

NEW HIRE/STATUS CHANGE NOTICE

Company Name		Date						
Employee Name:								
Address:								
Street	City	State	Zip					
Social Security #	Dept/V	VComp Code						
Hourly Rate	•	if applicable)						
Hire Date:Birth Date:_		Termination Dat	te:					
Email (if paperless vouchers):								
M = Married, S = Single:	_							
# of Dependents Claimed: Federal	State							
Additional Withholding (\$) Federal	State							
Other Automatic Deductions/Pays: Type		Amount_						
Type_		Amount_						
Type_		Amount_						
	<u></u>							
Other Applicable Information: (Location,	City, Division, De	ept, etc.)						

Form W-4 (2017)

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 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

		Person	al Allowances Works	heet (Keep for your records.)									
Α	Enter "1" for yo	ourself if no one else can	claim you as a dependent			A							
	1	 You're single and have 	e only one job; or)								
В	Enter "1" if: {	• You're married, have	only one job, and your spo	ouse doesn't work; or	} .	В							
	l	Your wages from a see	cond job or your spouse's v	wages (or the total of both) are \$1,50	00 or less.								
С	Enter "1" for yo	our spouse. But, you may	choose to enter "-0-" if y	ou are married and have either a w	orking spouse	or more							
	than one job. (E	Entering "-0-" may help ye	ou avoid having too little ta	ax withheld.)		· · C							
D	Enter number of	of dependents (other than	your spouse or yourself)	you will claim on your tax return.		D							
E	Enter "1" if you	will file as head of hous	ehold on your tax return (s	see conditions under Head of hou s	sehold above)	E							
F	Enter "1" if you	have at least \$2,000 of c	hild or dependent care e	expenses for which you plan to cla	im a credit .	F							
	(Note: Do not i	nclude child support pay	ments. See Pub. 503, Chile	d and Dependent Care Expenses,	for details.)								
G	Child Tax Cred	dit (including additional cl	nild tax credit). See Pub. 9	72, Child Tax Credit, for more info	rmation.								
		If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you											
	have two to fou	have two to four eligible children or less "2" if you have five or more eligible children.											
	• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.												
Н	Add lines A throu	ugh G and enter total here. (Note: This may be different f	rom the number of exemptions you cl	aim on your tax re	eturn.) ► H							
	For accuracy,	• If you plan to itemize and Adjustments Wo		ncome and want to reduce your with	nholding, see the	Deductions							
	complete all	1		or are married and you and your sp	ouse both work	and the combined							
	worksheets	tiple Jobs Work	sheet on page 2										
	that apply. to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of For												
		Separate here and	give Form W-4 to your en	ployer. Keep the top part for your	records								
	M_{-A}	Employe	ee's Withholding	Allowance Certifica	te	OMB No. 1545-0074							
Form	WW		_	er of allowances or exemption from wit		9M 17							
	ment of the Treasury I Revenue Service			e required to send a copy of this form t									
1	Your first name	and middle initial	Last name		2 Your social	security number							
	Home address (number and street or rural rout	re)	3 Single Married Mar	ried, but withhold a	t higher Single rate.							
				Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.									
	City or town, sta	ate, and ZIP code		4 If your last name differs from that	shown on your so	cial security card,							
				check here. You must call 1-800-772-1213 for a replacement card. ▶									
5	Total number	of allowances you are cl	aiming (from line H above	or from the applicable worksheet	on page 2)	5							
6	Additional am		6 \$										
7	I claim exemp	I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.											
	• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and												
	• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.												
	•	-	•	<u> ▶</u>	7								
Unde	er penalties of per	jury, I declare that I have e	xamined this certificate and	, to the best of my knowledge and be	elief, it is true, co	rrect, and complete.							
	loyee's signatur				Balan								
<u> </u>		unless you sign it.) ▶			Date ►								
8	Employer's nam	ie and address (Employer: Cor	nplete lines 8 and 10 only if send	ding to the IRS.) 9 Office code (optional)	10 Employer id	entification number (EIN)							

Form W-4 (2017) Page **2**

	, ,								. age =							
					<u>djustments Works</u>											
Note 1	Enter an estimat and local taxes, your itemized de	e of your 2017 it medical expense ductions if your it	remized deductions. These is in excess of 10% of your income is over \$313,800 and the second second income is over \$313,800 and the second sec	include qualifyin income, and mis and you're marrie	claim certain credits or g home mortgage interest, o cellaneous deductions. For 2 ed filing jointly or you're a qua old and not a qualifying wido	charitable contribe 1017, you may havalifying widow(er);	utions, state ve to reduce \$287,650									
	married filing sep	parately. See Pub	. 505 for details					1 \$								
			ied filing jointly or qua	alifying widow	v(er)			- •								
2								2 \$								
2				•	,			2 ¢								
3 4	Subtract line 2 from line 1. If zero or less, enter "-0-"															
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2017 Form W-4 worksheet in Pub. 505.)															
6	_															
7		-	_					-								
8																
9		### Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4 worksheet in Pub. 505.). ### Subtract line 6 from line 5. If zero or less, enter "-0-"														
10	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2017 Form W-4 worksheet in Pub. 505.)															
						or multiple j	obs on page	1.)								
		•			•	N -11:	/									
1 2				•		-	,	' —								
2	you are marri						nter more	•								
3		ore than or	equal to line 2 subt	ract line 2 fro	om line 1 Enter the re	 sult here (if 7)		2								
3			•			,		3								
Note			· -													
					•	Ü										
4	Enter the nun	nber from line	2 of this worksheet			4										
5	Enter the nun	nber from line	1 of this worksheet			5										
6								6								
7					ST paying job and ente			7 \$								
8					additional annual withh	_		8 <u>\$</u>								
9					r example, divide by 25											
					nere are 25 pay periods in ional amount to be with the control of			9 \$								
	the result here	Tab		iio io tric addit	onar amount to be with		ble 2	σ ψ								
	Married Filing		All Other	s	Married Filing J			All Other	s							
	es from LOWEST	Enter on	If wages from LOWEST	Enter on	If wages from HIGHEST	Enter on	If wages from F	IIGHEST	Enter on							
	job are-	line 2 above	paying job are-	line 2 above	paying job are-	line 7 above	paying job are-		line 7 above							
14, 22,		0 1 2 3 4	\$0 - \$8,000 8,001 - 16,000 16,001 - 26,000 26,001 - 34,000 34,001 - 44,000	0 1 2 3 4	\$0 - \$75,000 75,001 - 135,000 135,001 - 205,000 205,001 - 360,000 360,001 - 405,000	\$610 1,010 1,130 1,340 1,420		\$610 1,010 1,130 1,340 1,600								
22,001 - 27,000 3 26,001 - 34,000 3 205,001 - 360,000 1,340 185,001 - 400,000 1,340																

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 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.

Notice to Employee

- For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse, and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year, or which the taxpayer would have been permitted to claim had the taxpayer filed such a return.
- You may file a new certificate at anytime if the number of your exempts *increases*.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you *decreases* because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claim her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for Federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by December 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Income tax Division, or your employer.

- If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.
- 4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file a Declaration of Estimated Individual Income Tax even though Ohio income tax is being withheld from their wages. This is because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file a Declaration of Estimated Individual Income Tax may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the Declaration of Estimated Individual Income Tax, the individual may provide for additional withholding with his employer by using line 5.

please detach here

0	TAXATION Employee's Withhold	ling Exemption Certificate	IT-4 Rev. 12/00					
Prir	nt Full Name	Social Security Number						
Hor	ne Address and Zip Code							
Pub	olic School District of Residence	School District No						
1.	Personal exemption for yourself, enter "1" if claimed							
2.	If married, personal exemption for your spouse if not separately of	claimed (enter "1" if claimed)						
3.	Exemptions for dependents							
4.	Add the exemptions which you have claimed above and enter tot	tal						
5. Additional withholding per pay period under agreement with employer								
Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.								
Sig	nature	Date						



Service St Payroll. Employee Direct Deposit Agreement

How Does Direct Deposit Work?

Your paycheck is automatically deposited into the account(s) you specify with every payroll. No more paper checks to track and no more rushing to the bank to deposit your paycheck on your lunch hour. It is safe, convenient and easy.

The first payday after completion of this form, you will receive an actual paper check and your requested Direct Deposit checks will be verified by the banking institutions. After approval, your next pay will be automatically deposited into your account, and you will receive a Direct Deposit Voucher which shows: Gross pay, Taxes, other pays and/or deductions and net pay. The net pay amount will be deposited into the bank account(s) specified by you below. These deposits will appear on your bank statement for your review.

3 Simple Steps Are Needed:

Step 2: Sign your name at the bottom

Step 1: Enter your name, social and complete left side of form Step 2: Sign your nam Step 3: Attach a voided check for each separate account listed. No deposit slips, please.

The deposit of the same and	authorize Satellite Data Inc.'s (dba Service 1st Payroll) said institution, and the financial institution(s) I list below to initiate electronic credit entries and, if necessary, debit entries and	by said Banking Institutions.	Employee SSN	Employee email address to send payroll vouchers		% (If Savings Account, please write account and routing #'s here & provide proper Bank verification)	Routing# Account#	Attach Voided Check for Account #2 here. Write #2 on check clearly.	Routing# Account#	Attach Voided Check for Account #3 here. Write #3 on check clearly.	Routing# Account#	Attach Voided Check for Account #4 here. Write #4 on check clearly.	Routing# Account#	Any check net remaining after dispersing through the above accounts will be cut with an actual check. Please verify with your banking institutions the direct deposit routing and account numbers as sometimes these are different from what is listed on your paper checks	Employer Use Only	Company #: Employee #:	
otion Tours	stitution(s) Hist belov	ocessing activities b	,	1	&	8	1	<i>\$</i>	ı	% \$	ı	%		n actual check. oers as sometimes the			
	nd the financial ins	erson or for any pr			Flat	Percentage		Flat Percentage		Flat Percentage		Flat Percentage		ounts will be cut with a ing and account numb	ı	ı	
of of Discool of Control of Contr	t 1st Payroll) said institution, a	adjustments for any credit entries, which were incorrectly funded by any person or for any processing activities by said Banking Institutions. This authorization will remain in effect until written notice of cancellation.			Checking Account	Savings Account Bank Name		Checking Account Savings Account	Bank Name	Checking Account Savings Account	Bank Name	Checking Account Savings Account	Bank Name	Any check net remaining after dispersing through the above accounts will be cut with an actual check. Please verify with your banking institutions the direct deposit routing and account numbers as someting.	nature		
	יייי שפי vice lite Data Inc.'s (dba Service	any credit entries, which we n will remain in effect until v	me	me	New Account	Change Account Delete Account		New Account Change Account	Delete Account	New Account Change Account	Delete Account	New Account Change Account Delete Account]	Any check net remaining after o Please verify with your banking	Employee Signature		Date
	authorize Satel	adjustments for This authorizatio	Employee Name	Employer Name	Account #1			Account #2		Account #3		Account #4		Note:			