

Northside Independent School District
Substitute/Temporary Employee
Social Security/Retirement Benefits Reporting

In order to determine the correct payroll deductions from your Substitute/Temporary Employee earnings, please complete the information below and return this form to the Human Resources Office.

NOTE: *If you answer "YES" to any of the two questions below, you will be subject to Medicare tax only (1.45%) and not the full FICA tax (7.65%).*

Name (Printed): _____
 E-Number: _____ if no E-number, SSN: _____ (leave blank if e-number)
 Personal Email: _____

1. Have you retired from a State or Federal Retirement System?YES NO
 If so, what is the date of retirement: Year _____ Month _____

2. Are you receiving Teacher Disability Retirement benefits from TRS?YES NO

→If you answered "YES" to any question, please complete the chart below, sign, and date, and return to Human Resources.

→If you answered "NO" to all questions, please sign, date and return to Human Resources.

Name of Retirement System	What State	Years Contributed	
		FROM	TO
		Month/Year	Month/Year

Signature

Date

RETURN FORM TO HUMAN RESOURCES OFFICE