



New Employee Information

Please ensure ALL documents are completed, signed, & included with this submission.
Failure to submit all documentation required WILL delay implementation.

Company Name: _____

Employee Name: _____

Employee Dept. / Position: _____

Hire Date: _____ Rate of Pay: \$ _____ per _____

E-Mail Address: _____

Cell Phone: _____

Documents Checklist:

- I-9 Employee Eligibility Form with copies of ID and SS Card
- Federal Withholding
- State Withholding
- Direct Deposit (if applicable)
 - o Note: Direct Deposit information must be presented in the form of a voided check or on a form or letterhead provided by the employee's financial institution.
ABSOLUTELY NO HANDWRITTEN DIRECT DEPOSIT INFORMATION ACCEPTED
- Other
 - o Deductions – **please provide any necessary information concerning employee deductions** (i.e. type/name, amount per check).
 - o Garnishments / CS Orders – **please provide a copy of all pages from the employee's garnishment and/or child support order.**

Payroll Complete Use Only		
Task	PR Manager Confirm.	PR Processor Confirm.
Execupay		
SwipeClock		
New Hire Submission		

**Please scan/email completed forms to
payroll@rrtaxpro.com
You may also fax to (205) 556-0881**

APPLICANT AUTHORIZATION TO OBTAIN INVESTIGATIVE BACKGROUND REPORT

In connection with my application for employment or promotion or other job change, I hereby instruct and authorize Just As Family, Inc. (the "Company") to obtain an INVESTIGATIVE CONSUMER REPORT on me that will include information as to my character, general reputation, personal characteristics, and mode of living. This report may reveal information about my work habits, including oral assessments of my job performance, experiences, and abilities, along with reasons for termination of past employment. Such a report may be requested by the Company or on behalf of the Company. Further, I understand and agree that the Company and/or the below- named Consumer Reporting Agency may request information from various federal, state, and other agencies, including public and private sources which maintain records concerning my past activities relating to my driving record, credit history, criminal record, civil matters, previous employment, educational background, and professional licensing, if any. This report will be ordered from the below-named Consumer Reporting Agency:

Background Investigations, Inc.
P.O. Box 3366
Lynnwood, WA. 98406-3366
(888) 338-1550
<http://www.wedobackgroundchecks.com>

APPLICANT'S PERSONAL INFORMATION:

Name: _____
(Please Print) (First) (Middle) (Last)

Other names used and dates of use: 1 _____ Date: _____

2. (Name) _____ Date: _____

3. (Name) _____ Date: _____

Social Security Number: _____ DL# _____ State: _____

Date of birth*: _____ Place of birth: _____ (County and State, or Country)

***Used for positive identification, required**

Height**: _____ Weight**: _____ Hair color**: _____ Eye color**: _____ Gender**: _____ Race**: _____

****Used for additional accuracy, not required.**

Have you been convicted of a crime in the past 7 years? _____ Yes _____ No If yes, give details (date, crime, location)

Note: Disclosure of convictions does not automatically disqualify you for employment.

List addresses, cities, states and counties of residence you have lived for the past seven years.

<u>Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

DISCLOSURES TO UNDERSIGNED APPLICANT

This is written notice from the Company that an investigative consumer report is being obtained from a consumer reporting agency (CRA) for employment purposes. The undersigned applicant hereby instructs, authorizes and requests any present or former employer, school, police department, financial institution, division of motor vehicles, or other persons or agencies having personal knowledge about the undersigned applicant to furnish the above-named Consumer Reporting Agency with any and all information in their possession regarding the undersigned applicant, in connection with an application for employment. The undersigned applicant hereby instructs, authorizes, and requests that a photocopy of this authorization be accepted with the same authority as the original.

Under the federal Fair Credit Reporting Act (FCRA) and other applicable state law, you have certain rights with regard to consumer reports obtained for employment purposes including, upon request, disclosure of information on you in the reporting agency's file at the time of the request, including the identification of persons who have procured a consumer report concerning you, and reasonable opportunity to respond to any information in the report that is disputed by you. The FCRA, 15 U.S.C. 1681,

is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). You can obtain a copy of any investigative consumer report obtained by Background Investigation, Inc. Request for disclosure of the reporting agency's file should be made in writing within a 60 day time period to Background Investigations, Inc., PO Box 3366, Lynnwood, WA 98046-3366.

If a consumer investigative report is obtained and an adverse decision is made affecting your employment, the Company will provide to you, before making the adverse decision, a copy of the investigative consumer report and a copy of the Federal Trade Commission Publication, A Summary of Your Rights Under the Fair Credit Reporting Act.
CA, OK and MN RESIDENTS ONLY: As part of a routine background investigation, we may request a consumer report from a consumer reporting agency or one of its associated companies. If we do so and you wish to be provided with a free copy of this consumer report, please check here:

The undersigned applicant hereby acknowledges that he/she (i) has read or has had read to him/her the above authorization and disclosures, (ii) has understood it, (iii) had the opportunity to consult with and discuss this form with his/her attorney prior to signing this document, and (iv) agrees to be fully bound by it.

Applicant Signature

Date

EMPLOYER CERTIFICATION TO CONSUMER REPORTING AGENCY; By submitting this order to the above-referenced Consumer Reporting Agency, the undersigned Company and individual agent signing on behalf of the Company expressly certifies to the above referenced Consumer Reporting Agency (i) that any reports procured related hereto will be used for employment screening purposes only pursuant to FCRA Section 604(a)(3)(B); (ii) that prior to taking any adverse action, based in whole or in part upon said report(s), the Company will provide the applicant a copy of the report(s) and a copy of the publication, A Summary of Your Rights Under the Fair Credit Reporting Act; and (iii) that said report(s) will not be used in violation of any applicable Federal or State law or regulation including those specifically governing equal employment opportunity.

Employer:
Just As Family, Inc.

By: _____
Authorized Agent for Just As Family, Inc.

JUST AS FAMILY, INC. EMPLOYMENT SERVICES

APPLICATION FOR EMPLOYMENT

We welcome your interest in joining the staff at JUST AS FAMILY, INC. (JAF). In order for you to be fully considered for a position with JUST AS FAMILY, INC. it is necessary that you satisfactorily complete this application.

PLEASE NOTE:

- **COMPLETE APPLICATION** – Applications that have not been fully completed and signed will not be accepted. If there is insufficient space on the application for you to provide a completed response, please use an extra sheet of paper and attach to the application.
- **ACCURACY** - If you wish to submit a resume, please attach it to the application. DO NOT REFER TO A RESUME IN RESPONSE TO ANY APPLICATION QUESTION. All questions must be answered on the application itself.
- **CRIMINAL BACKGROUND CHECKS** – Criminal background checks are a mandatory part of our hiring process. As part of your application for employment, you will be asked a question about convictions for crimes. If you answer this question ‘yes’, you will be asked to provide details. A ‘yes’ answer does not automatically disqualify you from employment. Failure to provide accurate information may affect your employment status.
- **DRUG USE POLICY** – JUST AS FAMILY, INC. does not hire or knowingly employ persons who use illegal drugs. Persons employed by JUSTAS FAMILY EMPLOYMENT SERVICES may be subject to periodic tests for illegal drugs. By completing this application, you are agreeing that upon request, you will provide a urine specimen at the collection site designated by JUSTAS FAMILY EMPLOYMENT SERVICES and to have the specimens tested at a laboratory selected by JUST AS FAMILY EMPLOYMENT SERVICES.

JUST AS FAMILY, INC. does not discriminate in hiring or employment on the basis of race, color, sex, religion, disability, national origin, or on the basis of age. No question on this application is intended to secure information to be used for such discrimination. Proof of identity and work authorization will be required upon employment in accordance with federal regulations. This Company intends to check and hold you responsible for the accuracy of the statements you make on this application. This application will receive consideration for Twelve (12) months. A new application must be submitted after that time.

Personal Data

Name _____
(Last) (First) (MI) (Maiden) (Preferred First Name if different)

Address _____
(City) (State) (ZIP)

Home Phone Number _____ Cell Phone Number _____

Email Address: _____

Are you 18 years or Older? Yes No

Position Information

Position Desired: _____ Salary desired _____

How did you hear about us? _____

Have you ever applied here before? _____ When? _____

Have you ever worked for Just As Family, Inc. before? _____ When? _____

If yes, give the name(s) if different from the one given on this application _____

Are you applying for: Full Time Part Time Regular Temporary Date Available for work? _____

Would you consider working any shift? Yes No Shift Preference 1st 2nd 3rd

Weekends? Yes No Holidays? Yes No Rotating Shifts or On-Call Shifts? Yes No

If working a 2nd job, what would be your availability to work? _____

General

Are you legally authorized to work in the United States? Yes No (*Proof of work authorization will be required upon employment*)

If the position you are applying for requires a driver's license, do you possess a valid driver's license?

Yes State _____ License No. _____

Do you have relatives working for JAF EMPLOYMENT SERVICES? Yes No If yes, complete the following:

Name _____ Department _____ Relationship _____

Background

Have you ever been convicted of any crime? Yes No If yes, please briefly describe the nature of the crime(s), the date and place of conviction and the legal disposition of the case.

Are you currently out on bail or released on your own recognizance pending trial? Yes No

This company will not deny employment to any applicant solely because the person has been convicted of a crime. The company, may, however, consider the nature, date, and circumstances of the offense as well as whether the offense is relevant to the duties of the position applied for.

Other Qualifications

Job-related training courses (give title and year). Job-related skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.) Job-related certificates and licenses (current only).

Work History

Include all of your employment experience in the last 7 years, listing the most recent position first. **Provide your complete employment history even if you attach a resume.** If you had more than one position with the same employer, list each position separately. If more space is needed, use the same format on another piece of paper. Please explain gaps of more than six months in employment on a separate piece of paper.

Company: _____ Immediate Supervisor: _____

Address: _____

(Street)

(City)

(ZIP)

Phone: _____ Dates: _____ From _____ To _____ Type of Business: _____

Your Title: _____ Starting Salary: _____ Ending Salary: _____

Major Responsibilities: _____

Reason for leaving: _____ If this is your current employer, may we contact them? Yes No

Company: _____ Immediate Supervisor: _____

Address: _____

(Street)

(City)

(ZIP)

Phone: _____ Dates: _____ From _____ To _____ Type of Business: _____

Your Title: _____ Starting Salary: _____ Ending Salary: _____

Major Responsibilities: _____

Reason for leaving: _____ If this is your current employer, may we contact them? Yes No

Company: _____ Immediate Supervisor: _____

Address: _____

(Street)

(City)

(ZIP)

Phone: _____ Dates: _____ From _____ To _____ Type of Business: _____

Your Title: _____ Starting Salary: _____ Ending Salary: _____

Major Responsibilities: _____

Reason for leaving: _____ If this is your current employer, may we contact them? Yes No

Company: _____ Immediate Supervisor: _____

Address: _____

(Street)

(City)

(ZIP)

Phone: _____ Dates: _____ From _____ To _____ Type of Business: _____

Your Title: _____ Starting Salary: _____ Ending Salary: _____

Major Responsibilities: _____

Reason for leaving: _____ If this is your current employer, may we contact them? Yes No

Education

Mark highest level completed:

Some High School HS/GED Associate Bachelor Master Doctorate/PhD

Last High School or GED school. Give the school's name, city, State, ZIP code (if known).

<u>Address</u>	<u>City</u>	<u>State</u>	<u>County</u>	<u>From</u>	<u>To</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Colleges and Universities attended. (Do not attach a copy of your transcript unless requested.)

Name	Address	(City & State)	Major(s)	Date of Graduation
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Professional Licenses/Certifications

Type	State Issued	Date Issued	Expires	Number
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Type	State Issued	Date Issued	Expires	Number
_____	_____	_____	_____	_____

Professional References

1. Name of Reference: _____ Phone #: _____

Address _____ E-mail Address: _____

Working Relationship: _____

2. Name of Reference: _____ Phone #: _____

Address _____ E-mail Address: _____

Working Relationship: _____ Phone #: _____

Address _____ E-mail Address: _____

Working Relationship: _____

To complete the application, process your signature, along with the date of the application, is required on the Affidavit and Pre-employment Inquiry Release form on the following page. Because of the personal, sensitive information required to successfully complete a pre-employment inquiry, the Affidavit is separated from the Application before it is forwarded to the hiring manager for consideration.

Affidavit and Pre- Employment Inquiry Release

PLEASE READ CAREFULLY BEFORE INITIALING AND SIGNING the Affidavit and Pre employment Inquiry Release. This application will be considered active for twelve (12) months from the date filed. If you are hired, it becomes part of your employment record.

I certify that all information given on this application and any accompanying documents is true, complete, and correct to the best of my knowledge and belief and is made in good faith. _____

In connection with my employment with JAF, INC., I understand that investigative background inquiries are to be made of myself including Criminal, Driving, Schools and other reports. These reports will include information as to my character, work habits, performance, and experience along with reasons for termination of past employment from previous employers. Further, I understand that information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my Driving, Criminal, Civil and other experiences as well as claims involving me in the files of insurance companies will be requested. _____

I authorize all schools, which I attended, and all previous employers to furnish to JAF, INC. or their agent, my record, reason for leaving and all information they may have concerning me, and hereby release them and JAF INC. from all liability for any damage whatsoever. _____

By signing this application, I authorize the Company to make investigations and indicate my awareness that false statements or failures to disclose certain information may be sufficient to disqualify me for employment, or if employed, may result in my dismissal.

I understand that proof of identity and work authorization will be required upon employment in accordance with federal regulations. In the event of my employment by JAF Inc., I agree to abide by all present and subsequently issued rules of JAF INC. _____

I understand as an employee of “Just As Family, Inc.” I cannot be hired privately through any client unless bought out from “Just As Family, Inc.” pending a 6-month contract and written notice authorized by a “Just As Family, Inc.” representative. Failure to abide by this policy gives grounds for immediate termination and non-eligibility for rehire. All company matters (questions, concerns, pay, schedules etc.) will be directed with/to “Just As Family Inc.”. All clients are under contract. _____

I also understand that if employed by JAF, Inc., any claim or lawsuit relating to my service must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary. _____

I understand that my employment is at will and that either party is free to terminate the employment relationship at any time without cause. I understand that if contracted out through JAF Inc., I maybe required to pay a commission (percentage) fee to Just As Family Inc. for securing employment. Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of JAF Inc., or otherwise change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the Executive Director of the Company. _____

Print Full Name _____

Social Security Number _____ Date of birth _____

Current Address _____

City/State/ZIP _____

Applicant's Signature _____

Date _____



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME _____ EMPLOYEE SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. _____
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption _____
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption _____
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* _____
5. Additional amount, if any, you want deducted each pay period. \$ _____
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

EMPLOYER NAME _____ EMPLOYER IDENTIFICATION NUMBER (EIN) _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).

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.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	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 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input 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 online estimator, and privacy.

**Step 2:
Multiple Jobs
or Spouse
Works**

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.

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 2020 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 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 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
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)	\$ _____
	(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)	\$ _____
	(c) Extra withholding. Enter any additional 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.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. 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.

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

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

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.

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 Two jobs. 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, skip to line 3
2 Three jobs. 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.
a 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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



Employee Direct Deposit Agreement

What is Direct Deposit?

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.

How Does Direct Deposit Work?

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 1: Enter your name, social and complete left side of form **Step 2:** Sign your name at the bottom

Step 3: Attach a voided check for each separate account listed. No deposit slips, please.

Payroll Complete Direct Deposit Authorization Form - please complete and return to your employer

I authorize Payroll Complete's said institution, and the financial institution(s) I list below to initiate electronic credit entries and, if necessary, debit entries and 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.

Employee Name

Employee SSN

Account #1	<input type="checkbox"/> New Account	<input type="checkbox"/> Checking Account	Flat	\$ <input type="text"/>	Attach Voided Check for Account #1 here. Write #1 on check clearly.
	<input type="checkbox"/> Change Account	<input type="checkbox"/> Savings Account			
	<input type="checkbox"/> Delete Account				

Account #2	<input type="checkbox"/> New Account	<input type="checkbox"/> Checking Account	Flat	\$ <input type="text"/>	Attach Voided Check for Account #2 here. Write #2 on check clearly.
	<input type="checkbox"/> Change Account	<input type="checkbox"/> Savings Account			
	<input type="checkbox"/> Delete Account				

Account #3	<input type="checkbox"/> New Account	<input type="checkbox"/> Checking Account	Flat	\$ <input type="text"/>	Attach Voided Check for Account #3 here. Write #3 on check clearly.
	<input type="checkbox"/> Change Account	<input type="checkbox"/> Savings Account			
	<input type="checkbox"/> Delete Account				

Account #4	<input type="checkbox"/> New Account	<input type="checkbox"/> Checking Account	Flat	\$ <input type="text"/>	Attach Voided Check for Account #4 here. Write #4 on check clearly.
	<input type="checkbox"/> Change Account	<input type="checkbox"/> Savings Account			
	<input type="checkbox"/> Delete Account				

Note: 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

Employee Signature

Date

Employer Use Only

Company #:

Employee #: