

National Bureau of Economic Research

Personnel Action Form (Casual Hourly Research Assistant Version)

Please use <http://www.nber.org/sendthisfile> to electronically send payroll forms securely to the NBER.

Personal Information :

Last name, first name, middle initial : Bond, Victoria, G
 Current Address: 328 St. Paul St. #2 Brookline, MA 02246
 Home Telephone Number : 8594897343
 Email Address (required) : vbond@bu.edu
 Permanent Address and phone #:
 (if different from your current address) 4248 Mooncoin Way Lexington, KY 40515

Status: Graduate Student Undergraduate Student Other

Position Information :

Job Title : Summer Institute Intern
 Supervisor's Name : ~~David Jan~~ ROB SHANNON
 Expected Hours of Work per Week: 25
 Work Location (City, State and Zip Code) Cambridge, MA 02138
 Work Telephone Number: _____
 Effective Date : 1/6/20
 Hourly Rate of Pay: \$25/hr

Grant Allocation :

NBER Account Number(s)	Project Name(s)	% of Effort	Project Termination Date
<u>Ⓟ</u>	<u>SI 2020</u>		<u>7/25/20</u>

NSF Grants:

Date Completed Responsible Conduct of Research Training: _____
 (See attached memo for additional information.)

Statistical Data:

Please complete below and the attached self-identification forms. This information is requested to enable compliance with Federal and State regulations and will be held in strict confidence.

Date of Birth: 09/18/2000

Country of Citizenship: U.S.

Visa type (if applicable): _____

Visa end date: _____

I would like my paychecks:

deposited directly into my bank account sent to my current address held at the NBER

I would like my paystubs:

held at NBER sent to my current address

I have read and received the Statement Regarding the NBER Electronic Disclosures of Plan Information (the Statement) included in this packet. I fully understand the Statement. I consent to receiving the type of documents described in the Statement by electronic means at the email address above. I understand that if my email address changes, I must promptly notify the NBER by going to http://www.nber.org/prefs/change_info.pl. I confirm that I have the ability to access information in the electronic form described in the Statement. I understand that I will receive copies of the types of documents described in the Statement only in the electronic form described there unless I exercise my right to affirmatively request a paper copy of such document in the manner described in the Statement. I understand that I can withdraw this consent at any time by going to nber.org/edpi and providing my name, mailing address and email address.

I choose to receive this information by email. I choose to receive this information by paper mail.

Research Assistant's Signature:

I understand that I am an employee at will and that my employment may be terminated at any time by either myself or the NBER. Under no circumstance will my employment continue beyond the termination date of the grant listed in the Grant Allocation Section of this form. I understand that it is my responsibility to update the NBER with any address changes so that I will receive my W-2 in a timely fashion. I acknowledge receipt of the information in the new hire packet, including the Drug Free Workplace Policy and the Marketplace Exchange Notice.

V. Bond
Research Assistant's Signature

07/01/2020
Date

Approval Signatures :

Project Director(s) : *M J S* Date : 7-1-20

Office of the President: _____ Date: _____

If you would prefer to return the materials electronically, please send them through this secure website

<http://www.nber.org/sendthisfile/>

Please do not return the forms via regular email.

NBER Employee Invitation to Self-Identify

This company is subject to Executive Order 11246, as amended, which requires Federal contractors to ensure that applicants are employed and that employees are treated during employment without regard to their race, color, religion, sex, or national origin. We are therefore requesting information about the race and gender of our applicants in order to comply with government reporting requirements and in order to ensure equal employment opportunity.

Employee Name: Victoria Bond Date: 07/01/2020

Gender

- Male
 Female
 I decline to identify my gender.

Ethnicity

- Hispanic or Latino - a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
 Not Hispanic or Latino
 I decline to identify my ethnicity.

Race

- American Indian or Alaska Native (Not Hispanic or Latino): a person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
 Asian (Not Hispanic or Latino): a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
 Black or African American (Not Hispanic or Latino): a person having origins in any of the black racial groups of Africa.
 Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino): a person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
 White (Not Hispanic or Latino): a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
 Two or More Races (Not Hispanic or Latino): all persons who identify with more than one of the above five races.
 I decline to identify my race.

If you choose not to self-identify your race/ethnicity and/or gender, the federal government requires the NBER to determine this information by visual survey and/or by using other available information.

This company is also subject to the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended by the Jobs for Veterans Act of 2002, 38 U.S.C. 4212 (VEVRAA), which requires Government contractors to take affirmative action to employ and advance in employment veterans in the following classifications:

- A "disabled veteran" is one of the following:
 - a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs; or

Voluntary Self-Identification of Disability

Form CC-305
OMB Control Number 1250-0005
Expires 1/31/2020
Page 1 of 2

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.¹ To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Autism
- Bipolar disorder
- Post-traumatic stress disorder (PTSD)
- Deafness
- Cerebral palsy
- Major depression
- Obsessive compulsive disorder
- Cancer
- HIV/AIDS
- Multiple sclerosis (MS)
- Impairments requiring the use of a wheelchair
- Diabetes
- Schizophrenia
- Missing limbs or partially missing limbs
- Intellectual disability (previously called mental retardation)
- Epilepsy
- Muscular dystrophy

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

Victoria Bond

07/01/2020

Your Name

Today's Date

Employee's Withholding Certificate

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.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial Victoria G	Last name Bond	(b) Social security number 402574492
	Address 4248 Mooncoin Way		▶ 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 Lexington, KY 40515		
	(c) <input checked="" 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 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(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 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 ▶ \$	0	
	Multiply the number of other dependents by \$500 ▶ \$	0	
	Add the amounts above and enter the total here	3	\$ 0
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)	\$ 0
	(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)	\$ 0
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ 0

**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.

V Bond

▶ **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)
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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 7.5% 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 Part II of 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(f)(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.

DIRECT DEPOSIT AUTHORIZATION *

National Bureau of Economic Research, Inc.

Name of employee requesting direct deposit: _____

Bank Routing Number: _____

Account Number: _____

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.

J Bond

Signature

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

Statement Regarding the NBER Electronic Disclosures of Plan Information

To: Employees of the National Bureau of Economic Research, Inc. (the “NBER”)
Date: December 30, 2014
RE: NBER Electronic Delivery of Information Regarding Pension, 403(b) Tax Deferred Annuity, Health, Welfare and Flexible Benefits Plans

Individuals entitled to receive benefits under the NBER pension, tax-deferred annuity, health, welfare and flexible benefits plans are also entitled to be furnished with certain documents required under Internal Revenue Service or ERISA rules (the Employee Retirement Income Security Act of 1974). These documents can be provided electronically.

Electronic delivery is a fast, efficient, and low-cost way to receive important plan information. It helps reduce the use of paper and it does not contribute to clutter at home or work. Electronic delivery is easy and ensures:

- secure access to important plan information
- ongoing ability to download information and print documents
- access to delivery options, including a return to paper document delivery, that can be updated at any time.

The NBER intends to provide all employee benefit plan notices required by the Internal Revenue Service or ERISA* by electronic delivery (as described below) if possible. This includes:

- any open enrollment forms
- any Summary Plan Description (SPD)
- any required Summaries of Material Modification (SMMs)
- the Summary Annual Reports (SAR)
- any documents required to be furnished under ERISA 104(b)(4) on request by a participant or beneficiary under the Plan or made available under ERISA 104(b)(2) to participants and beneficiaries under the Plan
- any Summary of Benefits and Coverage (SBC) and other notices required under the Affordable Care Act (ACA) to the extent the ACA permits electronic delivery, and
- Internal Revenue Service or ERISA required notices for other plan matters

*Participant statements, distribution and withholding forms and certain other notices will continue to be provided by NBER’s plan service providers (TIAA-CREF and Vanguard).

Method of Electronic Delivery: In accordance with all applicable legal requirements, the NBER will email documents directly or provide notification of document availability with a direct link to access the materials. The NBER may provide certain documents in portable document format, often referred to as a PDF. Accessing such documents requires free Adobe Reader software, available at www.adobe.com. If any of these hardware or software requirements change in a way that creates a material risk that participants will no longer be able to access and retain electronically-transmitted documents, the NBER will provide notification to this effect along with a new consent form for electronic document delivery.

CONSENT TO RECEIVE THE NBER ELECTRONIC DISCLOSURES OF PLAN INFORMATION

I have read and received the Statement Regarding the NBER Electronic Disclosures of Plan Information (the Statement) dated December 30, 2014. I fully understand the Statement.

I consent to receiving the type of documents described in the Statement by electronic means at the following email address: _____ I understand that if my email address changes, I must promptly notify the NBER by going to **http://www.nber.org/prefs/change_info.pl**.

I confirm that I have the ability to access information in the electronic form that is described in the Statement. I understand that I will receive copies of the types of documents described in the Statement only in the electronic form described there unless I exercise my right to affirmatively request a paper copy of such document in the manner described in the Statement.

I understand that I can withdraw this consent at any time by going to **[nber.org/edpi](http://www.nber.org/edpi)** and providing my name, mailing address and email address.

Participant Signature V. Bond

Please Print Participant Name _____

Address _____

Phone Number _____

Return this form to: NBER
HR Department, 4th Floor
1050 Massachusetts Avenue
Cambridge, MA 02138-5398
hr@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

▶ **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) Bond		First Name (Given Name) Victoria		Middle Initial G	Other Last Names Used (if any)	
Address (Street Number and Name) 4248 Mooncoin Way			Apt. Number	City or Town Lexington	State KY	ZIP Code 40515
Date of Birth (mm/dd/yyyy) 09/18/2000	U.S. Social Security Number 402-57-4492	Employee's E-mail Address vbond@bv.edu			Employee's Telephone Number (859)489-7343	

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 checked="" type="checkbox"/> 1. A citizen of the United States	QR Code - Section 1 Do Not Write In This Space
<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: _____	

Signature of Employee <i>V. Bond</i>	Today's Date (mm/dd/yyyy) 11/01/2020
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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

STOP *Employer Completes Next Page* STOP

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.

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)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
	BOND	VICTORIA	G	

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		ISS CARD		DRIVERS LICENSE
Document Number		US		KT
Expiration Date (if any) (mm/dd/yyyy)		40257492		B16853487
Document Title		Expiration Date (if any) (mm/dd/yyyy)		12.17.21
Issuing Authority		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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)

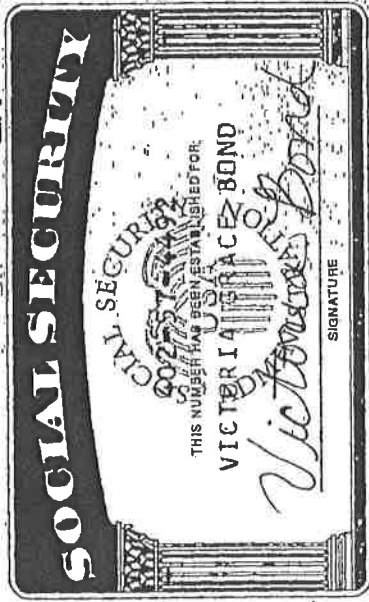
Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative		
<i>[Signature]</i>	07/06/2020	ASST DIRECTOR, CONFERENCES		
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative	Employer's Business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

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
<i>[Signature]</i>	07/06/2020	NBER



Kentucky
UNBROKEN SPIRIT
DRIVER'S LICENSE



Victoria Grace

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

9 Class **D**
9a End **NONE**
12 Restrictions **NONE**
CDL Restr **NONE**
5 ID 4329850930271990 ORI
15 Sex **F** 16 Hgt **5-06**
18 Eyes **BLU**
4a Iss **07-17-2018**
REV: 03-16-2012

BOND
VICTORIA GRACE
4248 MOONCOIN WAY
LEXINGTON, KY 40515

FAYETTE
COUNTY
Circuit Clerk
Ad. Exp. No. **B16-853-487**
Ad. Exp. **12-17-2021**
1 DOB **09-18-2000**

Vicent P. [Signature]
DL
www.kentucky.gov