

## Employee Set up Form

Revised 1/7/22

▶ Denotes required field

Company # \_\_\_\_\_ Company Name \_\_\_\_\_ Date \_\_\_\_\_

|                        |   |  |
|------------------------|---|--|
| Employee # _____       | ▶ Status ____ New Hire ____ Rehire ____ Employee change | ▶ Status   |
| ▶ SS#                  |   | ____ W2 ____ 1099 ____ Both                                      |
| ▶ Employee Full Name   |   | 1099 FUI/SUI Taxable Y / N                                       |
| ▶ Mailing Address      |   | LLC Member Y / N   |
| ▶ City, State, Zip     |   | If yes ____ Payroll w/Taxes (S-Corp)<br>____ Payroll Owners Draw |
| Employee Email Address |   | Work State   |

▶ Date of Birth \_\_\_\_\_ ▶ Date of Hire \_\_\_\_\_ ▶ Gender Male Female Non-Binary

▶ Rate of Pay Salary Y / N Per Pay Salary Amount \$ \_\_\_\_\_ Div/Branch/Dep \_\_\_\_\_

Hourly Rate \$ \_\_\_\_\_ Override Div/Branch/Dept \_\_\_\_\_ ▶ Status Full Time / Part Time

Hourly Rate \$ \_\_\_\_\_ Override Div/Branch/Dept \_\_\_\_\_ Work Visa Y / N \_\_\_\_\_

Visa Type \_\_\_\_\_

▶ Federal Withholding (Please check Step 2, 3 & 4 as applicable) Visa ID # \_\_\_\_\_

\_\_\_\_ Single or Married Filing Separately \_\_\_\_ Married Filing Jointly \_\_\_\_ Head of Household

Step 2(c) Checked Y / N Dependents (Step 3) \$ \_\_\_\_\_ Other Income (Step 4a) \$ \_\_\_\_\_

Deductions (Step 4b) \$ \_\_\_\_\_ Additional Fed (Step 4c) \$ \_\_\_\_\_

▶ State Withholding M or S # of Allowances \_\_\_\_\_ Additional State \$ \_\_\_\_\_

Override State Withholding: (Specify State) \_\_\_\_ Additional SWT \$ \_\_\_\_\_

▶ VT Employee Health Insurance Coverage Status: \_\_\_\_ Eligible/Covered \_\_\_\_ Eligible/Not Covered \_\_\_\_ No Employer Paid Ins/Not Eligible \_\_\_\_ Other

| Time Off Banks (Vacation/PTO/CTO, Sick, etc.) | Beginning Balances |                    | Notes |
|---|--------------------|--------------------|-------|
|   |                    |                    |       |
|   |                    |                    |       |
| Deduction Name                                | Per Pay Amount     | Per Pay Percentage | Notes |
|   |                    |                    |       |
|   |                    |                    |       |

| Direct Deposit – Bank Name | Account Type (C or S or HSA) | Bank ABA# | Account # | Amount or Full NET PAY |
|----------------------------|------------------------------|-----------|-----------|------------------------|
|                            |                              |           |           |                        |
|                            |                              |           |           |                        |
|                            |                              |           |           |                        |

I (we) hereby authorize and request the COMPANY, to make payment of any amounts owing to me (either of us) by initiating credit entries to my (our) account indicated above in the bank named above, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof. I (we) authorize and request COMPANY to effect repayment to COMPANY for amounts owed it because of a prior erroneous credit initiated to my (our) account if prior to the correcting entry, the COMPANY has sent or delivered to me written notice of the correction and the reason therefore; and the correcting entry is transmitted in such time as to be delivered or made available to BANK before midnight of the tenth day next following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to COMPANY or BANK. Any such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it.

I (we) recognize, acknowledge and accept this service is being provided for my (our) convenience. As such, I (we) agree to hold the COMPANY, PayData Workforce Services, Inc., each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by the COMPANY and/or PayData Workforce Services, Inc. and their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his/her debits because of insufficient funds arising from the failure to credit deposits to his/her account.

PRE-NOTE: PayData highly encourages that all account go through the pre-noting process. The ONLY times when you should say Pre-note NO is if you are setting up a Direct Deposit account that will be used with an HSA

▶ Employee Signature \_\_\_\_\_ ▶ Submitted by \_\_\_\_\_

**Attention Employers and Employees:**  
**Please read before completing the 2022 Form W-4**

**Significant changes were made to the Form W-4 in 2020**, due to the federal tax law changes that took place in 2018. If you have not filled out a Form W-4 since these changes were made, please review the resources below for assistance.

Please review the IRS Estimator prior to completing the form.

[IRS W-4 Estimator](#)

[FAQs on the 2020 Form W-4](#)

The American Payroll Association has provided a template letter for employers to share with their employees regarding the changes that were made to the form in 2020. For more information, and to view the letter, please visit:

<https://www.americanpayroll.org/compliance/compliance-overview/hot-topics/2020-form-w-4>

## 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.**

2022

|   |   |           |   |
|---|---|-----------|---|
| <b>Step 1:<br/>Enter<br/>Personal<br/>Information</b> | <b>(a)</b> First name and middle initial  | Last name | <b>(b)</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 <a href="http://www.ssa.gov">www.ssa.gov</a> . |
|   | City or town, state, and ZIP code   |           |   |
|   | <b>(c)</b> <input type="checkbox"/> Single or Married filing separately<br><input type="checkbox"/> Married filing jointly or Qualifying widow(er)<br><input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) |           |   |

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), 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](http://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 2022 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.)

|   |   |             |          |
|---|---|-------------|----------|
| <b>Step 3:<br/>Claim<br/>Dependents</b>                 | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):<br>Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____<br>Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____<br>Add the amounts above and enter the total here . . . . . | <b>3</b>    | \$ _____ |
| <b>Step 4<br/>(optional):<br/>Other<br/>Adjustments</b> | <b>(a) Other income (not from jobs).</b> 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 . . . . .   | <b>4(a)</b> | \$ _____ |
|   | <b>(b) Deductions.</b> 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 . . . . .  | <b>4(b)</b> | \$ _____ |
|   | <b>(c) Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .  | <b>4(c)</b> | \$ _____ |

**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**

|                           |                             |                          |                                      |
|---------------------------|-----------------------------|--------------------------|--------------------------------------|
| <b>Employers<br/>Only</b> | Employer's name and address | First date of employment | Employer identification number (EIN) |
|                           |                             |                          |                                      |

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 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. 1 \$
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. 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. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 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). 4 \$

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



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er) \$19,400 if you're head of household \$12,950 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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   | \$110             | \$850             | \$860             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,770             | \$1,870             |
| \$10,000 - 19,999                              | 110   | 1,110             | 1,860             | 2,060             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220             | 2,970               | 4,070               |
| \$20,000 - 29,999                              | 850   | 1,860             | 2,800             | 3,000             | 3,160             | 3,160             | 3,160             | 3,160             | 3,160             | 3,910             | 4,910               | 6,010               |
| \$30,000 - 39,999                              | 860   | 2,060             | 3,000             | 3,200             | 3,360             | 3,360             | 3,360             | 4,110             | 5,110             | 6,110             | 7,110               | 7,210               |
| \$40,000 - 49,999                              | 1,020   | 2,220             | 3,160             | 3,360             | 3,520             | 3,520             | 4,270             | 5,270             | 6,270             | 7,270             | 8,270               | 8,370               |
| \$50,000 - 59,999                              | 1,020   | 2,220             | 3,160             | 3,360             | 3,520             | 4,270             | 5,270             | 6,270             | 7,270             | 8,270             | 9,270               | 9,370               |
| \$60,000 - 69,999                              | 1,020   | 2,220             | 3,160             | 3,360             | 4,270             | 5,270             | 6,270             | 7,270             | 8,270             | 9,270             | 10,270              | 10,370              |
| \$70,000 - 79,999                              | 1,020   | 2,220             | 3,160             | 4,110             | 5,270             | 6,270             | 7,270             | 8,270             | 9,270             | 10,270            | 11,270              | 11,370              |
| \$80,000 - 99,999                              | 1,020   | 2,820             | 4,760             | 5,960             | 7,120             | 8,120             | 9,120             | 10,120            | 11,120            | 12,120            | 13,150              | 13,450              |
| \$100,000 - 149,999                            | 1,870   | 4,070             | 6,010             | 7,210             | 8,370             | 9,370             | 10,510            | 11,710            | 12,910            | 14,110            | 15,310              | 15,600              |
| \$150,000 - 239,999                            | 2,040   | 4,440             | 6,580             | 7,980             | 9,340             | 10,540            | 11,740            | 12,940            | 14,140            | 15,340            | 16,540              | 16,830              |
| \$240,000 - 259,999                            | 2,040   | 4,440             | 6,580             | 7,980             | 9,340             | 10,540            | 11,740            | 12,940            | 14,140            | 15,340            | 16,540              | 17,590              |
| \$260,000 - 279,999                            | 2,040   | 4,440             | 6,580             | 7,980             | 9,340             | 10,540            | 11,740            | 12,940            | 14,140            | 16,100            | 18,100              | 19,190              |
| \$280,000 - 299,999                            | 2,040   | 4,440             | 6,580             | 7,980             | 9,340             | 10,540            | 11,740            | 13,700            | 15,700            | 17,700            | 19,700              | 20,790              |
| \$300,000 - 319,999                            | 2,040   | 4,440             | 6,580             | 7,980             | 9,340             | 11,300            | 13,300            | 15,300            | 17,300            | 19,300            | 21,300              | 22,390              |
| \$320,000 - 364,999                            | 2,100   | 5,300             | 8,240             | 10,440            | 12,600            | 14,600            | 16,600            | 18,600            | 20,600            | 22,600            | 24,870              | 26,260              |
| \$365,000 - 524,999                            | 2,970   | 6,470             | 9,710             | 12,210            | 14,670            | 16,970            | 19,270            | 21,570            | 23,870            | 26,170            | 28,470              | 29,870              |
| \$525,000 and over                             | 3,140   | 6,840             | 10,280            | 12,980            | 15,640            | 18,140            | 20,640            | 23,140            | 25,640            | 28,140            | 30,640              | 32,240              |

**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                                    | \$400   | \$930             | \$1,020           | \$1,020           | \$1,250           | \$1,870           | \$1,870           | \$1,870           | \$1,870           | \$1,970           | \$2,040             | \$2,040             |
| \$10,000 - 19,999                              | 930   | 1,570             | 1,660             | 1,890             | 2,890             | 3,510             | 3,510             | 3,510             | 3,610             | 3,810             | 3,880               | 3,880               |
| \$20,000 - 29,999                              | 1,020   | 1,660             | 1,990             | 2,990             | 3,990             | 4,610             | 4,610             | 4,710             | 4,910             | 5,110             | 5,180               | 5,180               |
| \$30,000 - 39,999                              | 1,020   | 1,890             | 2,990             | 3,990             | 4,990             | 5,610             | 5,710             | 5,910             | 6,110             | 6,310             | 6,380               | 6,380               |
| \$40,000 - 59,999                              | 1,870   | 3,510             | 4,610             | 5,610             | 6,680             | 7,500             | 7,700             | 7,900             | 8,100             | 8,300             | 8,370               | 8,370               |
| \$60,000 - 79,999                              | 1,870   | 3,510             | 4,680             | 5,880             | 7,080             | 7,900             | 8,100             | 8,300             | 8,500             | 8,700             | 8,970               | 9,770               |
| \$80,000 - 99,999                              | 1,940   | 3,780             | 5,080             | 6,280             | 7,480             | 8,300             | 8,500             | 8,700             | 9,100             | 10,100            | 10,970              | 11,770              |
| \$100,000 - 124,999                            | 2,040   | 3,880             | 5,180             | 6,380             | 7,580             | 8,400             | 9,140             | 10,140            | 11,140            | 12,140            | 13,040              | 14,140              |
| \$125,000 - 149,999                            | 2,040   | 3,880             | 5,180             | 6,520             | 8,520             | 10,140            | 11,140            | 12,140            | 13,320            | 14,620            | 15,790              | 16,890              |
| \$150,000 - 174,999                            | 2,040   | 4,420             | 6,520             | 8,520             | 10,520            | 12,170            | 13,470            | 14,770            | 16,070            | 17,370            | 18,540              | 19,640              |
| \$175,000 - 199,999                            | 2,720   | 5,360             | 7,460             | 9,630             | 11,930            | 13,860            | 15,160            | 16,460            | 17,760            | 19,060            | 20,230              | 21,330              |
| \$200,000 - 249,999                            | 2,970   | 5,920             | 8,310             | 10,610            | 12,910            | 14,840            | 16,140            | 17,440            | 18,740            | 20,040            | 21,210              | 22,310              |
| \$250,000 - 399,999                            | 2,970   | 5,920             | 8,310             | 10,610            | 12,910            | 14,840            | 16,140            | 17,440            | 18,740            | 20,040            | 21,210              | 22,310              |
| \$400,000 - 449,999                            | 2,970   | 5,920             | 8,310             | 10,610            | 12,910            | 14,840            | 16,140            | 17,440            | 18,740            | 20,040            | 21,210              | 22,470              |
| \$450,000 and over                             | 3,140   | 6,290             | 8,880             | 11,380            | 13,880            | 16,010            | 17,510            | 19,010            | 20,510            | 22,010            | 23,380              | 24,680              |

**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   | \$760             | \$910             | \$1,020           | \$1,020           | \$1,020           | \$1,190           | \$1,870           | \$1,870           | \$1,870           | \$2,040             | \$2,040             |
| \$10,000 - 19,999                              | 760   | 1,820             | 2,110             | 2,220             | 2,220             | 2,390             | 3,390             | 4,070             | 4,070             | 4,240             | 4,440               | 4,440               |
| \$20,000 - 29,999                              | 910   | 2,110             | 2,400             | 2,510             | 2,680             | 3,680             | 4,680             | 5,360             | 5,530             | 5,730             | 5,930               | 5,930               |
| \$30,000 - 39,999                              | 1,020   | 2,220             | 2,510             | 2,790             | 3,790             | 4,790             | 5,790             | 6,640             | 6,840             | 7,040             | 7,240               | 7,240               |
| \$40,000 - 59,999                              | 1,020   | 2,240             | 3,530             | 4,640             | 5,640             | 6,780             | 7,980             | 8,860             | 9,060             | 9,260             | 9,460               | 9,460               |
| \$60,000 - 79,999                              | 1,870   | 4,070             | 5,360             | 6,610             | 7,810             | 9,010             | 10,210            | 11,090            | 11,290            | 11,490            | 11,690              | 12,170              |
| \$80,000 - 99,999                              | 1,870   | 4,210             | 5,700             | 7,010             | 8,210             | 9,410             | 10,610            | 11,490            | 11,690            | 12,380            | 13,370              | 14,170              |
| \$100,000 - 124,999                            | 2,040   | 4,440             | 5,930             | 7,240             | 8,440             | 9,640             | 10,860            | 12,540            | 13,540            | 14,540            | 15,540              | 16,480              |
| \$125,000 - 149,999                            | 2,040   | 4,440             | 5,930             | 7,240             | 8,860             | 10,860            | 12,860            | 14,540            | 15,540            | 16,830            | 18,130              | 19,230              |
| \$150,000 - 174,999                            | 2,040   | 4,460             | 6,750             | 8,860             | 10,860            | 12,860            | 15,000            | 16,980            | 18,280            | 19,580            | 20,880              | 21,980              |
| \$175,000 - 199,999                            | 2,720   | 5,920             | 8,210             | 10,320            | 12,620            | 14,920            | 17,220            | 19,180            | 20,480            | 21,780            | 23,080              | 24,180              |
| \$200,000 - 449,999                            | 2,970   | 6,470             | 9,060             | 11,480            | 13,780            | 16,080            | 18,380            | 20,360            | 21,660            | 22,960            | 24,250              | 25,360              |
| \$450,000 and over                             | 3,140   | 6,840             | 9,630             | 12,250            | 14,750            | 17,250            | 19,750            | 21,930            | 23,430            | 24,930            | 26,420              | 27,730              |

## Instructions for completing Form W-4VT

### Who must complete Form W-4VT:

- Any person whose employer requires this form
- Any person requiring Vermont Withholding to be based on W-4 information which is different from the Federal W-4. This would include employees anticipating Child Tax Credit, Hope Credit, or other federal credits which do not pass through to Vermont income tax and employees who are in civil unions.

**Completing Form W-4VT:** This form is completed in the same manner as the Federal W-4. Complete the federal W-4 form first, following the instructions on the form or IRS Publication 919, **How Do I Adjust My Tax Withholding?**.

**Parts 1 and 2:** Print or type your Name and Social Security Number. For taxpayers using the fillable PDF, type in the Social Security Number without hyphens.

**Part 3:** Enter any information required by your employer.

- Part 4: a.** If you are a partner in a civil union, check either “Civil Union” or Civil Union, but withhold at the higher Single rate”. Otherwise check the filing status used on the Federal
- b.** Enter the number of allowances for Vermont withholding. If you claimed additional allowances for Federal tax because of anticipated child credit or education credit, do not claim these additional allowances for Vermont withholding.
- c.** If you want an additional amount of Vermont withholding to be deducted from each paycheck, enter amount.

**Part 5:** Sign and date the form, and return it to your employer.

*This form may be photocopied as needed.*

### W-4VT

#### State of Vermont Department of Taxes Vermont Employee's Withholding Allowance Certificate

|                                   |   |   |  |                              |                               |   |                                   |   |  |
|-----------------------------------|---|---|--|------------------------------|-------------------------------|---|-----------------------------------|---|--|
| <b>Part 1</b>                     | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%; border-bottom: 1px solid black;">First Name</td> <td style="width: 10%; border-bottom: 1px solid black;">Initial</td> <td style="width: 60%; border-bottom: 1px solid black;">Last Name</td> </tr> </table>   | First Name  | Initial  | Last Name                    | <b>Part 2</b>                 | Social Security Number  |                                   |   |  |
| First Name                        | Initial   | Last Name   |  |                              |                               |   |                                   |   |  |
| <b>Part 3</b>                     | Employee Number: _____<br>(or other employer information required by employer)  |   |  |                              |                               |   |                                   |   |  |
| <b>Part 4</b>                     | <b>a.</b> Is your Vermont filing status: <table style="width: 100%; margin-left: 20px;"> <tr> <td><input type="radio"/> Single</td> <td><input type="radio"/> Married</td> <td><input type="radio"/> Married, but withhold at the higher Single rate</td> </tr> <tr> <td><input type="radio"/> Civil Union</td> <td><input type="radio"/> Civil Union, but withhold at the higher Single Rate</td> <td></td> </tr> </table> |   |  | <input type="radio"/> Single | <input type="radio"/> Married | <input type="radio"/> Married, but withhold at the higher Single rate | <input type="radio"/> Civil Union | <input type="radio"/> Civil Union, but withhold at the higher Single Rate |  |
| <input type="radio"/> Single      | <input type="radio"/> Married   | <input type="radio"/> Married, but withhold at the higher Single rate |  |                              |                               |   |                                   |   |  |
| <input type="radio"/> Civil Union | <input type="radio"/> Civil Union, but withhold at the higher Single Rate   |   |  |                              |                               |   |                                   |   |  |
|                                   | <b>b.</b> Total number of Vermont Withholding allowances .....  |   | <b>b.</b> <input style="width: 40px;" type="text"/>    |                              |                               |   |                                   |   |  |
|                                   | <b>c.</b> Additional amount, if any, of Vermont Tax to be withheld from each paycheck.....  |   | <b>c.</b> \$ <input style="width: 80px;" type="text"/> |                              |                               |   |                                   |   |  |
| <b>Part 5</b>                     | I certify that I am entitled to the number of withholding allowances claimed on this certificate.   |   |  |                              |                               |   |                                   |   |  |
|                                   | _____<br>Signature  | _____<br>Date   |  |                              |                               |   |                                   |   |  |



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

|                                  |   |                         |                           |                |                                |                |
|----------------------------------|---|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name)          |   | First Name (Given Name) |                           | Middle Initial | Other Last Names Used (if any) |                |
| Address (Street Number and Name) |   |                         | Apt. Number               | City or Town   |                                | State ZIP Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number<br>[ ][ ] - [ ][ ] - [ ][ ][ ][ ] |                         | Employee's E-mail Address |                | Employee's Telephone Number    |                |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

|  |  |
|--|--|
| <input type="checkbox"/> 1. A citizen of the United States   |  |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)  |  |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____  |  |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____<br>Some aliens may write "N/A" in the expiration date field. (See instructions)  |  |
| <p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____<br/> <b>OR</b><br/>         2. Form I-94 Admission Number: _____<br/> <b>OR</b><br/>         3. Foreign Passport Number: _____<br/>         Country of Issuance: _____</p> |  |
| QR Code - Section 1<br>Do Not Write in This Space  |  |

|                       |                           |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

**Preparer and/or Translator Certification (check one):**

I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

|                                     |  |                           |                |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator |  | Today's Date (mm/dd/yyyy) |                |
| Last Name (Family Name)             |  | First Name (Given Name)   |                |
| Address (Street Number and Name)    |  | City or Town              | State ZIP Code |



*Employer Completes Next Page*





**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

|  |                         |                                       |            |  |
|--|-------------------------|---------------------------------------|------------|--|
| <b>Employee Info from Section 1</b>          | Last Name (Family Name) | First Name (Given Name)               | M.I.       | Citizenship/Immigration Status                         |
| <b>List A</b>                                | <b>OR</b>               | <b>List B</b>                         | <b>AND</b> | <b>List C</b>  |
| <b>Identity and Employment Authorization</b> |                         | <b>Identity</b>                       |            | <b>Employment Authorization</b>                        |
| Document Title                               |                         | Document Title                        |            | Document Title   |
| Issuing Authority                            |                         | Issuing Authority                     |            | Issuing Authority                                      |
| Document Number                              |                         | Document Number                       |            | Document Number  |
| Expiration Date (if any) (mm/dd/yyyy)        |                         | Expiration Date (if any) (mm/dd/yyyy) |            | Expiration Date (if any) (mm/dd/yyyy)                  |
| Document Title                               |                         | Additional Information                |            | QR Code - Sections 2 & 3<br>Do Not Write in This Space |
| Issuing Authority                            |                         |                                       |            |  |
| Document Number                              |                         |                                       |            |  |
| Expiration Date (if any) (mm/dd/yyyy)        |                         |                                       |            |  |
| Document Title                               |                         |                                       |            |  |
| Issuing Authority                            |                         |                                       |            |  |
| Document Number                              |                         |                                       |            |  |
| Expiration Date (if any) (mm/dd/yyyy)        |                         |                                       |            |  |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

|  |   |  |
|--|---|--|
| Signature of Employer or Authorized Representative                   | Today's Date (mm/dd/yyyy)                           | Title of Employer or Authorized Representative |
| Last Name of Employer or Authorized Representative                   | First Name of Employer or Authorized Representative | Employer's Business or Organization Name       |
| Employer's Business or Organization Address (Street Number and Name) | City or Town  | State    ZIP Code                              |

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

|                                    |                         |                |  |
|------------------------------------|-------------------------|----------------|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

|  |                           |   |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

**LISTS OF ACCEPTABLE DOCUMENTS**  
**All documents must be UNEXPIRED**

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

| LIST A<br>Documents that Establish<br>Both Identity and<br>Employment Authorization   | OR   | LIST B<br>Documents that Establish<br>Identity  | AND | LIST C<br>Documents that Establish<br>Employment Authorization  |
|---|--|---|-----|---|
| 1. U.S. Passport or U.S. Passport Card  |  | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address |     | 1. A Social Security Account Number card, unless the card includes one of the following restrictions:<br>(1) NOT VALID FOR EMPLOYMENT<br>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION<br>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)  |  | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address                |     | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)   |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa  |  | 3. School ID card with a photograph   |     | 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal   |
| 4. Employment Authorization Document that contains a photograph (Form I-786)  |  | 4. Voter's registration card  |     | 4. Native American tribal document  |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:<br>a. Foreign passport; and<br>b. Form I-94 or Form I-94A that has the following:<br>(1) The same name as the passport; and<br>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. |  | 5. U.S. Military card or draft record   |     | 5. U.S. Citizen ID Card (Form I-197)  |
|   |  | 6. Military dependent's ID card   |     | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179)  |
|   |  | 7. U.S. Coast Guard Merchant Mariner Card   |     | 7. Employment authorization document issued by the Department of Homeland Security  |
|   |  | 8. Native American tribal document  |     |   |
|   |  | 9. Driver's license issued by a Canadian government authority   |     |   |
|   | <b>For persons under age 18 who are unable to present a document listed above:</b> |   |     |   |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI   |  | 10. School record or report card  |     |   |
|   |  | 11. Clinic, doctor, or hospital record  |     |   |
|   |  | 12. Day-care or nursery school record   |     |   |

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

**VT Form  
HC-2**

**DECLARATION OF  
HEALTH CARE COVERAGE**

This form must be completed annually by all uncovered employees. Employers must retain this form for 3 years.

**Employer:** This form is only to be completed by employees if you offer to pay a portion of a health care plan that provides hospital and physicians services to at least some of your employees. You must retain all employee declaration forms together in a file for three years and be able to produce them in the event of an audit.

Employer's Legal Name (Please print) \_\_\_\_\_

**Employee:** Complete and sign this form and return it to your employer. The purpose of this form is to obtain information regarding your health care coverage. The information you provide on this form will be used solely for purposes of determining if your employer must pay Health Care Contributions as required under Vermont law at 32 V.S.A § 10503.

Employee's Full Name (Please print) \_\_\_\_\_

Employee ID or Social Security Number \_\_\_\_\_

Date of Birth \_\_\_\_\_

Will the employee be under the age of 18 for the entire calendar year?  YES  NO

If YES, stop. Please sign the bottom of the form and submit it to your employer.

If NO, please continue to complete this form and submit it to your employer.

Check the box beside the statement that best describes your health care coverage.

**1. My employer offers health care coverage to me.**

I have accepted the health care coverage offered and provided by my employer.

**2. My employer offers health care coverage to me, and I have not accepted my employer's coverage.**

I have health care coverage that includes hospital and physicians services from a source other than Medicaid or Vermont Health Benefit Exchange.

My coverage is provided through: \_\_\_\_\_

I am a full-time employee and have health care coverage as an individual through the Vermont Health Benefit Exchange.

I have Medicaid.

I have no health care coverage.

**3. My employer does not offer health care coverage to me.**

I am a part-time employee who works fewer than 30 hours per week, and I have coverage from a source other than Medicaid that offers hospital and physicians services.

I am a seasonal employee who expects to work for this employer 20 or fewer weeks during this calendar year, and I have coverage from a source other than Medicaid that offers hospital and physicians services.

I have health care coverage that offers hospital and physicians services.

My coverage is provided through: \_\_\_\_\_

I am a part-time or seasonal employee, and I do not have health care coverage or I am covered by Medicaid.

I have no health care coverage.

I certify the above information is accurate and true to best of my knowledge and belief.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

**Note:** If your health care coverage changes within the year, you must complete a new Declaration of Health Care Coverage.