

______________________________
Date

Statement and Signature of Employer
The undersigned acknowledges and agrees to the understanding above.

______________________________
Employer’s Representative Name (Typed/Printed)

______________________________
Employer’s Representative Signature

______________________________
Date

Issued: May 1, 2014
ADHERENCE TO CHURCH TEACHINGS

All personnel who serve in Catholic employment are expected to be examples of Catholic moral behavior and professionalism. All personnel, regardless of their religious affiliation, are therefore required to abide by the moral values advanced by the teachings of Christ, the tenets of the Catholic Church, and the policies and regulations of the Diocese and the employing agency or office. Personnel may be disciplined or terminated for violations of these standards, or any conduct which appears to reject or offend the teachings, doctrines, or principles of the Catholic Church. While there may be others not mentioned below, examples of conduct that may result in termination of employment include: (a) public support of activities or publically espousing beliefs contrary to Catholic Church teaching; (b) public statements disparaging or causing contempt against religion in general or the Catholic Church in particular; (c) entry into a marriage which is not recognized by the Catholic Church; (d) having an abortion or publically supporting abortion rights; (e) sexual relations (same or opposite sex) outside the institution of marriage as recognized by the Catholic Church; (f) pursuing or publically supporting in vitro fertilization. The teachings of the Catholic Church can be found in “The Catechism of the Catholic Church” which is online at here
http://www.vatican.va/archive/ENG0015/INDEX.HTM.

Should you have any questions, feel free to contact Dominic Prunte, Human Resources Director at 614-241-2537 or dprunte@columbuscatholic.org. For CONFIDENTIAL questions or concerns, please e-mail your question to confidential@columbuscatholic.org.
Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

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.)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States (See instructions)

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):

☐ 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. (See instructions)

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.

1. Alien Registration Number/USCIS Number:

OR

2. Form I-94 Admission Number:

OR

3. Foreign Passport Number:

Country of Issuance:

Signature of Employee

Today's Date (mm/dd/yyyy)

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)

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

STOP Employer Completes Next Page  STOP
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.")

<table>
<thead>
<tr>
<th>Employee Info from Section 1</th>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>M.I.</th>
<th>Citizenship/Immigration Status</th>
</tr>
</thead>
<tbody>
<tr>
<td>List A Identity and Employment Authorization</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Document Title</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>Additional Information</td>
<td>QR Code - Sections 2 &amp; 3 Do Not Write In This Space</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>List B Identity</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
<tr>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
<td></td>
</tr>
<tr>
<td>List C Employment Authorization</td>
<td>Document Title</td>
<td>Issuing Authority</td>
<td>Document Number</td>
<td>Expiration Date (if any) (mm/dd/yyyy)</td>
</tr>
</tbody>
</table>

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)

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
# 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

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>U.S. Passport or U.S. Passport Card</td>
</tr>
<tr>
<td>2.</td>
<td>Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
</tr>
<tr>
<td>3.</td>
<td>Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
</tr>
<tr>
<td>4.</td>
<td>Employment Authorization Document that contains a photograph (Form I-766)</td>
</tr>
</tbody>
</table>
| 5. | For a nonimmigrant alien authorized to work for a specific employer because of his or her status:  
|   | a. Foreign passport; and  
|   | b. Form I-94 or Form I-94A that has the following:  
|   | (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 |

**List B**
Documents that Establish Identity

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>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</td>
</tr>
<tr>
<td>2.</td>
<td>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</td>
</tr>
<tr>
<td>3.</td>
<td>School ID card with a photograph</td>
</tr>
<tr>
<td>4.</td>
<td>Voter's registration card</td>
</tr>
<tr>
<td>5.</td>
<td>U.S. Military card or draft record</td>
</tr>
<tr>
<td>6.</td>
<td>Military dependent's ID card</td>
</tr>
<tr>
<td>7.</td>
<td>U.S. Coast Guard Merchant Mariner Card</td>
</tr>
<tr>
<td>8.</td>
<td>Native American tribal document</td>
</tr>
<tr>
<td>9.</td>
<td>Driver's license issued by a Canadian government authority</td>
</tr>
</tbody>
</table>

For persons under age 18 who are unable to present a document listed above:

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>10.</td>
<td>School record or report card</td>
</tr>
<tr>
<td>11.</td>
<td>Clinic, doctor, or hospital record</td>
</tr>
<tr>
<td>12.</td>
<td>Day-care or nursery school record</td>
</tr>
</tbody>
</table>

**List C**
Documents that Establish Employment Authorization

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
</table>
| 1. | A Social Security Account Number card, unless the card includes one of the following restrictions:  
|   | (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.
Ohio New Hire Reporting

Ohio Revised Code section 3121.89 to 3121.8910 requires all Ohio employers, both public and private, to report all contractors and newly hired, rehired, or returning to work employees to the state of Ohio within 20 days of the contract, hire, or rehire date. Information about new hire reporting and online reporting is available on our website: www.oh-newhire.com

Send completed forms to:
Ohio New Hire Reporting Center
PO Box 15309
Columbus, OH 43215-0309
Fax: (614) 221-7088 or toll-free fax (888) 872-1611

To ensure the highest level of accuracy, please print neatly in capital letters and avoid contact with the edges of the boxes. The following will serve as an example:

A B C
1 2 3

EMPLOYER INFORMATION

Federal Employer ID Number (FEIN) (Please use the same FEIN as the listed employee’s quarterly wages will be reported under):

Employer Name:

Employer Address (Please indicate the address where the Income Withholding Orders should be sent):

Employer City: Employer State: Zip Code (5 digit):

Employer Phone (optional): Extension: Employer Fax (optional):

Email:

EMPLOYEE OR CONTRACTOR INFORMATION

Social Security Number (SSN) (Check here if using FEIN for the Contractor)

First Name: State of Hire: Middle Initial:

Last Name:

Address:

City: State: Zip Code (5 digit):

Date of Hire: Date of Birth: Is this a Contractor?

Yes No

Date payments will begin for Contractor: Length of time the Contractor will be performing services:

JFS 07048 (Rev. 3/2007)

Questions? Call us at (614) 221-5330 or toll-free (888) 872-1490

Ohio Department of Job and Services
**Employee’s Withholding Certificate**

**Form W-4**

*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**
- **(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.)

---

**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.

---

**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
- Multiply the number of other dependents by $500

Add the amounts above and enter the total here.

---

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

---

**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.

---

**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.

Cat. No. 10220Q

Form W-4 (2020)
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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

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 the 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. Step 3 of Form W-4 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 2020 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 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income.

   1 $  

2 Enter:

   • $24,800 if you’re married filing jointly or qualifying widow(er)
   • $18,650 if you’re head of household
   • $12,400 if you’re single or married filing separately

   2 $  

3 If line 1 is greater than line 2, subtract line 2 from line 1. 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 Schedule 1 (Form 1040 or 1040-SR)). 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(o)(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)

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$10,000 - 19,999</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>$20,000 - 29,999</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$30,000 - 39,999</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>$40,000 - 49,999</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$50,000 - 59,999</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
<td>$60,000 - 69,999</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$70,000 - 79,999</td>
</tr>
<tr>
<td>$80,000 - 89,999</td>
<td>$80,000 - 89,999</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$90,000 - 99,999</td>
</tr>
<tr>
<td>$100,000 - 109,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>

### Single or Married Filing Separately

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$10,000 - 19,999</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>$20,000 - 29,999</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$30,000 - 39,999</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>$40,000 - 49,999</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$50,000 - 59,999</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
<td>$60,000 - 69,999</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$70,000 - 79,999</td>
</tr>
<tr>
<td>$80,000 - 89,999</td>
<td>$80,000 - 89,999</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$90,000 - 99,999</td>
</tr>
<tr>
<td>$100,000 - 109,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>

### Head of Household

<table>
<thead>
<tr>
<th>Higher Paying Job Annual Taxable Wage &amp; Salary</th>
<th>Lower Paying Job Annual Taxable Wage &amp; Salary</th>
</tr>
</thead>
<tbody>
<tr>
<td>$0 - 9,999</td>
<td>$0 - 9,999</td>
</tr>
<tr>
<td>$10,000 - 19,999</td>
<td>$10,000 - 19,999</td>
</tr>
<tr>
<td>$20,000 - 29,999</td>
<td>$20,000 - 29,999</td>
</tr>
<tr>
<td>$30,000 - 39,999</td>
<td>$30,000 - 39,999</td>
</tr>
<tr>
<td>$40,000 - 49,999</td>
<td>$40,000 - 49,999</td>
</tr>
<tr>
<td>$50,000 - 59,999</td>
<td>$50,000 - 59,999</td>
</tr>
<tr>
<td>$60,000 - 69,999</td>
<td>$60,000 - 69,999</td>
</tr>
<tr>
<td>$70,000 - 79,999</td>
<td>$70,000 - 79,999</td>
</tr>
<tr>
<td>$80,000 - 89,999</td>
<td>$80,000 - 89,999</td>
</tr>
<tr>
<td>$90,000 - 99,999</td>
<td>$90,000 - 99,999</td>
</tr>
<tr>
<td>$100,000 - 109,999</td>
<td>$100,000 - 109,999</td>
</tr>
<tr>
<td>$110,000 - 120,000</td>
<td>$110,000 - 120,000</td>
</tr>
</tbody>
</table>
Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions increases.

   You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases because:
   (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
   (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
   (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.
Authorization Agreement for Automatic Payroll Deposit

I hereby authorize _____________________________ to initiate to my account (identified below) in the bank named below, and authorize the bank to credit the same to my account.

This authority is to remain in effect until revoked by me in writing or by termination of my employment.

CHECKING ACCOUNT # _____________________________

AMOUNT TO BE DEPOSITED (net or flat dollar amount) ____________

ROUTING # _____________________________

SAVING ACCOUNT # _____________________________

AMOUNT TO BE DEPOSITED (net or flat dollar amount) ____________

ROUTING # _____________________________

BANK NAME _____________________________

CITY OF BANK _____________________________

SIGNATURE _____________________________

PRINT NAME _____________________________

DATE _____________________________

Attach a voided check
Diocese of Columbus

CELL PHONE POLICY

Accident statistics show that the use of cell phones while driving distracts a driver’s attention from traffic conditions. To promote driver safety and to help reduce the possibility of vehicle accidents in connection with cell phone use, the Catholic Diocese of Columbus has adopted the following CELL PHONE POLICY applicable to all employees and volunteers:

- Cellular phone calls, both incoming and outgoing, are not permitted at any time while driving a vehicle for diocesan business.

- Diocesan business includes travel between the employee’s work site and external meeting locations, and between external meeting locations and the employee’s work site.

- Accidents occurring while a driver is using a cellular phone may be considered preventable, and subject to disciplinary action.

- A cellular phone’s voicemail feature should be activated to store incoming calls while driving.

- This policy applies to both hand-held and hands-free cell phones.

- All non-emergency calls should be made once the vehicle is safely parked.

I have read and understand the CELL PHONE POLICY of the Catholic Diocese of Columbus, as outlined above. After signing and dating this document, return to the bookkeeper at your location where this will be placed in your employee file.

______________________________  _________________________
Employee Signature                      Date

Employer:   ____________________________________________

Employer’s Address:  _____________________________________

Revised November 2015
PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer--offered coverage. Also, this employer contribution—as well as your employee contribution to employer--offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact ________________________________.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catholic Diocese of Columbus</td>
<td>31-4379603</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Employer address</th>
<th>6. Employer phone number</th>
</tr>
</thead>
<tbody>
<tr>
<td>197 East Gay Street</td>
<td>614-224-1221</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. City</th>
<th>8. State</th>
<th>9. ZIP code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Columbus</td>
<td>Ohio</td>
<td>43215</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>10. Who can we contact about employee health coverage at this job?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Julienne Bialt</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>11. Phone number (if different from above)</th>
<th>12. Email address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td><a href="mailto:jbialt@columbuscatholic.org">jbialt@columbuscatholic.org</a></td>
</tr>
</tbody>
</table>

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - [ ] All employees. Eligible employees are:
    - [ ] Some employees. Eligible employees are:
      - Employees working 30 or more hours per week

- With respect to dependents:
  - [ ] We do offer coverage. Eligible dependents are:
    - Opposite sex spouses only and children up to age 26
  - [ ] We do not offer coverage.

- [ ] If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.
13. **Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?**
   - Yes (Continue)
     13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? ______________ (mm/dd/yyyy) (Continue)
   - No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?
   - Yes (Go to question 15)
   - No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don’t include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn’t receive any other discounts based on wellness programs.
   a. How much would the employee have to pay in premiums for this plan? $96.00
   b. How often? □ Weekly □ Every 2 weeks □ Twice a month □ Monthly □ Quarterly □ Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don’t know, STOP and return form to employee.

16. **What change will the employer make for the new plan year?**
   - Employer won't offer health coverage
   - Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
     a. How much would the employee have to pay in premiums for this plan? $96.00
     b. How often? □ Weekly □ Every 2 weeks □ Twice a month □ Monthly □ Quarterly □ Yearly

---

* An employer-sponsored health plan meets the "minimum value standard" if the plan’s share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)
The Catholic Diocese of Columbus 403(b) Plan ("Plan") has been adopted to help our employees save for retirement. As an employee, you may make Salary Deferrals if you are eligible to participate under the Plan. (Please refer to the Summary Plan Description (SPD) or other Plan information materials to determine whether you are eligible to participate in this Plan.) This Annual 403(b) Plan Notice provides important information relevant to your participation in the Plan.

Notice of Universal Availability

This Annual Notice of Universal Availability describes your right to make Salary Deferrals (if you are eligible for the Plan), the procedures for electing to make Salary Deferrals Reduction Contributions and the tax advantages of making contributions to the Plan.

Eligibility to Participate. The Plan is a special type of retirement plan described under Section 403(b) of the Internal Revenue Code. A "403(b) Plan" is subject to the universal availability requirement which requires that all employees (with certain exceptions) are eligible to make voluntary contributions to the Plan. These contributions are called Salary Deferrals. To make Salary Deferrals, you must complete a Salary Reduction Agreement designating the amount you want to have withheld from your paycheck and deposited into the Plan. You will also need to complete additional enrollment forms provided by the approved investment provider that you elect to have hold and invest your contributions. Please contact the Plan Administrator to request a copy of the Salary Reduction Agreement and/or to receive a list of approved investment arrangements.

Salary Deferral Limits. You may make Salary Deferrals up to $19,500 in 2020 (unless otherwise limited under the Plan). This annual Salary Deferral limit is subject to change each year. In addition, this limit may be increased if you are eligible to make "catch-up" contributions under the Plan. Please see the SPD or other Plan information materials or contact your Plan Administrator for more information concerning the availability of catch-up contributions under the Plan.

Tax Advantages. If you elect to make Salary Deferrals to the Plan, you may make these contributions on a pre-tax basis, or if available under the Plan, on an after-tax basis (also referred to as Roth contributions).

- **Pre-tax contributions** – If you elect to make Salary Deferrals on a pre-tax basis, the amounts deferred (and any earnings on those amounts) generally will not be subject to income taxes until the amounts are distributed from the Plan. Upon distribution, such amounts are taxed as ordinary income.

- **Roth contributions** – You may also elect to make Salary Deferrals on an after-tax basis (i.e., such contributions are subject to income tax at the time contributed to the Plan) as Roth contributions. Such contributions (and earnings) will not be subject to income taxes when distributed from the Plan, if certain conditions are satisfied. Generally, the conditions are that at least five (5) years have passed since you began to make Roth contributions and the distribution is a "qualified distribution". For this purpose, a qualified distribution is a distribution made due to your attainment of age 59½, death or disability.
Notice of Required Contribution Aggregation
If You Are “In Control” of Another Business

Under IRS rules, in certain situations, Plan participants must aggregate Salary Deferrals and other amounts contributed to this Plan and other “qualified retirement plans” to determine whether they are within the maximum annual contribution limits under the law. If you meet all of the conditions below, the Internal Revenue Service requires that you contact the Plan Administrator to review whether or not you have exceeded your maximum annual contribution limit. *Failure to provide the Plan Administrator with certain necessary and correct information may result in adverse tax consequences, including your inability to exclude the amounts contributed to this Plan from your taxable income.*

You must notify the Plan Administrator if you meet all the following conditions:

- You make contributions to this Plan,
- You are “in control” of another company, and
- The other company maintains a “qualified retirement plan” and makes contributions to your account.

**What does it mean to be “in control” of another company?**

For you to be considered “in control” of another business, you generally must have a significant ownership interest in the other business. For example, you own 100% of a business that is separate from Catholic Diocese of Columbus. Determining whether you are ‘in control” of another business is complicated. Your tax advisor can assist you in making this determination.

Example: You are a doctor or professor that participates in this Plan and you also own more than 50% of a private practice or consulting business. You are considered to be “in control” of the outside business.

**What types of retirement plans fall within the meaning of a “qualified retirement plan”?**

For this purpose, a “qualified retirement plan” includes certain defined contribution plans that receive special tax benefits under the Internal Revenue Code. These include defined contribution plans that qualify under Code §401(a) (such as a profit sharing, 401(k) or money purchase plan), another 403(b) plan, or a simplified employee pension (SEP) plan.

**What is the maximum annual contribution limit?**

The maximum annual limit for 2020 generally is $57,000. This annual limit is subject to change each year. However, certain participants (such as those who are at least age 50) may have a higher limitation, if provided for under the Plan.

**What amounts are counted for purposes of determining whether you exceed the maximum annual contribution limit?**

The following amounts are counted towards the maximum annual contribution limit:

- Employer contributions (including matching contributions and SEP contributions)
- Salary deferrals
- After-tax contributions
- Certain other amounts allocated to your account (this does not include earnings or rollover amounts)

**Additional information.** If you would like additional information regarding your right to make Salary Reduction Contributions under the Plan or the requirements for required contribution aggregation if you are “in control” of another business, please contact:

Catholic Diocese of Columbus
198 East Broad Street
Columbus, OH 43215
(614) 224-1221