



**Appointment Data - To be completed by the department (Optional)**

Visa type \_\_\_\_\_ Work phone (\_\_\_\_) \_\_\_\_\_

Department \_\_\_\_\_ Hire date \_\_\_\_\_ Position no. \_\_\_\_\_ Version \_\_\_\_\_

Job title \_\_\_\_\_ Tenure status \_\_\_\_\_ Tenure track svc date \_\_\_\_\_  
(Eligible, Tenured)

Annual salary \_\_\_\_\_ Salary basis\* \_\_\_\_\_ Work hours \_\_\_\_\_ per week

\* Summer Session, Regular 12 mo, Regular 9 mo, etc.

Employee group \_\_\_\_\_ Employee qualifier \_\_\_\_\_ Employment category \_\_\_\_\_  
(Faculty, Admin Pro) (Non-Federal, Federal) (Reg, Spec, Temp)

Appt end date \_\_\_\_\_ Change reason All/New Hire

CSU account number(s)	Start date	Percent
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

**Conditions of Appointment** (teaching or research experience at other institutions; interim/acting appt.):

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**NOTE:** Before this new hire can be approved the following forms must be received by the indicated offices.

**Human Resources – Records:** Academic Faculty/Admin Pro Certification Form, I-9, Oath of Allegiance, and Creative Works Policy forms.

**Human Resources – Payroll:** W-4 and Payment Disposition Action (PDA) forms.

Revised 2/2007



Human Resource Services  
Ft. Collins, CO 80523

## Oath of Allegiance

I solemnly (swear)\* (affirm)\* that I will uphold the constitution of the United States and the constitution of the State of Colorado, and I will faithfully perform the duties of the position upon which I am about to enter.

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

Name Printed \_\_\_\_\_

Employee ID Number \_\_\_\_\_

### TO BE COMPLETED BY NOTARY:

Subscribed and (sworn)\* (affirmed)\* to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Signature of Notary: \_\_\_\_\_

My commission expires: \_\_\_\_\_

\* Strike inapplicable word



Human Resource Services  
Ft. Collins, CO 80523

TO: All University Faculty and Staff Members  
FROM: Director of Human Resource Services  
SUBJECT: Policy on Rights and Responsibilities Related to Creative Works (the "Policy")

Acceptance of the terms of the Colorado State University policy on Rights and Responsibilities Related to Creative Works is a condition of employment for all University General Faculty Members (including Academic Faculty and Administrative Professional Staff), State Classified Staff, and other University employees.

Basically, the policy states that academic materials, publications, technical discoveries, invention, and other creative works of commercial importance resulting from the teaching, service, and research or investigation, conducted by University employees with the support of University resources shall become the property of the University or its designee. A detailed explanation of the Policy including notice requirements, ownership, proceeds distribution, is found in Section J. of the Academic Faculty and Administrative Professional Staff Manual.

Your signature is required below indicating your awareness and acceptance of the Policy.

_____	_____
DATE	SIGNATURE
	_____
	NAME PRINTED
	_____
	EMPLOYEE ID NUMBER

**Statement Concerning Your Employment in a Job  
Not Covered by Social Security**

**Employee Name** \_\_\_\_\_ **Employee ID#** \_\_\_\_\_

**Employer Name** Colorado State University **Employer ID#** 84-6000545

Your earnings from this job are not covered under Social Security. When you retire, or if you become disabled, you may receive a pension based on earnings from this job. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, will not be affected. Under the Social Security law, there are two ways your Social Security benefit amount may be affected.

**Windfall Elimination Provision**

Under the Windfall Elimination Provision, your Social Security retirement or disability benefit is figured using a modified formula when you are also entitled to a pension from a job where you did not pay Social Security tax. As a result, you will receive a lower Social Security benefit than if you were not entitled to a pension from this job. For example, if you are age 62 in 2005, the maximum monthly reduction in your Social Security benefit as a result of this provision is \$313.50. This amount is updated annually. This provision reduces, but does not totally eliminate, your Social Security benefit. For additional information, please refer to Social Security Publication, "Windfall Elimination Provision."

**Government Pension Offset Provision**

Under the Government Pension Offset Provision, any Social Security spouse or widow(er) benefit to which you become entitled will be offset if you also receive a Federal, State or local government pension based on work where you did not pay Social Security tax. The offset reduces the amount of your Social Security spouse or widow(er) benefit by two-thirds of the amount of your pension.

For example, if you get a monthly pension of \$600 based on earnings that are not covered under Social Security, two-thirds of that amount, \$400, is used to offset your Social Security spouse or widow(er) benefit. If you are eligible for a \$500 widow(er) benefit, you will receive \$100 per month from Social Security (\$500 - \$400=\$100). Even if your pension is high enough to totally offset your spouse or widow(er) Social Security benefit, you are still eligible for Medicare at age 65. For additional information, please refer to Social Security Publication, "Government Pension Offset."

**For More Information**

Social Security publications and additional information, including information about exceptions to each provision, are available at [www.socialsecurity.gov](http://www.socialsecurity.gov). You may also call toll free 1-800-772-1213, or for the deaf or hard of hearing call the TTY number 1-800-325-0778, or contact your local Social Security office.

**I certify that I have received Form SSA-1945 that contains information about the possible effects of the Windfall Elimination Provision and the Government Pension Offset Provision on my potential future Social Security benefits.**

**Signature of Employee** \_\_\_\_\_ **Date** \_\_\_\_\_

# Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

## Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

**Preparer and/or Translator Certification** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

## Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name ELLEN HUGHES	Title ACCT TECH III
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) CSU EXTENSION 4040 CAMPUS DELIVERY, FT COLLINS CO 80523-4040		Date (month/day/year)

## Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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	Date (month/day/year)
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EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE



Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Colorado State University may be required to send a copy of this form to the IRS.

20 \_\_\_\_\_

FORM W-4

6004 Campus Delivery Fort Collins, Colorado 80523-6004

84-6000545

State Classified Faculty/Professional Grad Asst/Post Doc Hourly Employee Student Employee VISA Type and Country:

1 Employee Name - as it appears on Social Security card 2 Social Security Number

Home address (number and street) 3 Single Married Married, but withhold at higher single rate Note: If married, but legally separated, or spouse is a nonresident alien, check the Single Box.

City or town, state, and ZIP code 4 If your last name differs from that on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ->

If working for CSU in another state, please name that state and attach information sheet.

5 Total number of allowances you are claiming (see instructions). 6 Additional amount, if any, you want deducted from each pay period. Federal State

7 I claim exemption from withholding and I certify that I meet BOTH of the following conditions for exemption: a. Last year I had a right to a refund of ALL Federal income tax withheld because I had NO tax liability; AND b. This year I expect a refund of ALL Federal income tax withheld because I expect to have NO tax liability. If you meet BOTH of the above conditions, enter "EXEMPT" here. Note: Exempt status is only valid for the calendar year given and expires February 15th the following year. You must refile every year that you claim Exempt status.

Employee's signature Date Home Dept Phone

# Form W-4 (2010)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	A _____
B	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	B _____
C	Enter "1" for your <b>spouse</b> . But, you may 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 number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	D _____
E	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	E _____
F	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	F _____
<b>(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</b>		
G	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul>	G _____
H	Add lines A through G and enter total here. <b>(Note. This may be different from the number of exemptions you claim on your tax return.)</b> ►	H _____
For accuracy, complete all worksheets that apply.	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$18,000 (\$32,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,400 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-". . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from <i>Worksheet 6</i> in Pub. 919.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2010 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-". . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,650 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3." . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 - 120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 - 105,000 -	12						
105,001 - 115,000 -	13						
115,001 - 130,000 -	14						
130,001 - and over	15						

**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 who claims no withholding allowances; 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 using it 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.

- New
- Change

# PAYMENT DISPOSITION ACTION (PDA)



HUMAN RESOURCE SERVICES  
6004 Campus Delivery

**EMPLOYEE INFORMATION** (please print legibly in ink or type)

CSU ID # or Social Security # \_\_\_\_\_

Last Name, First, M.I. \_\_\_\_\_

Home Department \_\_\_\_\_

CHECK ONE:  Hourly Position (paid biweekly)  Salary (paid monthly)

**As of January 1, 1996, DIRECT DEPOSIT is a condition of employment at Colorado State University.** The data you supply on this form determines where your net pay is deposited. If you have no active checking or savings account, contact the financial institution of your choice to establish an account. The original (white) copy should be mailed or delivered to the *Colorado State University-Human Resource Services/Payroll Office, 6004 Campus Delivery*, and the yellow copy is for your records. This information will be processed upon receipt by the Payroll Office.

We recommend that you verify your first deposit after the change before drawing against your account. Colorado State University cannot assume any fiscal liability for charges assessed against the employee due to erroneous bank account numbers, miscommunications, etc. Exemptions to mandatory direct deposit may be approved under limited circumstances. Contact the Payroll Manager at (970) 491-5853 to make an appointment for consideration.

**THIS FORM SHOULD BE SUBMITTED ONLY AT THE TIME EMPLOYMENT BEGINS OR TO CHANGE AN EXISTING DIRECT DEPOSIT ACCOUNT NUMBER. RETURNING STUDENTS DO NOT NEED TO RESUBMIT THIS FORM AT THE BEGINNING OF A NEW TERM OR WHEN CHANGING DEPARTMENTS.**

**DIRECT DEPOSIT DATA:**

Name of Financial Institution \_\_\_\_\_ Street Address \_\_\_\_\_ City, State, ZIP \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Account # \_\_\_\_\_

Account type (check one):  Checking  Savings

Financial Institution Phone # \_\_\_\_\_

**EMPLOYEE AUTHORIZATION (EMPLOYEE MUST SIGN)**

I hereby authorize my employer to initiate credit entries and to initiate debit entries and adjustments for any credit entries in error to my (our) checking and/or savings account indicated above and the depositories named above each herewithafter called Depository, to credit and/or debit the same to such account(s).

Signed \_\_\_\_\_

Date \_\_\_\_\_

Campus (work) phone \_\_\_\_\_

**ATTACH:**  
VOIDED CHECK  
OR  
BANK DOCUMENT WITH ROUTING AND ACCOUNT NUMBERS