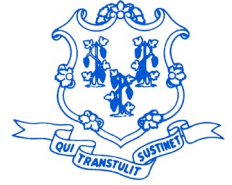


**CONNECTICUT MILITARY DEPARTMENT
INSTRUCTIONS FOR
PREMIUM PAY PROGRAM APPLICATION**



PURPOSE: The State of Connecticut Military Department (CTMD) established the Premium Pay Program (PPP) for the purpose of providing a one-time payment to eligible service members of the Armed Forces of the State of Connecticut who served during 1 March 2020 – 31 March 2021.

ELIGIBILITY: Eligibility for the PPP requires submission of records validating status and service.

1. Status: Applicant served as a member of the Connecticut National Guard (e.g., AGR, ADOS or Technician) or Connecticut Organized Militia (e.g., State Guard or the Governor's Guard).
2. Service: Applicant served during the qualifying period of 1 March 2020 - 31 March 2021.
3. Documentation: Applicant must submit documentation to validate Connecticut National Guard Service (Title 32 orders or DD214) or Connecticut Organized Militia Service (State Active Duty orders) during the qualifying period.

ADDITIONAL REQUIREMENTS: The following requirements apply to the PPP.

- Qualifying service must have been served within the geographical boundaries of the State of Connecticut.
- The amount of the payment is based on the number of days served and status during the qualifying period.
- Active duty Service (T10) does not qualify for the CTMD COVID Response Bonus.
- Any telework during the qualifying period disqualifies the applicant.
- The CTMD must receive a complete application and supporting documents by 31 December 2023.
- The CTMD PPP is taxable income.

DOCUMENTATION: To qualify for the PPP, applicants must submit all required completed documentation.

1. Complete, signed application form (CTMD Form 2-5)
2. Copy of DD Form 214 and/or qualifying CTNG or Organized Militia service orders
3. Completed State of Connecticut W-4 Form
4. Completed federal W-4 Form

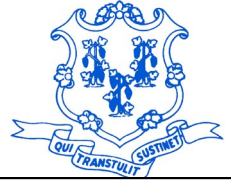
For more information visit <http://www.ct.gov/mil/> or call 860-548-3239 or 860- 524-4968

SEND COMPLETE APPLICATIONS & REQUIRED SUPPORTING DOCUMENTATION, EITHER VIA MAIL, FAX, OR EMAIL VIA THE ADDRESSES LISTED BELOW.

Connecticut Military Department
Governor William A. O'Neill Armory
Attention: Premium Pay Program
360 Broad Street - Room #113
Hartford, Connecticut, 06105-3795
860-493-2721 (fax)
Email: MilitaryRecords@ct.gov

DOCUMENT RETENTION: CTMD will retain applications and supporting documents in accordance with the State of Connecticut record retention schedule and for auditing purposes.

**CONNECTICUT MILITARY DEPARTMENT
PREMIUM PAY PROGRAM APPLICATION**



SERVICE MEMBER'S PERSONAL INFORMATION

Last Name		First Name		Middle Initial
Street Address				
City			State	Zip-Code
Phone Number:	Email:	Social Security #	Date of Birth	

DATES OF SERVICE *(List all dates of service during the Qualifying Period of 1 March 2020 – 31 March 2021)*

Start Date	End Date	Location	Unit

INFORMATION VERIFICATION, ACCESS & RELEASE AUTHORIZATION

I authorize CTMD to utilize my military records to verify the information provided herewith for the purpose of determining eligibility for the CTMD PPP. This authorization allows the CTMD to access my military personnel records for the purposes of evaluating this application.

Initials

STATEMENT OF CONFIDENTIALITY

This application requires supporting documentation and access to military records as the primary means to determine eligibility for the CTMD PPP. Disclosure of the requested information, including social security number, is voluntary. However, failure to provide the requested information or grant access to records may result in the inability to verify eligibility and denial of the application for insufficient information. Unverified eligibility will result in the denial and return of this application.

I attest that the information provided on this application is true and correct to the best of my knowledge.

SIGNATURE

DATE

TO BE COMPLETED BY CONNECTICUT MILITARY DEPARTMENT

APPROVED

State Employee ID number		
Number of days served on active duty		
Amount of Bonus		

SIGNATURE OF CTMD VERIFICATION OFFICER

DATE

REJECTED

Reason:

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.

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		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		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, other details, 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) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

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 Dependent and Other Credits	If your total 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 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
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)	\$ _____
	(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)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

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.		
	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)
	Connecticut Military Department 360 Broad Street Hartford, CT 06105		06-6000798

Form CT-W4

Employee's Withholding Certificate

Employee Instructions

- Read the instructions on Page 2 before completing this form.
- Select the filing status you expect to report on your Connecticut income tax return.

- Choose the statement that best describes your gross income.
- Enter the *Withholding Code* on Line 1 below.

Married Filing Jointly	Withholding Code
Our expected combined annual gross income is less than or equal to \$24,000 or I am claiming exemption under the Military Spouses Residency Relief Act (MSRRA)* and no withholding is necessary.	E
My spouse is employed and our expected combined annual gross income is greater than \$24,000 and less than or equal to \$100,500. See <i>Certain Married Individuals</i> , Page 2.	A
My spouse is not employed and our expected combined annual gross income is greater than \$24,000.	C
My spouse is employed and our expected combined annual gross income is greater than \$100,500.	D
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Qualifying Surviving Spouse	Withholding Code
My expected annual gross income is less than or equal to \$24,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is greater than \$24,000.	C
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

Married Filing Separately	Withholding Code
My expected annual gross income is less than or equal to \$12,000 or I am claiming exemption under the MSRRA* and no withholding is necessary.	E
My expected annual gross income is greater than \$12,000.	A
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Single	Withholding Code
My expected annual gross income is less than or equal to \$15,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$15,000.	F
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D
Head of Household	Withholding Code
My expected annual gross income is less than or equal to \$19,000 and no withholding is necessary.	E
My expected annual gross income is greater than \$19,000.	B
I have significant nonwage income and wish to avoid having too little tax withheld.	D
I am a nonresident of Connecticut with substantial other income.	D

* If you are claiming the Military Spouses Residency Relief Act (MSRRA) exemption, see instructions on Page 2.

Employees: See *Employee General Instructions* on Page 2. Sign and return Form CT-W4 to your employer. Keep a copy for your records.

1. Withholding Code: Enter *Withholding Code* letter chosen from above. 1. _____ Check if you are claiming the MSRRA exemption and enter state of legal residence/domicile: _____
2. Additional withholding amount per pay period: If any, see instructions. 2. \$ _____
3. Reduced withholding amount per pay period: If any, see instructions. 3. \$ _____

First name	MI	Last name	Social Security Number
Home address (number and street, apartment number, suite number, PO Box)			
City/town	State	ZIP code	

Declaration: I declare under penalty of law that I have examined this certificate and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for reporting false information is a fine of not more than \$5,000, imprisonment for not more than five years, or both.

Employee's signature	Date
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Employers: See *Employer Instructions*, on Page 2.

Is this a new or rehired employee? No Yes Enter date hired: _____ mm/dd/yyyy

Employer's business name Connecticut Military Department	Federal Employer Identification Number 06-6000798
Employer's business address 360 Broad Street	
City/town Hartford	State CT
ZIP code 06105	Telephone number 860 – 548 – 3239