EMPLOYEE EMAIL: __

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	reasury	Give Form W-4 to your employer.				2023	
Internal Revenue Se			g is subject to review by the II	RS.			
Step 1: Enter Personal Information	(a) F	rst name and middle initial	Last name		(b) So	ocial security number	
	City or town, state, and ZIP code				name card? credit contac	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 t	o www.ssa.gov.	
	(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 your					nd a qualifying individual	
		4 ONLY if they apply to you; otherwism withholding, other details, and privac		2 for more information	on e	ach step, who can	
Step 2: Multiple Job	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.						
or Spouse		Do only one of the following.					
Works	(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 inco	me, see page 2.				
		4(b) on Form W-4 for only ONE of the you complete Steps 3–4(b) on the Form			s. (You	ur withholding will	
Step 3:		If your total income will be \$200,000 c	or less (\$400,000 or less if ma	arried filing jointly):			
Claim	Multiply the number of qualifying children under age 17 by \$2,000 _\$						
Dependent and Other		Multiply the number of other dependents by \$500 <u>\$</u>					
Credits	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):		(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)	\$	
Other Adjustments							
		(c) Extra withholding. Enter any addit	tional 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.						
11616	Employee's signature (This form is not valid unless you sign it.) Date			te			
Employers Only				nployer identification mber (EIN)			
For Privacy Ac	t and F	aperwork Reduction Act Notice, see page	e 3. Cat.	No. 10220Q		Form W-4 (2023)	

Direct Deposit Authorization Form

Client Name:
Employee Name:SSN:
Requested Action: □ New □ Change
Primary Account Bank Name:
Routing Number*:(9 digits) Account Number:
Account Type: Checking Savings Payroll Debit Card
Deposit Rule: Available Balance Dollar Amount O Percent Amount %
Example for Direct Deposit:
John Q. Public [1032] 02) 555-512 200 Y. In Street
Now City, State 55555 Date
Pay to the order of \$
Your bank name Your bank address
[:123456710 ⁻] [12343498 ⁻] 1032
Bank routing Bank account number number
Employee Signature: Date:
Email:

Direct Deposit Form Revised: 12/14/22 Page 1 of 1