

# Election Judge Application

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Residence address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Home (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Email address (required) \_\_\_\_\_ Cell (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

Are you interested in serving as an interpreter election judge?  YES  NO

Languages spoken \_\_\_\_\_

Birth date \_\_\_\_/\_\_\_\_/\_\_\_\_

### Race, ethnicity, and/or tribal affiliation

*This information is collected so election judges are representative of the communities Ramsey County serves.*

**Political party**—election judges are required to identify with a major political party to complete certain tasks. If you do not identify with a major political party select "Not affiliated." Failure to complete this section will result in not being appointed.

- Democratic-Farmer-Labor  Not Affiliated
- Republican

Emergency contact \_\_\_\_\_ Relationship \_\_\_\_\_

Cell (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_ Home (\_\_\_\_) - \_\_\_\_ - \_\_\_\_\_

*Note: completion of this application does not guarantee appointment as an election judge.*

## Certification of Eligibility to Serve as Election Judge

- » U.S. citizen eligible to vote in Minnesota.
- » At least 18 years of age.
- » Not incarcerated for a felony offense.
- » Not under guardianship status in which a judge has removed your right to vote.
- » Able to read, write and speak English.

*By signing your name, you acknowledge that you understand these requirements. Election judges serving while ineligible may be subject to legal inquiry. If you become ineligible at any time, do not serve in the next election; you may decline an assignment privately without a need to disclose your situation.*

### An election judge cannot be:

- » Related to another election judge in the same precinct
- » A candidate for the election in which you are serving
- » A candidate's spouse, parent, child, brother or sister

Signature \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_



**2024 W-4MN, Minnesota Withholding Allowance/Exemption Certificate**

**Employees**

Complete Form W-4MN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

First Name and Initial	Last Name	Social Security Number
Permanent Address		<b>Marital Status (Check one):</b> <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City	State      ZIP Code	

**Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.**

**Section 1 — Determining Minnesota Allowances**

- A** Enter "1" if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_
- B** Enter "1" if any of the following apply: . . . . . **B** \_\_\_\_\_
  - You are single and have only one job
  - You are married, have only one job, and your spouse does not work
  - Your wages from a second job or your spouse's wages are \$1500 or less
- C** Enter "1" if you are married. Or choose to enter "0" if you are married and have either a working spouse or more than one job. (*Entering "0" may help you avoid having too little tax withheld.*) . **C** \_\_\_\_\_
- D** Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. . . . . **D** \_\_\_\_\_
- E** Enter "1" if you will use the filing status Head of Household (*see instructions*). . . . . **E** \_\_\_\_\_
- F** Add steps A through E. If you plan to itemize deductions on your 2024 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. . . . **F** \_\_\_\_\_

**1 Minnesota Allowances.** Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet . . . . . **1** \_\_\_\_\_

**2** Additional Minnesota withholding you want deducted for each pay period (*see instructions*) . . . . . **2** \$ \_\_\_\_\_

**Section 2 — Exemption From Minnesota Withholding**

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (*see Section 2 instructions for qualifications*). If applicable, check one box below to indicate why you believe you are exempt:

- A** I meet the requirements and claim exempt from both federal and Minnesota income tax withholding
- B** Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
  - I had no Minnesota income tax liability last year
  - I received a refund of all Minnesota income tax withheld
  - I expect to have no Minnesota income tax liability this year
- C** All of these apply:
  - My spouse is a military service member assigned to a military location in Minnesota
  - My domicile (legal residence) is in another state
  - I am in Minnesota solely to be with my spouse. My state of domicile is \_\_\_\_\_
- D** I am an American Indian that resides and works on a reservation for which I am enrolled (*see instructions*).  
 Enter the reservation name: \_\_\_\_\_  
 Enter your Certificate of Degree of Indian Blood (CDIB)/Enrollment number: \_\_\_\_\_
- E** I am a member of the Minnesota National Guard or an active-duty U.S. military member and claim exempt from Minnesota withholding on my military pay
- F** I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay

*I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.*

Employee's Signature	Date	Daytime Phone Number
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**Employees:** Give the completed form to your employer.

**Employers**

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer	Minnesota Tax ID Number	Federal Employer ID Number (FEIN)
Address	City	State      ZIP Code

Employee Name: \_\_\_\_\_

Department Name: \_\_\_\_\_ Best Contact Phone #: \_\_\_\_\_

I hereby authorize Ramsey County and the financial institution(s) listed below to initiate electronic credit entries to the account(s) and in the amount(s) indicated below, and, if necessary, debit entries and/or adjustments for any credit entries in error, each payday. This authorization will remain in effect until I notify Ramsey County in writing to cancel it, in sufficient time as to afford Ramsey County a reasonable opportunity to act on it. If this is a change, I understand that any previous Direct Deposit authorizations are hereby revoked by the new Direct Deposit authorizations listed below.

- Enter bank information into the primary account box. This is the account for which the balance of net pay will be deposited – 100% of the net pay if no other account is provided for direct deposit or the remaining net pay balance if more than one bank account is listed.
- The second and third accounts may be used if additional bank accounts are requested to be used for deposit. The amounts must be whole, flat, dollar amounts or a percentage of net pay.
- If there is no bank account available for direct deposit, select the Focus Card. This option is only available to employees who do not have a bank account, and cannot be used as an additional bank account for partial deposits of payroll funds. This option will also be used if a direct deposit form is not returned within seven (7) days of hire.

Checking – Staple voided check(s) here.  
Savings – Staple deposit/withdrawal slip(s) here.

Banking Information		TYPE OF ACTION
Primary Account	Name of Financial Institution & Branch: _____ Location (City & State): _____ Depository Transit Number (Routing Number) _____ Account #: _____ Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> <b>The net balance of your check will be deposited into this account.</b>	<input type="checkbox"/> <u>NEW AUTHORIZATION</u> <input type="checkbox"/> <u>NO CHANGE</u> <input type="checkbox"/> <u>CHANGE</u> – Amount <input type="checkbox"/> <u>CHANGE</u> – Route/Acct # <input type="checkbox"/> <u>CHANGE</u> – Type of Acct <input type="checkbox"/> <u>CANCEL</u>
Second Account	Name of Financial Institution & Branch: _____ Location (City & State): _____ Depository Transit Number (Routing Number): _____ Account #: _____ Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> <input type="checkbox"/> Dollar Amount to be Deposited each Payday \$_____.00 (whole dollars) <input type="checkbox"/> Net Pay Percentage to be Deposited each Payday _____ %	<input type="checkbox"/> <u>NEW AUTHORIZATION</u> <input type="checkbox"/> <u>NO CHANGE</u> <input type="checkbox"/> <u>CHANGE</u> – Amount <input type="checkbox"/> <u>CHANGE</u> – Route/Acct # <input type="checkbox"/> <u>CHANGE</u> – Type of Acct <input type="checkbox"/> <u>CANCEL</u>
Third Account	Name of Financial Institution & Branch: _____ Location (City & State): _____ Depository Transit Number (Routing Number): _____ Account #: _____ Type of Account: Checking <input type="checkbox"/> Savings <input type="checkbox"/> <input type="checkbox"/> Dollar Amount to be Deposited each Payday \$_____.00 (whole dollars) <input type="checkbox"/> Net Pay Percentage to be Deposited each Payday _____ %	<input type="checkbox"/> <u>NEW AUTHORIZATION</u> <input type="checkbox"/> <u>NO CHANGE</u> <input type="checkbox"/> <u>CHANGE</u> – Amount <input type="checkbox"/> <u>CHANGE</u> – Route/Acct # <input type="checkbox"/> <u>CHANGE</u> – Type of Acct <input type="checkbox"/> <u>CANCEL</u>
Focus Card*	A bank account is not available for direct deposit. <b>Deposit entire pay check onto a Focus Payroll Card administered by US Bank.</b> Once enrolled, this option may only be cancelled when a valid bank account is added for deposit.	<input type="checkbox"/> <u>NEW AUTHORIZATION</u> <input type="checkbox"/> <u>CANCEL</u>

**\* If no bank account information is provided for direct deposit within seven (7) days of hire, you will be automatically enrolled in the Focus Payroll Card program administered by US Bank until such time as you provide checking or savings account information.**

I agree to, and have attached a voided check and/or savings account deposit/withdrawal document for each financial institution for which I have indicated electronic funds transfer shall be made, for the purpose of proper verification of the financial institutions' Depository Transit Number(s) and my individual account number(s). I further understand and agree that each account listed above has my name on it at that financial institution.

**NOTE:** The above information may contain data that is considered private under MN Statutes 13.04, but we will not be able to process this authorization without it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

*Return this completed form to your Department HR/Payroll Contact*