

Instructions for Employee Forms

In order to enter new employees into the payroll system, we require ONLY THE FOLLOWING DOCUMENTS:

- 1. Completed Employee Master Form Required. This is a computer fillable form that should be completed by the authorized client contact. Note Required* fields.
- 2. Completed Withholding Forms ONLY the first page of each form **Required**
 - IRS Form W4
 - State Withholding Form (Form DE4 for CA)
- 3. Direct Deposit Form *WITH VOIDED CHECK*Both are required only if employee wants Direct Deposit.

These can be sent to us securely or faxed to (408) 927-9246.

Unfortunately, the Department of Homeland Securities no longer provides Form I9 in an unprotected format that we can import into our employee form package. You need to collect completed I9 forms for every employee, along with all supporting documentation, and keep these forms on file (preferably in a separate binder). The link to the Latest Form I-9 can be found on our web site on the "Resources" link.

PLEASE DO NOT SEND 19 FORMS OR SUPPORTING DOCUMENTATION TO PAY 'N TIME. WE DO NOT NEED THEM

Remember that California Law requires that employers provide new employees with a special employee notice at the time of hire. This notice can be found at https://www.dir.ca.gov/dlse/LC 2810.5 Notice.pdf

Employee Master Form

To be completed by authorized client contact.

* Denotes required field.

Yes (please enter visa type)



LEGAL Name of Company* (Your name if you are a sole proprietor)

This is a *	FT / F	PT*	Worker Ty	rpe*	
New Hire	Fu	ull Time	Non-E	xempt	
Rehire	Pa	art Time	Exemp	ot	
Employee Change			Contra	actor	
Employee First Name*	Middle	Last Na	ame*	SSN*	
Home Street Address*		Sex	Telephone Num	nber	
		Female			
		Male			
City*	State*	Zip Code*	Employee E-ı	mail Address	
Hire Date	Start Date*		Birth Date*		
Pay Type*	Pay Rate*	Pa	ay Rate is per*	Pay Rate 2	
Hourly			Hour		
Salary			Pay Period		
			Year		
Work State / Location* Where is employee phy	sically located while wo	orking?	Primary Work Depar	tment*	
Workers' Comp Job Cla	ss*		Rate 2 Department		
Time Card # (only	Time Off Accrual	Sick			
for clients using timekeeping	Benefit Type(s)*	Vacation		Employee's Manager's	
hardware)		PTO		Full Name*	
		Other			
Is Employee on student	Visa?*		Student		
No, employee is a U	S citizen or Resident A	lien	Visa Type n		

Employee Master Form Continued... Page 2 only required if your employee has deductions.

<u>Deduction</u>	Amount or Percent	
Medical		per Pay Period
		per Month
		per Pay Period, skip last pay period of the month
Dental		per Pay Period
		per Month
		per Pay Period, skip last pay period of the month
Vision		per Pay Period
		per Month
		per Pay Period, skip last pay period of the month
	Deduction Type	Amount or Percent
Other		per Pay Period
		per Month
		per Pay Period, skip last pay date of the month
Other		per Pay Period
		per Month
		per Pay Period, skip last pay date of the month
Other		per Pay Period
		per Month
		per Pay Period, skip last pay date of the month



Company Name:

I

To avoid incurring fees for incorrect information

PLEASE ATTACH A VOIDED CHECK

or routing and account confirmation from your bank **HERE**

AS VERIFICATION FOR EACH REQUEST

Payroll Administrator - Please TALK to the employee to ensure this change is authorized.

Direct Deposit Employee Authorization

	Employee	Name	:				
my pay a remain i terminat	automatically to n full force and	o the ind l effect u e and ma	icated acc ntil PNTH anner as to	ount(s) and IR and its d afford PN	to adjustesignates	t or reverse payments made to not third party receives written not designated third parties / finance	cial institution(s) listed below to deposit my account in error. This authority is to otification from the undersigned of its cial institutions and the undersigned's
Bank/(Credit Union	State	Type (Circle One)	\$ or %		Account Number	Routing Number
Example	: "Your Bank"	CA	Chkg Chkg Sav	100%		E.g., 12345678910	000000000 (nine digits)
			Chkg Sav				
	Check One New or Addi		iraat Dana	ait			
	Change the B Existing Dire	ank or A	Account N		n	Account Number to be replace	ed:
	Change the A	mount c		ing	A	mount was:	Amount changed to:
	Other, Please	Explain	:				
		n can	take up	to three j	pay pei		iting checks against these funds. estand that neither my employer errors or fees.
_	Signature:						Date:

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.

OMB No. 1545-0074

Department of the Treas		Give Fo		<u> </u>		
Internal Revenue Se			ng is subject to review by the IF	łs.	1 1 2	
Step 1:	(a) ⊦	irst name and middle initial	Last name		(b) S	ocial security number
Enter						
Personal	Addre	SS				your name match the on your social security
Information	0.1	1710			card?	If not, to ensure you get
	City c	r town, state, and ZIP code				for your earnings, ot SSA at 800-772-1213
					or go t	to www.ssa.gov.
	(c)	Single or Married filing separately				
		Married filing jointly or Qualifying surviving s	spouse			
-		Head of household (Check only if you're unmar	rried and pay more than half the costs	of keeping up a home for yo	ourself ar	nd a qualifying individual.)
		4 ONLY if they apply to you; otherwis m withholding, other details, and privac		2 for more information	n on e	ach step, who can
Step 2:		Complete this step if you (1) hold mor				
Multiple Job	S	also works. The correct amount of with	innolaing depends on income	e earned from all of tr	iese jo	DS.
or Spouse		Do only one of the following.				
Works		(a) Reserved for future use.				
		(b) Use the Multiple Jobs Worksheet	on page 3 and enter the resu	It in Step 4(c) below;	or	
		(c) If there are only two jobs total, you option is generally more accurate higher paying job. Otherwise, (b) is	than (b) if pay at the lower pa			
		TIP: If you have self-employment inco	ome, see page 2.			
		4(b) on Form W-4 for only ONE of the you complete Steps 3–4(b) on the Form			s. (You	ur withholding will
Step 3:		If your total income will be \$200,000 or	or less (\$400,000 or less if ma	arried filing jointly):		
Claim Dependent		Multiply the number of qualifying of	-			
and Other		Multiply the number of other depe	endents by \$500	. \$	-	
Credits		Add the amounts above for qualifying this the amount of any other credits.		ents. You may add to		\$
Step 4		(a) Other income (not from jobs).	If you want tax withheld f	or other income you	ı	
(optional):		expect this year that won't have w	<u> </u>			
Other		This may include interest, dividend	ds, and retirement income .		4(a)) \$
Adjustments	3	(h) Deductions If you expect to along	a deductions other than the of	andard daduation on		
•		(b) Deductions. If you expect to claim want to reduce your withholding, t				
		the result here	doc the beddenons workshee	t on page o and onto	4(b)) s
		(c) Extra withholding. Enter any addi	tional tax you want withheld e	each pay period	4(c)) \$
Step 5: Sign Here	Unde	dge and belief, is true, c	orrect, a	and complete.		
	Em	ployee's signature (This form is not va	alid unless you sign it.)	Da	ite	
Employers Only	Emp	oyer's name and address		First date of employment	Employ numbe	ver identification r (EIN)

Form W-4 (2023)

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.

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2023 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, 2024.

Your privacy. 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).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your selfemployment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

Page 2

If you (and your spouse) have a total of only two jobs, you may 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 2023 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.

Form W-4 (2023)

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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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.

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	2 a	\$
	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 2023 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: • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 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 territories 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.

Form W-4 (2023) Page **4**

- (2020)		ı	Married	Filing Jo	intly or C	Qualifying	g Survivi	ng Spou	se			1 age -
Higher Paying Job				Lowe	er Paying	Job Annua	al Taxable	Wage &	Salary			
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	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999 \$280,000 - 299,999	2,040 2,040	4,440 4,440	6,760 6,760	8,160 8,160	9,560 9,560	10,780 10,780	11,980 11,980	13,180 13,180	14,380 14,380	15,580 15,870	16,780 17,870	18,140 19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250
4,	-,	, ,,,,,,				d Filing S				1 ==,===	1 22,222	1,
Higher Paying Job				Lowe	er Paying	Job Annua	al Taxable	Wage & S	Salary			
Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000 -	\$110,000 -
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999 \$125,000 - 149,999	2,040 2,040	3,970 3,970	5,300 5,300	6,500 6,500	7,700 7,700	8,900 9,610	9,110	9,610 11,610	10,610 12,610	11,610 13,610	12,610 14,900	13,430 16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 174,939 \$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330
					Head of	Househo	old					
Higher Paying Job				Lowe	er Paying	Job Annua	al Taxable	Wage & S	1			
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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999 \$150,000 - 174,999	2,040	4,440 4,440	6,070 6,070	7,430 7,980	8,630 9,980	9,980	11,980 13,980	13,980 15,980	15,190 17,420	16,190 18,720	17,270	18,530 21,280
\$175,000 - 174,999 \$175,000 - 199,999	2,040	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	20,020 22,770	21,280
\$200,000 - 249,999	2,190	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,720	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,090	26,230
\$450,000 = 443,939 \$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600
+ 100,000 and 0vol	3,170	0,040	5,770	12,700	1 ,000	.,,,,,			_ ==,100			



Employee's Withholding Allowance Certificate

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

Enter Personal Information						
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					
 Use Worksheet A for Regular Withholding allowances. Use other v Number of Regular Withholding Allowances (Worksheet A) Number of allowances from the Estimated Deductions (World) Total Number of Allowances you are claiming Additional amount, if any, you want withheld each pay period (if e OR Exemption from Withholding I claim exemption from withholding for 2023, and I certify I meet I OR I certify under penalty of perjury that I am not subject to California forth under the Service Member Civil Relief Act, as amended by th and the Veterans Benefits and Transition Act of 2018. 	orksheet B, if applicable.) ormployer agrees), (Worksheet C) both of the conditions for exemption. ormployer agrees) (Check box here)					
Under the penalties of perjury, I certify that the number of withholding to which I am entitled or, if claiming exemption from withholding, that						
Employee's Signature	Date					
Employer's Section: 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

- 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.

The <u>California Employer's Guide</u> (DE 44) (edd.ca.gov/pdf_pub_ctr/de44.pdf) provides the income tax withholding tables. This publication may be found by visiting <u>Payroll Taxes - Forms and Publications</u> (edd.ca.gov/Payroll_Taxes/Forms_and_Publications.htm). To assist you in calculating your tax liability, please visit the <u>Franchise Tax Board (FTB)</u> (ftb.ca.gov).

If you need information on your last California Resident Income Tax Return (FTB Form 540), visit the FTB (ftb.ca.gov).

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Notification: The burden of proof rests with the employee to show the correct California income tax withholding. Pursuant to section 4340-1(e) of Title 22, California Code of Regulations (CCR) (govt.westlaw.com/calregs/Search/Index), the FTB or the EDD may, by special direction in writing, require an employer to submit a Form W-4 or DE 4 when such forms are necessary for the administration of the withholding tax programs.

Penalty: You may be fined \$500 if you file, with no reasonable basis, a DE 4 that results in less tax being withheld than is properly allowable. In addition, criminal penalties apply for willfully supplying false or fraudulent information or failing to supply information requiring an increase in withholding. This is provided by section 13101 of the California Unemployment Insurance Code (leginfo.legislature. ca.gov/faces/codes.xhtml) and section 19176 of the Revenue and Taxation Code (leginfo.legislature.ca.gov/faces/codes).xhtml).

Worksheets

Instructions — 1 — Allowances*

When determining your withholding allowances, you must consider your personal situation:

- Do you claim allowances for dependents or blindness?
- Will you itemize your deductions?
- Do you have more than one income coming into the household?

Two-Earners/Multiple Incomes: When earnings are derived from more than one source, under-withholding may occur. If you have a working spouse or more than one job, it is best to check the box "SINGLE or MARRIED (with two or more incomes)." Figure the total number of allowances you are entitled to claim on all jobs using only one DE 4 form. Claim allowances with **one** employer.

Do **not** claim the same allowances with more than one employer. Your withholding will usually be most accurate when all allowances are claimed on the DE 4 filed for the highest paying job and zero allowances are claimed for the others.

Married But Not Living With Your Spouse: You may check the "Head of Household" marital status box if you meet all of the following tests:

- (1) Your spouse will not live with you at any time during the year;
- (2) You will furnish over half of the cost of maintaining a home for the entire year for yourself and your child or stepchild who qualifies as your dependent; and
- (3) You will file a separate return for the year.

Head of Household: To qualify, you must be unmarried or legally separated from your spouse and pay more than 50% of the costs of maintaining a home for the **entire** year for yourself and your dependent(s) or other qualifying individuals. Cost of maintaining the home includes such items as rent, property insurance, property taxes, mortgage interest, repairs, utilities, and cost of food. It does not include the individual's personal expenses or any amount which represents value of services performed by a member of the household of the taxpayer.

Wo	rksheet A Regular Withholding Allowances	
(A)	Allowance for yourself — enter 1	(A)
(B)	Allowance for your spouse (if not separately claimed by your spouse) — enter 1	(B)
(C)	Allowance for blindness — yourself — enter 1	(C)
(D)	Allowance for blindness — your spouse (if not separately claimed by your spouse) — enter 1	(D)
(E)	Allowance(s) for dependent(s) — do not include yourself or your spouse	(E)
(F)	Total — add lines (A) through (E) above and enter on line 1a of the DE 4	(F) 0

Instructions — 2 — (Optional) Additional Withholding Allowances

If you expect to itemize deductions on your California income tax return, you can claim additional withholding allowances. Use Worksheet B to determine whether your expected estimated deductions may entitle you to claim **one or more additional** withholding allowances. Use last year's FTB Form 540 as a model to calculate this year's withholding amounts.

Do not include deferred compensation, qualified pension payments, or flexible benefits, etc., that are deducted from your gross pay but are not taxed on this worksheet.

You may reduce the amount of tax withheld from your wages by claiming one additional withholding allowance for each \$1,000, or fraction of \$1,000, by which you expect your estimated deductions for the year to exceed your allowable standard deduction.

Worksheet B Estimated Deductions

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 itemized deductions for California taxes for this tax year as listed in the schedules in the FTB Form 540 1.
- 2. Enter \$10,404 if married filing joint with two or more allowances, unmarried head of household, or qualifying widow(er) with dependent(s) or \$5,202 if single or married filing separately, dual income married, or married with multiple employers
- 3. Subtract line 2 from line 1, enter difference = 3.0.00
- 4. Enter an estimate of your adjustments to income (alimony payments, IRA deposits) + 4.
- 5. Add line 4 to line 3, enter sum = 5.0.00
- 6. Enter an estimate of your nonwage income (dividends, interest income, alimony receipts) 6.
- 7. If line 5 is greater than line 6 (if less, see below [go to line 9]);

 Subtract line 6 from line 5, enter difference = 7. 0.00
- 8. Divide the amount on line 7 by \$1,000, round any fraction to the nearest whole number 8. 0.00
- enter this number on line 1b of the DE 4. Complete Worksheet C, if needed, otherwise **stop here**.
- 9. If line 6 is greater than line 5;Enter amount from line 6 (nonwage income)9.
- 10. Enter amount from line 5 (deductions) 10. 0.00
- 11. Subtract line 10 from line 9, enter difference. Then, complete Worksheet C. 11. 0.00

^{*}Wages paid to registered domestic partners will be treated the same for state income tax purposes as wages paid to spouses for California PIT withholding and PIT wages. This law does not impact federal income tax law. A registered domestic partner means an individual partner in a domestic partner relationship within the meaning of section 297 of the Family Code. For more information, please call our Taxpayer Assistance Center at 1-888-745-3886.

1.	Enter estimate of total wages for tax year 2023.	1.	
2.	Enter estimate of nonwage income (line 6 of Worksheet B).	2.	
3.	Add line 1 and line 2. Enter sum.	3.	
4.	Enter itemized deductions or standard deduction (line 1 or 2 of Worksheet B, whichever is largest).	4.	
5.	Enter adjustments to income (line 4 of Worksheet B).	5.	
6.	Add line 4 and line 5. Enter sum.	6.	
7.	Subtract line 6 from line 3. Enter difference.	7.	0.00
8.	Figure your tax liability for the amount on line 7 by using the 2023 tax rate schedules below.	8.	
9.	Enter personal exemptions (line F of Worksheet A x \$154.00).	9.	0.00
10.	Subtract line 9 from line 8. Enter difference.	10.	0.00
11.	Enter any tax credits. (See FTB Form 540).	11.	
12.	Subtract line 11 from line 10. Enter difference. This is your total tax liability.	12.	0.00
13.	the amount that will be withheld on your wages based on the marital status and number of withholding allowances you will claim for 2023. Multiply the estimated amount to be withheld by the number of pay		
	periods left in the year. Add the total to the amount already withheld for 2023.	13.	
14.	Subtract line 13 from line 12. Enter difference. If this is less than zero, you do not need to have additional taxes withheld.	14.	0.00
15.	Divide line 14 by the number of pay periods remaining in the year. Enter this figure on line 2 of the DE 4.	15.	

Note: Your employer is not required to withhold the additional amount requested on line 2 of your DE 4. If your employer does not agree to withhold the additional amount, you may increase your withholdings as much as possible by using the "single" status with "zero" allowances. If the amount withheld still results in an underpayment of state income taxes, you may need to file quarterly estimates on Form 540-ES with the FTB to avoid a penalty.

These Tables Are for Calculating Worksheet C and for 2023 Only

Single Persons, Dual Income Married or Married With Multiple Employers

married of married trial marriple 2proyers								
IF THE TAXABL	e income is	CC	MPUTED TAX	ıs 1				
OVER	BUT NOT	OF AMO	UNT OVER	PLUS				
	OVER							
\$0	\$10,099	1.100%	\$0	\$0.00				
\$10,099	\$23,942	2.200%	\$10,099	\$111.09				
\$23,942	\$37,788	4.400%	\$23,942	\$415.64				
\$37,788	\$52,455	6.600%	\$37,788	\$1,024.86				
\$52,455	\$66,295	8.800%	\$52,455	\$1,992.88				
\$66,295	\$338,639	10.230%	\$66,295	\$3,210.80				
\$338,639	\$406,364	11.330%	\$338,639	\$31,071.59				
\$406,364	\$677,275	12.430%	\$406,364	\$38,744.83				
\$677,275	\$1,000,000	13.530%	\$677,275	\$72,419.07				
\$1,000,000	and over	14.630%	\$1,000,000	\$117,556.49				

Unmarried Head of Household

IF THE TAXABLE INCOME IS			INCOME IS COMPUTED TAX IS				
Г	OVER	BUT NOT	OF AMO	unt over	PLUS		
		OVER					
!	\$0	\$20,212	1.100%	\$0	\$0.00		
!	\$20,212	\$47,887	2.200%	\$20,212	\$222.33		
!	\$47,887	\$61,730	4.400%	\$47,887	\$831.18		
!	\$61,730	\$76,397	6.600%	\$61,730	\$1,440.27		
!	\$76,397	\$90,240	8.800%	\$76,397	\$2,408.29		
!	\$90,240	\$460,547	10.230%	\$90,240	\$3,626.47		
!	\$460,547	\$552,658	11.330%	\$460,547	\$41 <i>,</i> 508.88		
!	\$552,658	\$921,095	12.430%	\$552,658	\$51 <i>,</i> 945.06		
!	\$921,095	\$1,000,000	13.530%	\$921,095	\$97,741.78		
<u>. </u>	\$1,000,000	and over	14.630%	\$1,000,000	\$108,417.63		

Married Persons

IF THE TAXABL	e income is	CC	MPUTED TAX	IS
OVER	BUT NOT OVER	OF AMO	PLUS	
\$0	\$20,198	1.100%	\$0	\$0.00
\$20,198	\$47,884	2.200%	\$20,198	\$222.18
\$47,884	\$75,576	4.400%	\$47,884	\$831.27
\$75,576	\$104,910	6.600%	\$75,576	\$2,049.72
\$104,910	\$132,590	8.800%	\$104,910	\$3,985.76
\$132,590	\$677,278	10.230%	\$132,590	\$6,421.60
\$677,278	\$812,728	11.330%	\$677,278	\$62,143.18
\$812,728	\$1,000,000	12.430%	\$812,728	\$77,489.67
\$1,000,000	\$1,354,550	13.530%	\$1,000,000	\$100,767.58
\$1,354,550	and over	14.630%	\$1,354,550	\$148,738.20

If you need information on your last California Resident Income Tax Return, FTB Form 540, visit (<u>FTB)</u> (ftb.ca.gov).

The DE 4 information is collected for purposes of administering the PIT law and under the authority of Title 22, CCR, section 4340-1, and the California Revenue and Taxation Code, including section 18624. The Information Practices Act of 1977 requires that individuals be notified of how information they provide may be used. Further information is contained in the instructions that came with your last California resident income tax return.