

Re-Hire Packet Checklist

Company Name: _____

Employee Name: _____ Re-Hire Date: _____

Submitted to Employer Flexible Date: _____

This packet is for former employees who were last terminated within 90 days of their term date. Pre-employment screens are not run for re-hires.

To Be Completed by Hiring Manager:

- ☐ Re-Hire Employee Payroll Data Form
- ☐ Employee Job Category
- ☐ Form I-9, Section 3 (*Re-verify the original I-9 document(s) for work eligibility*)

To Be Completed by Employee:

- ☐ Re-Hire Employee Data Form

Submission Instructions

Please Complete and Return this
to Human Resources

Via email at: hr@employerflexible.com

Or via fax: 281-377-7459

Must Be Submitted 5 Days Prior to 1st Payroll

NEW EMPLOYEE PAYROLL DATA FORM

Directions:

On the date of hire, the On-site HR Rep completes this form for the new employee.

Employee Name: First Middle Last <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.	Last 4 Digits of Soc. Sec. No.:	Re-Hire Date:
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Employee Position Category: (Check only one.)

Client Name:		Position Title:	
Department:		Location / Division:	Employee Work State:
Work Address: Street		City	State Zip Code
Work Phone Number:		Work Fax Number:	Work Email:
Classification <input type="checkbox"/> Full-time Regular (≥ 30 hours) <input type="checkbox"/> Full-time Temp. <input type="checkbox"/> Part-time Regular (< 30 hours) <input type="checkbox"/> Part-time Temp.	Is the employee part of a collective bargaining unit or union? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this employee a supervisor? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Is the employee a sole proprietor, partner in a partnership, or more than 2% stakeholder in an S-corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the employee exempt from overtime? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	Pay Rate <input type="checkbox"/> Hour <input type="checkbox"/> \$ _____ / Pay Rate is Per <input type="checkbox"/> Year <input type="checkbox"/> Other _____	Employee Reports to:	
Sub-Classification <input type="checkbox"/> Intern/Seasonal <input type="checkbox"/> Leave of Absence	<input type="checkbox"/> Commission <input type="checkbox"/> Draw against Commission in lieu of salary Amount: \$ _____ / Pay Rate is Per _____	Pay Frequency: <input type="checkbox"/> Weekly 52/40 <input type="checkbox"/> Bi-Weekly - 26 / 80 <input type="checkbox"/> Semi-Monthly 24/ 86.67 <input type="checkbox"/> Monthly - 12 / 173.33	
Comments: (Special circumstances such as additional vacation allowance.)			

Client Designee Signature:	Client Designee Printed Name:	Date:
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EMPLOYEE JOB CATEGORY

(As identified by the EEOC. Check only one.)

☐ **Executive/Senior Level Officials and Managers.** Individuals who plan, direct and formulate policies, set strategy and provide the overall direction of enterprises or organizations for the development and delivery of products or services, within the parameters approved by boards of directors or other governing bodies. Residing in the highest levels of organizations, these executives plan, direct or coordinate activities with the support of subordinate executives and staff managers. (i.e.: In larger organizations, those individuals within two reporting levels of the CEO. Examples of these kinds of managers are: CEOs, COOs, CFOs, line of functional areas or operating groups, CIOs, CHROs, CMOs, CLOs, management directors and managing partners.)

☐ **First/Mid Level Officials and Managers.** Individuals who serve as managers, other than those who serve as Executive / Senior Level Officials and Managers, including those who oversee and direct the delivery of products, services or functions at group, regional or divisional levels of organizations. These managers receive directions from the Executive/Senior Level management and typically lead major business units. They implement policies, programs and directives of executive/senior management through subordinate managers and within the parameters set by Executive/Senior Level management. (i.e.: vice presidents and directors, group, regional or divisional controllers; treasurers; human Resources, information systems, marketing, and operations managers. The First/Mid Level Officials and Managers sub- Category also includes those who report directly to middle managers. These individuals serve at functional, line of business segment or branch levels and are responsible for directing and executing the day-to-day operational objectives of officials and managers to subordinate personnel and, in some instances, directly supervising the activities of exempt and non-exempt personnel. Examples of these kinds of managers are: first-line managers; team managers; unit managers; operations and production managers; branch managers; administrative services managers; purchasing and transportation managers; storage and distribution managers; call center or customer service managers; technical support managers; and brand or product managers.)

☐ **Professionals** - Occupations requiring either college graduation or experience of such kind and amount as to provide a comparable background. (i.e.: Accounts and auditors, analysts, architects, designers, editors, engineers, lawyers, librarians, photographers, personnel or training specialists, sales engineers, teachers, technical writers)

☐ **Technicians** - Occupations requiring a combination of basic scientific knowledge and manual skill which can be obtained through 2 years of post high school education, such as is offered in many technical institutes and junior colleges, or through on-the-job training. (i.e.: Drafters, technicians, and tool programmers)

☐ **Sales Workers** - Occupations engaged wholly or primarily in direct selling. (i.e.: Advertising, cashiers, demonstrators, retail sales workers, non-retail sales workers, promoters, supervisors and proprietors of sales occupations, and travel agents)

☐ **Office and Clerical** - Administrative support occupations, including all clerical-type work regardless of level of difficulty, where the activities are predominately non-manual through some manual work not directly involved with altering or transporting the products is included. (i.e.: Administrative support occupations (department, human resources, library, teaching, etc..) clerks (billing, court, file, general office, hotel front desk, personnel, traffic, shipping and receiving, etc...), computer operators, couriers, dispatchers, operators, paralegals, receptionists, secretaries)

☐ **Craft Workers (Skilled)** - Manual workers of relatively high level (precision production and repair) having a thorough and comprehensive knowledge of the process involved in their work. Exercise considerable independent judgment and usually received and extensive period of training. (i.e.: Automotive mechanics, construction trades, lay-out workers, equipment operators, repairers, hourly supervisors of craft workers trades, office machine repairers, typesetters)
Note: Exclude learners and helpers of craft workers.

☐ **Operative (Semi-skilled)** - Workers who operate transportation or materials moving equipment, or who operate machine or processing equipment, or who perform other factory-type duties of intermediate skill level which can be mastered in a few weeks and require only limited training. (i.e.: Assemblers (electrical, machine, mechanical, etc..), computer control programmers and operators, first line supervisors of production and operating workers, inspectors, operating engineers, operators (photographic process machine, press machines, printing press, textile cutting machine, etc..), solderers, tool press operators, truck drivers)
Note: Includes apprentices in such fields as auto mechanics, building and printing trades.

☐ **Laborers (Unskilled)** - Handlers, equipment cleaners, helpers, and other workers in manual occupations which generally require no special training and who perform elementary duties that any be learned in a few days and require the application of little or no independent judgment. (i.e.: equipment cleaners, first-line supervisors / managers of landscaping, lawn service, and groundskeeping workers, grounds / maintenance workers, handlers (freight, stock, and material), helpers (construction, installation, maintenance, repair, etc..), laborers, logging workers, vehicle washers)

☐ **Service Workers** - Workers in both protective and no-protective service occupations. Includes non-protective workers in professional and personal service, amusement and recreation, food service, maintenance, and unarmed sentinel occupations. Also includes protective workers in police and detection, fire fighting, and fire protection, armed guards and security occupations. (i.e.: Attendants, child care workers, cooks, funeral service workers, hairdressers and cosmetologists, housekeepers, janitors and cleaners, lifeguards, pest control workers, personal home care aides, public service positions (animal control, firemen, policemen, security guards), recreation and fitness workers, residential advisors, supervisors of these trades, tour and travel guides, wait staff)

NEW EMPLOYEE DATA FORM

Directions:

On the date of hire, the new employee completes the fields in the employee data area.

On-site HR Rep completes the employee race / ethnicity area by visual observation if the employee has not self-identified.

Employee Data:

Employee Name: First Middle Last				Social Security Number:
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs.				
<input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				
Home Address: Street		City	State	Zip Code
Date of Birth:	Home Phone Number:	Cell Phone Number:	Personal Email:	

Emergency Contact Data:

Emergency Contact:			Relationship to Employee:	
Emergency Contact Address: Street		City	State	Zip Code
Primary Phone Number:	Secondary Phone Number:	Email:		

Do you ever work outside the USA: ☐ Yes ☐ No (If yes, contact your Employer Flexible payroll specialist.)

Do you ever travel outside the USA for work-related purposes? ☐ Yes ☐ No (If yes, contact your Employer Flexible payroll specialist.)

Authorization to Work Data:

Are you an alien authorized to work in the United States: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, provide the following information below.	
Visa Type:	Visa Expiration Date:

Voluntary Self-Identification Data:

The employer may be subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntary self-identify their race or ethnicity, veteran or handicapped status, and sex. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual. We are a company that values diversity.

Race or Ethnicity:	
<input type="checkbox"/> Hispanic or Latino	
If not Hispanic or Latino, select the race or ethnicity which you identify with below.	
<input type="checkbox"/> Black or African American (Not Hispanic or Latino)	<input type="checkbox"/> White (Not Hispanic or Latino)
<input type="checkbox"/> American Indian or Alaskan Native (Not Hispanic or Latino)	<input type="checkbox"/> Asian (Not Hispanic or Latino)
<input type="checkbox"/> Native Hawaiian or other Pacific Islander (Not Hispanic or Latino)	<input type="checkbox"/> Two or more races (Not Hispanic or Latino)
<input type="checkbox"/> Individual with Disabilities	
Gender:	Veteran Status:
<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Female	<input type="checkbox"/> Other Eligible Veteran
<input type="checkbox"/> I do not wish to Self-Identify	Signature: _____
Date Completed: _____	Signature: _____

Employee Information

Employee Name:		Last 4 digits of Soc. Sec. No:
Client Company Name:		Work Phone:
Email: (For online paystub notification) <input type="checkbox"/> Home <input type="checkbox"/> Work <input type="checkbox"/> New Enrollment <input type="checkbox"/> Decline <input type="checkbox"/> Add / Change <input type="checkbox"/> Delete	Home Phone:	
Employee Signature:		Date:

I hereby authorize Employer Flexible HR, herein referred to as Employer / Company, to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) and adjustments for any credit entries made in error to my account(s) indicated below, to credit and / or debit the same to such account(s). It is my responsibility to provide accurate data and to notify Employer Flexible of any changes or corrections to my financial institution account information. I acknowledge that if I submit a change in financial institution information, that I may receive one or more physical, negotiable paycheck(s) until the new Bank information is processed. I understand that any new or changed direct deposit(s) will not be processed for approximately 3 weeks from Employer Flexible HR's receipt of this form. It is understood that the following situations may result in my receiving a physical, negotiable paycheck: network electronic failure, my becoming subject to any attachment, garnishment, or levy, or if I terminate employment. I agree to hold harmless the above named Bank(s) and Employer Flexible for any erroneous deposits or adjustments. I understand that Employer Flexible reserves the right to reverse direct deposit of funds paid in error. I understand that it is my responsibility to verify funds deposited into my designated account(s) prior to performing transactions on expected funds. Neither Employer Flexible nor _____ (Client Company) is responsible for insufficient funds charges posted to my designated account(s) due to errors in electronic funds transfer.

Because you have elected direct deposit, you will receive electronic paystubs. On your payday, you will be sent an email to the address you indicated above which contains a reminder along with a secured link to access, view, and or print your records. I understand that I can obtain a written copy of my paystub information at any time by making a request to Employer Flexible.

Primary Banking Information

Bank Name:		Bank Phone:
Bank Address:		
<input type="checkbox"/> Checking Amt: \$_____ (if NET, write NET) Routing Code: _____ Account No: _____	<input type="checkbox"/> Savings Amt: \$_____ (if NET, write NET) Routing Code: _____ Savings Acct. No: _____	

Secondary Banking Information

Bank Name:		Bank Phone:
Bank Address:		
<input type="checkbox"/> Checking Amt: \$_____ (if NET, write NET) Routing Code: _____ Account No: _____	<input type="checkbox"/> Savings Amt: \$_____ (if NET, write NET) Routing Code: _____ Savings Acct. No: _____	

**ATTACH YOUR PERSONAL CHECK(S)
MARKED "VOID" HERE**

Form W-4 (2019)

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

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2019	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)		5			
6 Additional amount, if any, you want withheld from each paycheck		6 \$			
7 I claim exemption from withholding for 2019, 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. If you meet both conditions, write "Exempt" here ▶ 7					
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶					
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)		9 First date of employment		10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A _____				
B	Enter "1" if you will file as married filing jointly	B _____				
C	Enter "1" if you will file as head of household	C _____				
D	Enter "1" if: <table border="0"> <tr> <td>• You're single, or married filing separately, and have only one job; or</td> <td rowspan="3">}</td> </tr> <tr> <td>• You're married filing jointly, have only one job, and your spouse doesn't work; or</td> </tr> <tr> <td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td> </tr> </table>	• You're single, or married filing separately, and have only one job; or	}	• You're married filing jointly, have only one job, and your spouse doesn't work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	D _____
• You're single, or married filing separately, and have only one job; or	}					
• You're married filing jointly, have only one job, and your spouse doesn't work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 					
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 					
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F					
H	Add lines A through G and enter the total here	H _____				

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 Form W-4 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1 \$ _____				
2	Enter: <table border="0"> <tr> <td>\$24,400 if you're married filing jointly or qualifying widow(er)</td> <td rowspan="3">}</td> </tr> <tr> <td>\$18,350 if you're head of household</td> </tr> <tr> <td>\$12,200 if you're single or married filing separately</td> </tr> </table>	\$24,400 if you're married filing jointly or qualifying widow(er)	}	\$18,350 if you're head of household	\$12,200 if you're single or married filing separately	2 \$ _____
\$24,400 if you're married filing jointly or qualifying widow(er)	}					
\$18,350 if you're head of household						
\$12,200 if you're single or married filing separately						
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3 \$ _____				
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4 \$ _____				
5	Add lines 3 and 4 and enter the total	5 \$ _____				
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6 \$ _____				
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 \$ _____				
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8 _____				
9	Enter the number from the Personal Allowances Worksheet , line H, above	9 _____				
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10 _____				

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** **Subtract** line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 aren't required to provide the information requested on a form that's 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.