

# Employee Data Sheet

(Información de Empleado)

Date (Fecha) \_\_\_\_\_

Company (Compania) \_\_\_\_\_ Client Code (Codigo del Cliente) # \_\_\_\_\_

**Please make additional copies of this form as needed ( Por favor haga copias adicionales de esta forma si es necesario.)**

<input type="checkbox"/> New Employee (Nuevo Empleado)	<input type="checkbox"/> Update Employee Information (Actualizacion de Inoformacion de Empleado)
Employee (Empleado) # _____	Social Security (Seguridad Social) # _____ - _____ - _____
First Name (Nombre) _____	MI (Segundo Inicial) _____ Last Name (Apellido) _____
Address (Dirección) _____ Apt # _____	
City (Ciudad) _____ State (Estado) _____ Zip (Codigo Postal) _____	
Cell or Home Phone (teléfono móvil o de casa) # _____	Email (Correo Electrónico) _____

Division _____	Department (Departamento) _____	Dept # _____
Birth Date (Fecha de nacimiento) _____	Title (Título) _____	Employment Status (Estado de Empleo): FT (30+ Hrs / wk) _____ PT (29 Hrs or Less) _____
Hire Date (Fecha de Contratación) _____	Gender (Género) _____ M _____ F	
Last Review Date (Fecha de Última Revisión) _____	Next Review Date (Fecha de Próxima Revisión) _____	

Salary (Salario) \$ _____ <i>per pay period (por periodo de pago)</i>	<b>OR</b>	Hourly Rate (Tarifa por Hora) \$ _____
<b>O</b>		
Other Pay (Otros Pagos)		
Type (Tipo) _____	Amount (Cantidad) _____	Note (Nota) _____
Type (Tipo) _____	Amount (Cantidad) _____	Note (Nota) _____
Type (Tipo) _____	Amount (Cantidad) _____	Note (Nota) _____

**This information can be found on the employee's completed W-4 form (Esta información se puede obtener completando la forma de empleado's W-4)**

<u>Federal Withholding (Retención Federal)</u>	<u>State Withholding (Retención Estado)</u>
Filing Status (Estado Civil Para _____ MARRIED (Casado) Declaración de Impuestos) _____ SINGLE (Soltero)	Filing Status (Estado Civil Para _____ MARRIED (Casado) Declaración de Impuestos) _____ SINGLE (Soltero)
# of Allowances (# de Deducciones) _____	# of Allowances (# de Deducciones) _____
Additional (Adicional) \$ or % _____	Additional (Adicional) \$ or % _____

Deduction (Deducción) _____	Amount (Cantidad) _____	Note (Nota) _____
Deduction (Deducción) _____	Amount (Cantidad) _____	Note (Nota) _____
Deduction (Deducción) _____	Amount (Cantidad) _____	Note (Nota) _____

# 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.**

**2025**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		<b>Does your name match the name on your social security card?</b> 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		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying surviving spouse</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**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, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**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 the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate . . . . .

**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:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>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>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<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 Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## Employee's Withholding Allowance Certificate

Complete this form so that your employer can withhold the correct California state income tax from your paycheck.

<b>Enter Personal Information</b>	
First, Middle, Last Name	Social Security Number
Address	Filing Status
City    State      ZIP Code	Single or Married (with two or more incomes) Married (one income) Head of Household

1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable.
  - 1a. Number of Regular Withholding Allowances (Worksheet A)
  - 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.)
  - 1c. Total Number of Allowances you are claiming
2. Additional amount, if any, you want withheld each pay period (if employer agrees), **(Worksheet C)**  
OR

**Exemption from Withholding**

3. I claim exemption from withholding for 2023, and I certify I meet both of the conditions for exemption. (Check box here)  
OR
4. I certify under penalty of perjury that I am **not subject** to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

<b>Employer's Section:</b> Employer's Name and Address	California Employer Payroll Tax Account Number

**Purpose:** This certificate, DE 4, is for **California Personal Income Tax (PIT)** withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.

Beginning January 1, 2020, *Employee's Withholding Allowance Certificate* (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding **only**. You must file the state form *Employee's Withholding Allowance Certificate* (DE 4) to determine the appropriate California PIT withholding.

If you do not provide your employer with a withholding certificate, the employer must use Single with Zero withholding allowance.

**Check Your Withholding:** After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.

**Exemption From Withholding:** If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:

1. You did not owe any federal/state income tax last year, and
2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.

If you continue to qualify for the exempt filing status, a new DE 4 designating **exempt** must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.

**Member Service Civil Relief Act:** Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if

- (i) Your spouse is a member of the armed forces present in California in compliance with military orders;
- (ii) You are present in California solely to be with your spouse; and
- (iii) You maintain your domicile in another state.

If you claim exemption under **this** act, **check the box on Line 4**. You may be required to provide proof of exemption upon request.



EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

Company: \_\_\_\_\_

Client Code: \_\_\_\_\_

General Instructions:

1. Complete and sign this form
2. Attach a voided check for each checking account. If you do not have a check to provide or the account is a savings account, have your bank provide you with the account number and routing number in writing - DEPOSIT SLIPS ARE NOT VALID
3. Return this form to your manager

Please read and sign the following:

The undersigned hereby authorized his/her employer or its designee ("Employer") to deposit any sums the Employers owes to me into the bank or other financial institution ("Financial Institution") accounts identified below. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If any deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and to debit my account for the same in an amount not to exceed the amount of the erroneous deposit. The authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act.

Print Name: \_\_\_\_\_ Social Security# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee Account Information (Last item must equal remaining balance. For additional accounts, attach additional sheets.)

<p>1. <input type="checkbox"/> New Account    <input type="checkbox"/> Additional Account    <input type="checkbox"/> Replacement Account</p> <p>Bank Name: _____</p> <p>Routing Number: _____ Account Number: _____</p> <p><input type="checkbox"/> Checking    <input type="checkbox"/> Savings    Deposit: \$ _____ or _____%    or <input type="checkbox"/> Entire Net Pay</p>
<p>2. <input type="checkbox"/> New Account    <input type="checkbox"/> Additional Account    <input type="checkbox"/> Replacement Account</p> <p>Bank Name: _____</p> <p>Routing Number: _____ Account Number: _____</p> <p><input type="checkbox"/> Checking    <input type="checkbox"/> Savings    Deposit: \$ _____ or _____%    or <input type="checkbox"/> Entire Net Pay</p>

Attach a copy of a voided check here

NAME ADDRESS CITY, STATE ZIP 0123 01-23456789

DATE \_\_\_\_\_

PAY TO THE ORDER OF \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_ DOLLARS

BANK NAME ADDRESS CITY, STATE ZIP

FOR \_\_\_\_\_

⑆012345678⑆ 01234567890123⑆ 0123

Bank Routing Number    Bank Account Number    Check Number