

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 : chieng, chloe E.

Current Address: 77 Linden st Apt. 3
Allston, MA 02134

Home Telephone Number : 240-441-3574

Email Address (required) : cchieng@bu.edu

Permanent Address and phone #:

(if different from your current address) 1805 Belvedere Blvd.
Silver Spring, MD 20902

Status: Graduate Student Undergraduate Student Other

Position Information :

Job Title : NBER webinar Assistance

Supervisor's Name : Rob Shannon

Expected Hours of Work per Week: 25

Work Location (City, State and Zip Code) Cambridge, MA 02139

Work Telephone Number: -

Effective Date : 7/6-7/25

Hourly Rate of Pay: \$25/hr.

Grant Allocation :

NBER Account Number(s)	Project Name(s)	% of Effort	Project Termination Date

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: 4/23/1999

Country of Citizenship: U.S.A.

Visa type (if applicable): n/a

Visa end date: n/a

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/edpl 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.

Chloe Cuning
Research Assistant's Signature

6/22/20
Date

Approval Signatures :

Project Director(s) : _____ Date : _____

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: Chloe Chieng Date: 6/22/20

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

- a person who was discharged or released from active duty because of a service-connected disability.
- A "recently separated veteran" means any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty in the U.S. military, ground, naval, or air service.
- An "active duty wartime or campaign badge veteran" means a veteran who served on active duty in the U.S. military, ground, naval or air service during a war, or in a campaign or expedition for which a campaign badge has been authorized under the laws administered by the Department of Defense.
- An "Armed forces service medal veteran" means a veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

If you believe you belong to any of the categories of protected veterans listed above, please indicate by checking the appropriate box below. As a Government contractor subject to VEVRAA, we request this information in order to measure the effectiveness of the outreach and positive recruitment efforts we undertake pursuant to VEVRAA.

I BELONG TO THE FOLLOWING CLASSIFICATIONS OF PROTECTED VETERANS (CHOOSE ALL THAT APPLY):

- DISABLED VETERAN
- RECENTLY SEPARATED VETERAN
- ACTIVE WARTIME OR CAMPAIGN BADGE VETERAN
- ARMED FORCES SERVICE MEDAL VETERAN

- I am a protected veteran, but I choose not to self-identify the classifications to which I belong.
- I am NOT a protected veteran

If you are a disabled veteran it would assist us if you tell us whether there are accommodations we could make that would enable you to perform the essential functions of the job, including special equipment, changes in the physical layout of the job, changes in the way the job is customarily performed, provision of personal assistance services or other accommodations. This information will assist us in making reasonable accommodations for your disability.

Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information provided will be used only in ways that are not inconsistent with the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended. The information you submit will be kept confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled veterans, and regarding necessary accommodations; (ii) first aid and safety personnel may be informed, when and to the extent appropriate, if you have a condition that might require emergency treatment; and (iii) Government officials engaged in enforcing laws administered by the Office of Federal Contract Compliance Programs, or enforcing the Americans with Disabilities Act, may be informed.

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

Chloe Chieng
Your Name

6/22/20
Today's Date



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) Chieng		First Name (Given Name) Chloe		Middle Initial E	Other Last Names Used (if any) —	
Address (Street Number and Name) 1805 77 Linden St. Belvedere Bldg			Apt. Number 8	City or Town Albton Silver Spring	State MD	ZIP Code 20902 02134
Date of Birth (mm/dd/yyyy) 04/23/1999		U.S. Social Security Number 214-55-1469		Employee's E-mail Address cchieng@bu.edu		Employee's Telephone Number 240-441-3574

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	
<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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee Chloe Chieng	Today's Date (mm/dd/yyyy) 06/22/20
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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

Employee's Withholding Certificate

▶ **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 <i>Chloe E</i>	Last name <i>chieng</i>	(b) Social security number <i>214-55-1469</i>
	Address 77 Linden St. <i>1805 Benedere Blvd.</i>		▶ 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 <i>Allston MA, 02134 Silver Spring, MD 20902</i>		
	(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 ▶ \$ <u>0</u>		
	Multiply the number of other dependents by \$500 ▶ \$ <u>0</u>		
	Add the amounts above and enter the total here	3	\$ <u>0</u>
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)	\$ <u>0</u>
	(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)	\$ <u>0</u>
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ <u>0</u>

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.

▶ *Chloe Chieng* ▶ *6/22/20*
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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FORM
M-4

MASSACHUSETTS EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Rev. 11/19



Print full name Chide Chieng
Print home address 77 Linden St Apt 3

Social Security no. 214-55-1469
City Allston State MA Zip 02134

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 \$ 0
 - 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 6/22/20 Signed Chide Chieng

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: Chloe Chieng

Bank Routing Number: 054001204

Account Number: 226006038779

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.

Mui Cheung
Signature

6/22/20
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

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: cchieng@bu.edu. 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 Chloe Chieng

Please Print Participant Name Chloe Chieng

Address 77 Linden St. Apt. 3 Allston, MA 02134

Phone Number 240-441-3574

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

