## **Employee Information Sheet**

Check one:	Add employee Up	date existing employee (only comple	ete name and affected fields)
First name		M.I Last name	
Email address	(provide to gain online access to		nale Male Non-binary/ Other
Street address			Unit
City		State Zip	code
Social Security nu	mber	/ /	Hire date / /
Pay schedule (check one)	Existing schedule:  New schedule:		(day of the week/day of the month)  (day of the week/day of the month)  ay date)  through / / / (period end)
Work location (check one)	Main office location  Street address  City	Employee's home addr	ess Other (list below) Unit Zip code
	SOC (Indiana only)	(look up codes: https://	/www.hoosierdata.in.gov/coder/ )
<u> </u>		<u> </u>	
Pay information (check one)		Employee checklist:  Direct deposit form (include voided check	Employer checklist:  Direct deposit form (sign off)
Hourly \$_	/ hour	Form I-9	Form I-9 (sign off)
Salary \$	peronly	State withholding form Federal W-4  nth/year)	New hire reporting (mail/fax/submit)  SOC code (complete/verify)  Pay schedule (complete/verify)  PTO/pay information (complete/verify)

# **Employee Information Sheet**

PTO ( <u>check at least one</u> )	Eligible as of / / /	Not eligible for PTO
Vacation (complete below)	Sick (complete below)	Paid time off (complete below)
Vacation	Sick	Paid time off
Starting balance	Starting balance	Starting balance
Accrual method (select one)	Accrual method (select one)	Accrual method (select one)
Per pay period	Per pay period	Per pay period
Per hour worked	Per hour worked	Per hour worked
At the beginning of the year	At the beginning of the year	At the beginning of the year
Accrue hours per(year/hour worked)	Accrue hours per (year/hour worked)	Accruehours per(year/hour worked)
Maximum balance*	Maximum balance*	Maximum balance*
*Maximum balance will limit how mud annual accrual	ch PTO an employee can have at any giv	en time, but will <u>not</u> limit overall
Deductions No deductions		
Insurance* (per paycheck)		
Pre-tax medical \$	Pre-tax dental \$	Pre-tax vision \$
Taxable medical \$	Taxable dental \$	Taxable vision \$
Retirement plans (check only one)		Deduction amount (check only one)
Traditional 401(k) SIMPLE	E IRA Other	% of gross
Roth 401(k) SIMPLE	E 401(k)	\$ per paycheck
*Insurance plan offered by company n deductions	nust be a POP (premium-only plan) in o	rder to qualify for pre-tax payroll

## **Authorization for Direct Deposit**

(the "Payee"), hereby authorize ("Company") to send credit entries (and appropriate debit and commercially accepted method, to my account(s) indicated by (the "Account"). This authorizes the financial institution holding the ACH transactions authorized herein shall comply with all apprior authorizations, and will be in effect until the Company rehas a reasonable opportunity to act on it.	I adjustment entries), electronica elow and to other accounts I iden ng the Account to post all such en applicable U.S. Law. This authoriza	Ily or by any other ntify in the future ntries. I agree that ation supersedes all
Account 1:		
Name on bank account:		
Bank name:	-	
Bank routing (ABA) number:		1
Bank account number:	_ Checking Savings	
Deposit to this account: Entire net pay first \$ first \$	of net pay	% of net pay
*Balance of pay to: Manual (paper) check Account des	scribed below *Note: split payments a contractors	re not available for 1099
Account 2: Name on bank account:	_	
Bank name:	_	
Bank routing (ABA) number:	_	
Bank account number:	_ Checking Savings	
REQUIRED: Attach a voided check or direct deposit print out from required in order to execute the authorization.  I understand that it is my responsibility to ensure the accuracy and	·	
so may result in the delay or forfeiture of payment.		
Payee Signature:	Date:	
Company Representative Signature:	Print Name:	Date:
Verified with: on	via (communication method)	New EE or DD Update? (circle one) (complete verification for updates only)
(date) (initial) (date)	<del>-</del>	

## **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			rm W-4 to your employer.	••		<u> </u>				
Internal Revenue Se			ng is subject to review by the IF	15.	(1-) 0-	-1-1				
Step 1:	(a) Fi	st name and middle initial	Last name		(D) 50	cial security number				
Enter Personal Information		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								
	, , <sub>[</sub>	70. 1 24 . 150.			or go to	o www.ssa.gov.				
	(c) L	Single or Married filing separately								
		Married filing jointly or Qualifying surviving s  Head of household (Check only if you're unma	•	of kooping up a home for ve	urealf an	d a qualifying individual				
			med and pay more than han the costs	or keeping up a nome for yo	uiseii aiii	a qualifying individual.				
		ONLY if they apply to you; otherwing withholding, and when to use the es			n on ea	ich step, who can				
Step 2: Multiple Job	os	Complete this step if you (1) hold moralso works. The correct amount of wi								
or Spouse		Do <b>only one</b> of the following.								
Works		(a) Use the estimator at www.irs.gov, or your spouse have self-employr			(and S	Steps 3–4). If you				
		(b) Use the Multiple Jobs Worksheet	on page 3 and enter the resu	It in Step 4(c) below;	or					
		(c) If there are only two jobs total, yo option is generally more accurate higher paying job. Otherwise, (b) i	than (b) if pay at the lower pa	aying job is more than						
		I(b) on Form W-4 for only ONE of the ou complete Steps 3–4(b) on the Form  If your total income will be \$200,000	n W-4 for the highest paying j	ob.)	s. (You	r withholding will				
Claim		Multiply the number of qualifying of	children under age 17 by \$2,0	00 \$						
Dependent					-					
and Other		Multiply the number of other depe	endents by \$500	. \$	-					
Credits		Add the amounts above for qualifying this the amount of any other credits.		ents. You may add to	3	\$				
Step 4 (optional): Other		(a) Other income (not from jobs). expect this year that won't have we This may include interest, divident	vithholding, enter the amount	of other income here.		\$				
Adjustment	S	(b) Deductions. If you expect to clain want to reduce your withholding, the result here				\$				
		(c) Extra withholding. Enter any add	itional tax you want withheld	each <b>nav nariod</b>	4(c)					
		(c) Extra withholding. Effer any add	nional tax you want winned t	saon <b>pay periou</b>	4(0)	ļΨ				
Step 5: Sign Here	Under	penalties of perjury, I declare that this cert	ificate, to the best of my knowled	dge and belief, is true, co	orrect, a	nd complete.				
	Em	<b>ployee's signature</b> (This form is not va	alid unless you sign it.)	Da	te					
Employers Only	Emplo	yer's name and address			Employenumber	er identification (EIN)				

Form W-4 (2024)

## **General Instructions**

Section references are to the Internal Revenue Code.

## **Future Developments**

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

## **Purpose of Form**

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 and you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at *www.irs.gov/W4App* if you:

- 1. Expect to work only part of the year;
- Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
- 3. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

## **Specific Instructions**

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Page 2

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

#### Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Form W-4 (2024)

### Step 2(b) - Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

1	<b>Two jobs.</b> If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, <b>skip</b> to line 3	1	\$
2	<b>Three jobs.</b> If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	<b>a</b> Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a	2a	\$
	<b>b</b> Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b	2b	\$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	\$
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc	3	
4	<b>Divide</b> the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in <b>Step 4(c)</b> of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) – Deductions Worksheet (Keep for your records.)		
1	Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter:   • \$29,200 if you're married filing jointly or a qualifying surviving spouse • \$21,900 if you're head of household • \$14,600 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

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 with no other entries on the form; 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use 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.

Form W-4 (2024) Page **4** 

Higher Paying Joh   Annual Taxable   Margar Salary   Margar	Married Filing Jointly or Qualifying Surviving Spouse												
	Higher Deving Joh												
Section   Sect	Annual Taxable				\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -			
\$10,000 - 19,999								-					
	•		1	1		1	1		1				1
\$30,000 - 39,999   950   1,970   2,140   3,440   3,610   3,810   3,890   3,890   4,240   5,240   6,240   6,240   7,240   8,240   8,040   6,040   7,240   8,040			1		1		1	1	1		1	1	1
\$50,000 - \$69,999						3,610	3,690					6,040	7,040
Section   1,000   1,000   2,220   3,420   3,690   3,890   4,320   5,320   6,320   7,320   8,320   9,320   10,320   5,000   7,000   7,000   1	\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$\frac{9}{10000} \( \text{of } \frac{9}{1000} \text{of } \frac{9}{2} \text{of } \frac{1}{2} \text{of } \text{of } \frac{1}{2} \text{of } \frac{1}{2} \text{of }	\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
S80,000 - 99,999   1,020   2,220   3,820   4,890   6,990   7,770   8,170   0,170   10,170   11,170   12,170   13,170   150,000 - 299,999   1,960   4,860   6,760   8,230   9,830   10,910   12,110   13,310   14,590   15,790   16,990   18,190   18,280,000 - 299,999   2,040   4,440   6,840   8,310   9,710   10,990   12,190   13,390   14,590   15,790   16,990   18,190   18,280,000 - 29,999   2,404   4,440   6,840   8,310   9,710   10,990   12,190   13,390   14,590   15,790   16,990   18,380   3,200,000 - 39,999   2,040   4,440   6,840   8,310   9,710   10,990   12,190   13,390   14,590   15,790   16,990   18,380   320,000 - 394,999   2,040   4,440   6,840   8,310   9,710   10,990   12,190   13,390   14,590   15,790   16,990   18,380   320,000 - 394,999   2,040   4,440   6,840   8,310   9,710   10,990   12,190   13,390   14,590   15,790   16,990   18,380   320,000 - 394,999   2,040   4,440   6,840   8,310   9,710   10,990   12,190   13,390   14,590   15,790   16,990   18,380   3850,000 - 524,999   2,720   6,101   9,510   10,580   14,580   16,850   19,250   21,550   23,550   26,150   28,500   31,090   30,750   3850,000   30,750   3850,000   30,990   3		1,020	1	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$\frac{100.00 - 148.999}{\frac{1}{150.000 - 239.999}}\$   1.870   4.070   6.270   7.540   8.270   10.820   10.820   11.820   12.830   14.503   15.230   16.430   \$\$\frac{1}{2}\$		,	1	1	1		1	1	1		1	1	
\$\square*\squa							<u> </u>				<del> </del>		
Second   S			1		1		1	1	1		1	1	
\$280,000 - 279,999			1	1	1		1	1	1		1	1	
\$280,000 - 299,999			<b>+</b>										
\$300,000 - 319,999			1		1		1	l '	1		1	1	1
\$\frac{820,000 - 364,999}{\$2,000 \cdot 0, 44,40}{\$6,840}\$\$ \text{6,810}{\$0}\$\$ \text{1,700}{\$0}\$\$ \text{1,7280}{\$0}\$\$ \text{1,7280}{\$0}\$\$ \text{1,7280}{\$2,850}\$\$ \text{2,850}{\$2,850}\$\$ \text{2,850}{\$2,850}\$\$ \text{2,850}{\$2,850}\$\$ \text{2,850}{\$2,850}\$\$ \text{2,850}{\$2,850}\$\$ \text{2,850}{\$2,850}\$\$ \text{2,850}\$\$ 2			1	1	1		1	1	1		1	1	
\$365,000 - 524,999			<b>+</b>	<del>                                     </del>							<del> </del>		
Higher Paying Job   Single or Married Filing Separately   Lower Paying Job Annual Taxable   Wage & Salary   Single or Married Filing Separately   Lower Paying Job Annual Taxable   Wage & Salary   Single or Married Filing Separately   Single or Married Filing Separately   Lower Paying Job Annual Taxable   Wage & Salary   Single or Married Filing Separately   Single or Single o			1	9,510	1		16,950	19,250	1	23,850	26,150	1	1
Higher Paying Job   Store   Paying Job   Paying   Paying   Store   Paying Job	\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590
## Annual Taxable   \$0					Single o	r Marrie	d Filing S	Separate	ely				
Wage & Salary         9,999         19,999         29,999         39,999         49,999         59,999         69,999         79,999         89,999         109,999         120,000           \$0 - 9,999         \$240         \$870         \$1,020         \$1,000         \$1,0					Lowe	r Paying .	Job Annua	al Taxable	Wage & S	Salary			
\$10,000 - 19,999													
\$20,000 - 29,999	\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$30,000 - 39,999	\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$40,000 - 59,999						· ·				· ·			<del></del>
\$60,000 - 79,999			1	1	1		1	1	1		1	1	1
\$80,000 - 99,999			•		1		1	1	1		1	1	1
\$100,000 - 124,999			<b>+</b>			· ·	<del> </del>						-
\$125,000 - 149,999			•		1		1	1	1		1	1	1
\$150,000 - 174,999			1		1		1	1	1		1	l '	
\$175,000 - 199,999								<u> </u>					
\$200,000 - 249,999			•	•	1		1	14,380	15,680	16,980		1	1
\$400,000 - 449,999	\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	1	19,190	20,490	21,790	23,020
### Head of Household    Higher Paying Job Annual Taxable Wage & Salary	\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
Higher Paying Job Annual Taxable Wage & Salary  Annual Taxable Wage & Salary  \$0 -   \$10,000 -   \$20,000 -   \$30,000 -   \$40,000 -   \$50,000 -   \$60,000 -   70,000 -   \$80,000 -   \$90,000 -   \$100,000	\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
Higher Paying Job   Salary	\$450,000 and over	3,140	6,450	9,110	· · ·		· · ·	<u> </u>	19,930	21,430	22,930	24,430	25,870
Annual Taxable Wage & Salary         \$0 - 19,999         \$10,000 - 29,999         \$20,000 - 39,999         \$40,000 - 59,999         \$50,000 - 69,999         \$60,000 - 69,999         \$70,000 - 89,999         \$80,000 - 99,999         \$100,000 - 12,999         \$100,000 - 19,999         \$100,000 - 19,999         \$100,000 - 19,999         \$100,000 - 10,999									W 0 C	<b>&gt;-1</b>			
Wage & Salary         9,999         19,999         29,999         39,999         49,999         59,999         69,999         79,999         89,999         99,999         109,999         120,000           \$0 - 9,999         \$0         \$510         \$850         \$1,020         \$1,020         \$1,020         \$1,220         \$1,870         \$1,870         \$1,870         \$1,870         \$1,960           \$10,000 - 19,999         510         1,510         2,020         2,220         2,220         2,420         3,420         4,070         4,070         4,160         4,360           \$20,000 - 29,999         850         2,020         2,560         2,760         2,760         2,960         3,960         4,960         5,610         5,700         5,900         6,100           \$30,000 - 39,999         1,020         2,220         2,960         3,160         4,160         5,160         6,160         6,900         7,100         7,300         7,500           \$40,000 - 59,999         1,020         2,220         2,810         4,010         5,010         6,010         7,070         8,270         9,470         10,670         11,520         11,720         11,920         12,120           \$80,000 - 99,999         1,870<		<b></b>	412.222	400.000							400.000	4.00.000	
\$10,000 - 19,999													
\$20,000 - 29,999         850         2,020         2,560         2,760         2,760         2,960         3,960         4,960         5,610         5,700         5,900         6,100           \$30,000 - 39,999         1,020         2,220         2,760         2,960         3,160         4,160         5,160         6,160         6,900         7,100         7,300         7,500           \$40,000 - 59,999         1,020         2,220         2,810         4,010         5,010         6,010         7,070         8,270         9,120         9,320         9,520         9,720           \$60,000 - 79,999         1,070         3,270         4,810         6,010         7,070         8,270         9,470         10,670         11,520         11,720         11,920         12,120           \$80,000 - 99,999         1,870         4,070         5,670         7,070         8,270         9,470         10,670         11,870         12,720         12,920         13,120         13,450           \$100,000 - 124,999         2,020         4,420         6,160         7,560         8,760         9,960         11,160         12,360         13,210         13,880         14,880         15,880	. ,			1	1	1	1	1	1		' '	1	1
\$30,000 - 39,999         1,020         2,220         2,760         2,960         3,160         4,160         5,160         6,160         6,900         7,100         7,300         7,500           \$40,000 - 59,999         1,020         2,220         2,810         4,010         5,010         6,010         7,070         8,270         9,120         9,320         9,520         9,720           \$60,000 - 79,999         1,070         3,270         4,810         6,010         7,070         8,270         9,470         10,670         11,520         11,720         11,920         12,120           \$80,000 - 99,999         1,870         4,070         5,670         7,070         8,270         9,470         10,670         11,870         12,720         12,920         13,120         13,450           \$100,000 - 124,999         2,020         4,420         6,160         7,560         8,760         9,960         11,160         12,360         13,210         13,880         14,880         15,880			•	1	1	1	1	1			1		1
\$40,000 - 59,999       1,020       2,220       2,810       4,010       5,010       6,010       7,070       8,270       9,120       9,320       9,520       9,720         \$60,000 - 79,999       1,070       3,270       4,810       6,010       7,070       8,270       9,470       10,670       11,520       11,720       11,920       12,120         \$80,000 - 99,999       1,870       4,070       5,670       7,070       8,270       9,470       10,670       11,870       12,720       12,920       13,120       13,450         \$100,000 - 124,999       2,020       4,420       6,160       7,560       8,760       9,960       11,160       12,360       13,210       13,880       14,880       15,880									<u> </u>				
\$60,000 - 79,999         1,070         3,270         4,810         6,010         7,070         8,270         9,470         10,670         11,520         11,720         11,920         12,120           \$80,000 - 99,999         1,870         4,070         5,670         7,070         8,270         9,470         10,670         11,870         12,720         12,920         13,120         13,450           \$100,000 - 124,999         2,020         4,420         6,160         7,560         8,760         9,960         11,160         12,360         13,210         13,880         14,880         15,880			1	1	1	1	1	1	1	1	1	1	
\$80,000 - 99,999			1	1	1		1	1	1		1	1	1
\$100,000 - 124,999   2,020   4,420   6,160   7,560   8,760   9,960   11,160   12,360   13,210   13,880   14,880   15,880													
			1	1	1	1	1	1	1		1	1	1
7,000 0,000 10,000 10,000 10,000 10,000			•		1		1	1	1		1	1	1
\$150,000 - 174,999   2,040   4,440   6,180   7,580   9,250   11,250   13,250   15,250   16,900   18,030   19,330   20,630	-												
\$175,000 - 199,999   2,040   4,510   7,050   9,250   11,250   13,250   15,250   17,530   19,480   20,780   22,080   23,380			1	1		1	1	1	1		1	1	1
\$200,000 - 249,999   2,720   5,920   8,620   11,120   13,420   15,720   18,020   20,320   22,270   23,570   24,870   26,170			•	1	1	1		1	1	1	1	1	1
\$250,000 - 449,999   2,970   6,470   9,310   11,810   14,110   16,410   18,710   21,010   22,960   24,260   25,560   26,860	\$250,000 - 449,999												
\$450,000 and over 3,140 6,840 9,880 12,580 15,080 17,580 20,080 22,580 24,730 26,230 27,730 29,230	\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

## **Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting**

Employee's Section (Print clearly)

Employ	ee's legal name (first name, middle initial, last na	ame)		Social security number	Single			
Employee's address (number and street)				Date of birth	─────────────────────────────────────			
City	City Stat		Zip code	Date of hire	rate.  Note: If married, but legally separated, check the Single box.			
Comple	E YOUR TOTAL WITHHOLDING EXEM te Lines 1 through 3 Exemption for yourself – enter 1				·····			
(b) Exemption for your spouse – enter 1								
(c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent								
(d)	(d) Total – add lines (a) through (c)							
2. Ad	ditional amount per pay period you want d	educted	(if your employer	r agrees)				
3. I cl	aim complete exemption from withholding	(see inst	ructions). Enter	"Exempt"				
					I am entitled. If claiming complete exemption from no liability for Wisconsin income tax for this year.			
Signatur	e			Date Signed	,,			

#### **EMPLOYEE INSTRUCTIONS:**

#### WHO MUST COMPLETE:

Effective on or after January 1, 2020, every newly-hired employee is required to provide a completed Form WT-4 to each of their employers. Form WT-4 will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 provided to employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.

You must complete and provide your employer a new Form WT-4 within 10 days if the number of exemptions previously claimed DECREASES.

You may complete and provide to your employer a new Form WT-4 at any time if the number of your exemptions INCREASES.

Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.

### • UNDER WITHHOLDING:

If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.

#### • OVER WITHHOLDING:

If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.

WT-4 Instructions – Provide your information in the employee section.

#### LINE 1

(a)-(c) Number of exemptions – Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will

be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).

(c) Dependents – Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.

#### LINE 2:

Additional withholding – If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.

#### LINE 3

Exemption from withholding – You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you expect to incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.

You must revoke this exemption (1) within 10 days from the time you expect to incur income tax liability for the year or (2) on or before December 1 if you expect to incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must complete and provide a new Form WT-4 to your employer showing the number of withholding exemptions you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is completed and provided to your employer before that date.

#### **Employer's Section**

Employer's name	Federal Employer ID Number			
Employer's payroll address (number and street)		City	State	Zip code
Completed by	Title	Phone number	Email	

#### **EMPLOYER INSTRUCTIONS for Department of Revenue:**

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than \$200.00 a week or is believed to have claimed more exemptions than they are entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, PO Box 8906, Madison WI 53708 or fax (608) 267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-2772 or (608) 266-2776.

#### **EMPLOYER INSTRUCTIONS for New Hire Reporting:**

- This report contains the required information for reporting a New Hire to Wisconsin. If you are reporting new hires electronically, you do not need to forward a copy of this report to the Department of Workforce Development. Visit https://dwd.wi.gov/uinh/ to report new hires.
- If you do not report new hires electronically, mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473). Visit dwd.wi.gov/uinh/ for more information.

## **Applicable Laws and Rules**

This document provides statements or interpretations of the following laws and regulations enacted as of August 23, 2023: sec. 71.66, <u>Wis. Stats.</u>, and sec. Tax 2.92, <u>Wis. Adm. Code</u>.

The address will be displayed appropriately in a left window envelope.

DEPARTMENT OF WORKFORCE DEVELOPMENT NEW HIRE REPORTING PO BOX 14431 MADISON WI 53708-0431