



Date	3/20/2021
Client Name	
Client ID	
Client PIN	

EMPLOYEE INFORMATION

Employee Is: <input checked="" type="radio"/> New Hire <input type="radio"/> Re-Hire <input type="radio"/> Terminated <input type="radio"/> Changing Info		
First Date of Pay: 3/31/2021		Last Date of Pay: _____
*If Term or Rehire: Stop Current Deduction(s) <input type="radio"/> Yes <input type="radio"/> No Stop Direct Deposit(s) <input type="radio"/> Yes <input type="radio"/> No		
LAST Name: Lady	FIRST Name: Jane	Middle Initial: M
STREET ADDRESS: 123 Proper Street		
CITY: Lafayette	STATE: IN	ZIP: 47905
GENDER: <input checked="" type="radio"/> Female <input type="radio"/> Male	Workers Comp Code IN	
BIRTH Date: 02/14/1980	SOCIAL SECURITY # 999 - 99 - 9999	
EMAIL ADDRESS: jlady@apswfm.com		
HIRE Date: 3/20/2021	Department Name/##: _____	
RATE of Pay:	Salary (Annual) \$ 52,000.00	
Hourly: \$ 25.00	Salary(per pay) \$ 1,000.00	Pay Frequency: 52 <input checked="" type="radio"/> 26 24 12
<u>Tax Status</u>		
FEDERAL: Step 1 (c) Personal Information: Married / <u>Single</u>		
Step 2 (c) Multiple Jobs/Spouse Works: Please check box if there are only two jobs total <input type="checkbox"/>		
Step 3 Claim Dependents: \$ 2,000.00		
Step 4 (Optional) Other Adjustments:		
4(a) Other income (not from jobs) \$ <u>0</u>		
4(b) Deductions \$ <u>0</u>		
4(c) Extra withholding \$ <u>10.00</u>		
<i>Note: Please refer to the 2020 W4 for any questions on how to complete this section</i>		
STATE: Married / <u>Single</u>	# of Exemptions <u>1</u>	Additional \$ <u>10.00</u>
LOCAL: (If Applicable) Married / <u>Single</u>	# of Exemptions <u>1</u>	County: <u>Tippecanoe</u> \$5.00 additional
CURRENT Payroll Information: Rate: _____ Hours: _____ O/T: _____ Tips: \$ _____		
<u>SPECIAL INSTRUCTIONS / NOTES:</u>		

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **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.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial <u>Jane M</u>	Last name <u>Lady</u>	(b) Social security number
	Address <u>123 Proper Street</u>		▶ 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 <u>Lafayette, IN 47905</u>		
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: 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.

Multiple Jobs or Spouse Works Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 ▶ \$ <u>2,000.00</u>		
	Multiply the number of other dependents by \$500 ▶ \$ <u>0</u>		
	Add the amounts above and enter the total here	3	\$ <u>2,000.00</u>
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)	\$ <u>0</u>
	(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)	\$ <u>0</u>
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ <u>10.00</u>

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.)	▶	<u>3/20/2021</u> Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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Form WH-4
State Form 48845
(R2 / 8-08)

State of Indiana
Employee's Withholding Exemption and County Status Certificate

This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

Full Name Jane M Lady Social Security Number or ITIN 999-99-9999

Home Address 123 Popper St City Lafayette State IN Zip Code 47905

Indiana County of Residence as of January 1: White (See instructions)

Indiana County of Principal Employment as of January 1: White (See instructions)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" 1

Nonresident aliens must skip lines 2 through 6. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" 0

3. You are allowed one (1) exemption for each dependent. Enter number claimed 0

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or

(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or blind

Enter the total number of boxes checked 0

5. Add lines 1, 2, 3, and 4. Enter the total here 1

6. You are entitled to claim an additional exemption for each qualifying dependent (see instructions) 0

7. Enter the amount of additional state withholding (if any) you want withheld each pay period \$ 10.00

8. Enter the amount of additional county withholding (if any) you want withheld each pay period \$ 5.00

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____ Date: 3/20/2021

Client ID _____ PIN # _____



Electronic Deposit Authorization Form

Important! Please read and sign before completing and submitting.

I hereby authorize _____ hereinafter "Company" to initiate credit entries for sums to and payable to me to my checking, savings or other account(s) indicated below; and, the Financial Institution(s) named below, hereafter called "Depositories", to credit the same to such accounts. I also authorize Company to initiate debits for sums due to the Company for erroneous deposit or deposits at the Depository(ies).

This authorization is to remain in full force and effect until Company has received written notice from me of its termination in such time and in such manner as to afford Company reasonable opportunity to act on it or until such time as Company terminates this agreement.

Employee Name: Jane Lady Last Four Digits of Social Security #: 9999 (optional)

Employee Signature: [Signature] Date: 3/20/2021

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Be sure to indicate checking or savings, along with amount or percent to be deposited into each account.

**PLEASE BE SURE TO LIST ALL CURRENT ACCOUNTS
ANY ACCOUNTS NOT LISTED WILL BE ENDED**

1. Bank Name/City/State: Chase Bank

Routing/Transit #: 074000010 Account Number: 0000000000
(do not drop any leading zeros)

Checking Savings I wish to deposit: \$ _____ or % 100 or Entire Net amount

Please Attach Voided Check (no deposit slips)

2. Bank Name/City/State: N/A

Routing/Transit #: _____ Account Number: _____
(do not drop any leading zeros)

Checking Savings I wish to deposit: \$ _____ or % _____ or Entire Net amount

Please Attach Voided Check (no deposit slips)

3. Bank Name/City/State: N/A

Routing/Transit #: _____ Account Number: _____
(do not drop any leading zeros)

Checking Savings I wish to deposit: \$ _____ or % _____ or Entire Net amount

Please Attach Voided Check (no deposit slips)

Benefit Information:

Eligible for coverage: 04/01/2021

Plan: Medical

Coverage Level: Employee + Child(ren)

Dependent Info: Judy Lady, 01/15/2008, 000-00-0001