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.

OMB No. 1545-0074

Department of the T						<u> </u>		
Internal Revenue Se			subject to review by the IR	15.	(b) C	aial aaassuites seesset		
Step 1:	(a) ⊦	rst name and middle initial Las	t name		(a) 50	cial security number		
Enter Personal Information	Addre	town, state, and ZIP code			name of card? I credit for contact	our name match the on your social security f not, to ensure you get or your earnings, : SSA at 800-772-1213		
	[or go to www.ssa.gov.						
	(c) [(c) Single or Married filing separately Married filing jointly or Qualifying surviving spouse						
	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.)							
		4 ONLY if they apply to you; otherwise, some withholding, other details, and privacy.	skip to Step 5. See page	2 for more informatio	n on ea	ach step, who can		
Step 2: Multiple Job or Spouse								
Works	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.						
		4(b) on Form W-4 for only ONE of these jou complete Steps 3–4(b) on the Form W-			s. (You	r withholding will		
Step 3:		If your total income will be \$200,000 or le	ss (\$400,000 or less if ma	rried filing jointly):				
Claim		Multiply the number of qualifying child	_					
Dependent and Other		Multiply the number of other depende	-					
Credits		Add the amounts above for qualifying ch this the amount of any other credits. Ente		ents. You may add to	3	\$		
Step 4 (optional): Other		(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				\$		
Adjustments	5	(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				\$		
		(c) Extra withholding. Enter any additional	al tax you want withheld e	each pay period	4(c)	\$		
Step 5: Sign Here	Unde	r penalties of perjury, I declare that this certificat	te, to the best of my knowled	lge and belief, is true, co	orrect, a	nd complete.		
	Employee's signature (This form is not valid unless you sign it.) Date				te			
Employers Only	Empl	oyer's name and address		l l	Employe number	er identification (EIN)		

PARKSIDE PUB BANKING INFO

FIRST NAME	LAST NAME	SSN #
EMAIL ADDRESS:		
DATE OF BIRTH		
BANK NAME		
ROUTING NUMBER		
ACCOUNT NUMBER		

OR PLEASE PROVIDE A VOIDED CHECK