

FORM M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name: Victoria Grace Bond Social Security no.: 402-57-4492
Print home address: 328 St. Paul St. Apt. #2 City: Brookline State: MA Zip: 02446

Employee: File this form with your employer. Otherwise, Massachusetts Income Taxes will be withheld from your wages without exemptions.

Employer: Keep this certificate with your records. If the employee is believed to have claimed excessive exemptions, the Massachusetts Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

- 1. Your personal exemption. Write the figure "1." If you are age 65 or over or will be before next year, write "2"
2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.
3. Write the number of your qualified dependents. See Instruction D.
4. Add the number of exemptions which you have claimed above and write the total.
5. Additional withholding per pay period under agreement with employer \$
A. Check if you will file as head of household on your tax return.
B. Check if you are blind. C. Check if spouse is blind and not subject to withholding.
D. Check if you are a full-time student engaged in seasonal, part-time or temporary employment whose estimated annual income will not exceed \$8,000.

EMPLOYER: DO NOT withhold if Box D is checked.

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date: 7/8/20 Signed: V Bond

THIS FORM MAY BE REPRODUCED

THE COMMONWEALTH OF MASSACHUSETTS, DEPARTMENT OF REVENUE

A. Number. The more exemptions you claim on this certificate, the less tax withheld from your employer. If you claim more exemptions than you are entitled to, civil and criminal penalties may be imposed. However, you may claim a smaller number of exemptions without penalty. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income. Underwithholding may result in owing additional taxes to the Commonwealth at the end of the year.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

B. Changes. You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependent son's income indicates that you will not

provide over half of his support for the year, you must file a new certificate.

C. Spouse. If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a spouse, write "4" in line 2. Entering "4" makes a withholding system adjustment for the \$4,400 exemption for a spouse.

D. Dependent(s). You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system.

If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

DIRECT DEPOSIT AUTHORIZATION \*

National Bureau of Economic Research, Inc.

Name of employee requesting direct deposit: Victoria Bond

Bank Routing Number: 042100146

Account Number: 22038499

Indicate:  Checking or  Saving Account

I hereby authorize the National Bureau of Economic Research, Inc., "NBER," to deposit payments to my account at the financial institution noted above, and to adjust any over deposit which is caused to be made to my account. I will not hold the financial institution named above liable for any erroneous deposits or adjustments made by the NBER.

V. Bond  
Signature

7/8/20  
Date

\* If you need to deposit your pay to multiple accounts, please contact Mui Cheung in the payroll department for a multi-account form: (617) 588-1412, mcheung@nber.org



**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) <b>BOND</b>	First Name (Given Name) <b>VICTORIA</b>	M.I. <b>G</b>	Citizenship/Immigration Status
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List A **OR** List B **AND** List C  
 Identity and Employment Authorization **Identity** **Employment Authorization**

Document Title	Document Title <b>SS CARD</b>	Document Title <b>DRIVERS LICENSE</b>
Issuing Authority	Issuing Authority <b>VS</b>	Issuing Authority <b>KT</b>
Document Number	Document Number <b>402 574492</b>	Document Number <b>B16853487</b>
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy) <b>12.17.21</b>
Document Title	Additional Information <span style="float: right; font-size: small;">QR Code - Sections 2 &amp; 3 Do Not Write In This Space</span>	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
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): 07/06/2020 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <b>07/06/2020</b>	Title of Employer or Authorized Representative <b>ASST DIRECTOR, CONFERENCES</b>	
Last Name of Employer or Authorized Representative <b>SHANNON</b>	First Name of Employer or Authorized Representative <b>ROBERT</b>	Employer's Business or Organization Name <b>NBER</b>	
Employer's Business or Organization Address (Street Number and Name) <b>1050 MASS AVE.</b>	City or Town <b>CAMBRIDGE</b>	State <b>MA</b>	ZIP Code <b>02138</b>

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

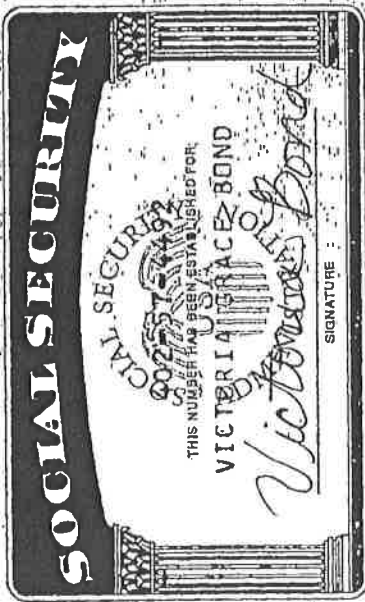
A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

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 <i>[Signature]</i>	Today's Date (mm/dd/yyyy) <b>07/06/2020</b>	Name of Employer or Authorized Representative <b>NBER</b>
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**Kentucky**  
UNBROKEN SPIRIT  
DRIVER'S LICENSE

USA KY



UNDER AGE 18 UNTIL  
09-18-2018  
UNDER AGE 21 UNTIL  
09-18-2021

9 Class **D**  
9a End **NONE**  
12 Restrictions **NONE**  
CDL Rest: **NONE**  
5 DD 4329850930771000 ORI  
15 Sex **F** 16 Hgt **5-06**  
18 Eyes **BLU**  
4a Exp **07-17-2018**  
REV: 03-16-2012

BOND  
VICTORIA GRACE  
4246 MOONCOIN WAY  
LEXINGTON, KY 40515

FAYETTE  
COUNTY  
Circuit Clerk

*Victoria Bond*

Ad Lic. No. **E16-853-487**  
4a Exp **12-17-2021**  
1 DOB **09-18-2000**

