

PH: 772-466-0440  
FAX: 772-264-0775  
WWW.ATLANTICPAYROLL.US

TWO LOCATIONS  
3802 CROSSROADS PKWY  
FORT PIERCE, FL 34945

207 AVE K S.E.  
WINTER HAVEN, FL 33880



# Atlantic

## PAYROLL PARTNERS

### New Hire Packet

**PLEASE SUBMIT PACKET TO:**

**[PAYROLL@ATLANTICPAYROLL.US](mailto:PAYROLL@ATLANTICPAYROLL.US) OR FAX 772-264-0775**

**Notice to CLIENT COMPANY:** NO Person shall be considered to be in a professional employer organization relationship with Atlantic Payroll Partners, LLC until the "NEW HIRE PACKET" forms have been completed in full, signed, and submitted to Atlantic Payroll Partners. If the CLIENT COMPANY does place such person into service prior to submitting the completed "NEW HIRE PACKET", the person is NOT working under Atlantic Payroll Partners' workers' compensation policy and the CLIENT COMPANY is completely responsible for all liabilities and or penalties should any occur (Refer to Client Service Agreement for details).

**\*\*\*\*Supervisor/manager MUST complete "Section 5" on the last page of this packet.\*\*\*\***

CLIENT COMPANY: \_\_\_\_\_

NEW HIRE NAME: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_

W/C CLASS CODE: \_\_\_\_\_

## SECTION 1 – BASIC INFORMATION

**Atlantic Payroll Partners, LLC (APP)** is a professional employer organization (“PEO”). In this PEO relationship, APP is the employer of record for payroll, tax reporting, workers compensation insurance, claims management, and other possible administrative functions. The client company or worksite employer is responsible for the day to day work of the utilized individuals and otherwise running the client company.

### EQUAL OPPORTUNITY EMPLOYER

We adhere to a policy of making employment decisions without regard to race, color, age, sex, sexual orientation, sexual preference, religion, national origin, disability, handicap, genetic information or marital status. If you require reasonable accommodation in completing the form, please inform us.

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/unit #: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Do you have any limitations which may affect your ability to safely or effectively perform the position you are offered? If YES, please explain: \_\_\_\_\_

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## SECTION 2 - WORKSITE AGREEMENT

I, the undersigned individual, in consideration of my being placed in a professional employer organization relationship with Atlantic Payroll Partners, LLC (hereafter referred to as “APP”) acknowledge and agree to the following:

- (1) At all times during my relationship with APP, I understand and agree that I will remain an employee of the client company for which I am working (“Client”) that has contracted with APP and, to the extent allowed by law, Client will continue to have sole and exclusive control over my day-to-day job duties and over the worksite(s) where I perform services. Additionally, to the extent allowed by law, Client will continue to provide all onsite supervision, including, but not limited to, determining my job assignments and training requirements and evaluating my performance. Also, to the extent allowed by law, Client will determine my job duties, rate of pay, hours worked, continued employment opportunities, and other terms and conditions of my employment;
- (2) I understand and agree that I will receive my daily instructions from Client. I also understand that all new hires working at Client have a 90-day probationary period at which time any party can terminate employment without further obligation;
- (3) I understand and agree that my status with APP is at-will. I further understand and agree that there is no contract of employment which exists between APP and me and I understand and agree that APP will not become a party to any contract of employment which I have already entered into or which I may in the future enter into with Client. Additionally, I understand and agree my at-will status with APP does not change the employment status I had with Client prior to the existence of the professional employer relationship between APP and Client and that APP is not responsible for any contractual obligations which may exist between Client and me;
- (4) I understand and agree that I am performing services within a professional employer organization (“PEO”) relationship where the duties and responsibilities applicable to me are set forth in a service agreement entered into between Client and APP;
- (5) I understand and agree that APP has assumed such responsibility to pay me wages as is required by applicable law. I also understand and agree that, unless otherwise required by law if APP does not receive payment from Client for services which I perform as a utilized individual, APP may, where allowed by law, pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. Additionally, I understand and agree that Client at all times ultimately remains obligated to pay me my regular hourly rate of pay if I am a non-exempt individual and to pay me my full salary if I am an exempt individual if APP is not fully paid by Client for services that I render;
- (6) I also understand and agree that, unless otherwise required by law, where payment for the following items have not been received by APP from Client, APP does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, compensation, benefit, or for any other payment not required by law, in any form, or for any other similar type of payment, unless APP has specifically, in a written agreement entered into with me, adopted Client’s obligation to pay me such compensation or benefit (APP does assume this responsibility where such payment has been received from Client encompassing such items regarding me);
- (7) Unless otherwise contractually agreed to by Client and APP, APP has agreed to maintain workers’ compensation insurance covering my employment. In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers’ compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of APP or against APP based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of APP and/or against APP for damages based upon injuries which are covered under such workers’ compensation statutes. In the event of a work-related injury, I understand and agree that, to the extent allowed by law, my sole remedy lies in coverage under APP’s workers’ compensation policy or Client’s workers’ compensation policy if it maintains its own workers’ compensation policy;
- (8) I understand and agree that if I am injured on the job, even if the injury is minor or I do not want treatment, I must immediately report it to my supervisor. I also agree to comply with any lawful drug testing policy which may be adopted, and I specifically agree to post-accident drug testing in any situation where it is allowed by law;
- (9) I agree to abide the drug and alcohol policy in place where I perform my job duties. I understand I am working at a drug and alcohol free workplace, where the drug and alcohol policy prohibits, among other things, the unlawful possession, consumption, distribution, or unauthorized use by all utilized individuals of alcohol or any illegal

drugs or illegally obtained drugs in the workplace or when conducting work. Nor is any utilized individual permitted to work after having ingested illegal or illegally obtained drugs or while impaired or under the influence of alcohol or illegal drugs (with regard to prescription drugs, the misuse of such drugs is also prohibited). Employees can be required to submit to drug and or alcohol testing under certain circumstances in accordance with the drug and alcohol free workplace testing program, including post-accident and reasonable suspicion testing. Any utilized individuals who violates the drug and alcohol free policy may be subject to immediate discharge by Client. Questions concerning drug and alcohol free policies/ testing should be directed to APP's Human Resources Director at 772-466-0440;

- (10) In addition, I also agree that if at any time during my employment at Client I am subjected to any type of discrimination, including discrimination because of race, sex, sexual orientation, sexual preference, harassment of any type, disability, color, age, genetic information, national origin, citizenship status, religion, retaliation, veteran status, military status, or union status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact an appropriate person of Client. In most instances, this appropriate person will be the President of Client. Should I choose not to contact Client for any reason, I may contact APP's Human Resources Director at 772-466-0440 for the limited purpose of having APP, at its option, and not as an employer, but as a possible facilitator, try in its sole discretion, to attempt to facilitate a resolution;
- (11) I understand and agree that Client has sole and exclusive control over my day-to-day job duties and Client has sole and exclusive control over the job site at which, or from which, I perform my services and that APP only reserves and retains such rights and authority as is required by applicable law. I agree that APP does not have actual control over my workplace and, as such, is not in a position to end or remediate any discrimination, harassment, unsafe working condition, retaliation, or wrongdoing which may be occurring. The responsibility to resolve and/or end such inappropriate conduct or unsafe working condition rests with Client, however, APP may attempt to facilitate a resolution;
- (12) I understand and agree that due to licensure and workers' compensation restrictions applicable to professional employer organizations, if I am accepted as a utilized individual of APP, I am expressly prohibited from performing any work outside the state in which I am currently performing services for Client ("Home State") during my status as a utilized individual except as may be allowed pursuant to the workers' compensation policy provided to me by APP or except as may be allowed in writing by APP and the applicable workers' compensation carrier;
- (13) If I work outside the Home State for Client or for anyone else without first securing this approval as set forth at (12), I understand and agree that I will no longer be in a professional employer organization relationship with APP and may not be provided workers' compensation benefits through APP or the applicable workers' compensation carrier and my professional employer organization relationship with APP will be considered immediately terminated upon commencement of my trip outside the Home State to perform work where prior approval has not been received as set forth herein;
- (14) I understand and agree that, to the extent allowed by law, any obligation of APP ceases when APP's professional employer organization agreement with Client terminates;
- (15) I understand and agree if I am eligible for any benefits it is my responsibility (and the responsibility of any family members/ dependents who wish to participate) to timely submit all required forms and information;
- (16) To the extent allowable by law, by signing this Agreement, I assign to APP, my right to assert a priority wage claim against Client under 11 U.S.C. § 507 (a)(3) in the event that a Bankruptcy Petition is filed under Title 7 and or Title 11 of the United States Code by or on behalf of Client;
- (17) I hereby authorize any party or agency contacted by Client, APP, or their respective agent(s) to furnish information requested to the extent permitted by federal, state, or local law. I understand that I may be required to complete additional releases authorizing Client or its designees and agents to investigate all statements contained in this or any other employment related documents. I hereby release, discharge, and hold harmless, to the extent permitted by federal, state, or local law, Client, APP, their respective designees and agents(s) and any party delivering information to them pursuant to this authorization from any liabilities, claims, charges, or cause of action that I may have as a result of gathering, delivery or disclosure of any requested information;
- (18) I further agree that at the end of my employment with Client, I will report back to APP for possible reassignment to another Client. If I fail to report within 48 hours, I may be denied unemployment benefits; and
- (19) Should I sign this form and/or complete APP's utilized individual paperwork and never be accepted as a utilized individual of APP, this form shall be null and void.

**I hereby certify that all information contained in this New Employee Packet or in any other application, resume, or document provided to Client or APP is true, accurate and complete, and is provided knowingly and voluntarily. I understand that providing any false, inaccurate, or incomplete information may result in disciplinary action, up to and including termination of my employment.**

SIGNATURE OF UTILIZED INDIVIDUAL: \_\_\_\_\_ Date: \_\_\_\_\_

### SECTION 3 – EQUAL OPPORTUNITY EMPLOYER

We are an Equal Opportunity employer and do not discriminate on the basis of race, ancestry, color, religion, sex, age, marital status, sexual orientation, national origin, medical condition, disability, veteran status, or any other basis protected by law. The Information provided will be used for research, reporting, statistical purposes and to monitor legal compliance. To help us comply with these government requirements, please complete the following information. Completion of this form is voluntary and will not affect your opportunity for employment or terms or conditions of employment. We appreciate your cooperation.

Gender (Choose One):  Male  Female  I Choose Not to Respond

<b>Race/Ethnicity (Choose One):</b>		
<input type="checkbox"/> American Indian or Alaska Native (Not Hispanic or Latino)	<input type="checkbox"/> Black or African American (Not Hispanic or Latino)	<input type="checkbox"/> Hispanic or Latino
<input type="checkbox"/> Asian (Not Hispanic or Latino)	<input type="checkbox"/> White (Not Hispanic or Latino)	<input type="checkbox"/> Two or More Races
<input type="checkbox"/> Some Other Race	<input type="checkbox"/> I Choose Not to Respond	
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander (Not Hispanic or Latino)		

Atlantic Payroll Partners  
**Employee Privacy and Data Policy**  
Effective Date: 1/2/2024

## 1. Introduction






At Atlantic Payroll Partners we recognize the importance of safeguarding the privacy and confidentiality of our employees' personal information. This Employee Privacy and Data Policy outlines our commitment to protecting employee data and ensuring compliance with relevant privacy laws and regulations.

## 2. Scope




This policy applies to all employees, contractors, consultants, and other individuals who have access to Atlantic Payroll Partner's systems, networks, and information.

## 3. Types of Data Collected



We may collect and process the following types of employee data:

-  Personal information: Names, addresses, contact details, date of birth, and other identifying information.
-  Employment information: Job title, department, work location, work schedule, and other employment-related details.
-  Financial information: Bank account details for payroll processing.
-  Performance data: Performance reviews, goals, and other work-related assessments.
-  Health information: Only collected as necessary for accommodation or medical leave purposes.


## 4. Data Collection and Usage

-  We collect and process employee data for legitimate business purposes, including human resources management, payroll processing, and compliance with legal obligations.
-  Employee data will be used solely for the purposes for which it was collected and may be disclosed to third parties that we have vetted and work with, to continue providing services and solutions.
-  Consent will be obtained when required for specific data processing activities, as required by law.



## 5. Data Security

-  Atlantic Payroll Partners employs robust technical and organizational measures to protect employee data from unauthorized access, disclosure, alteration, and destruction.
-  Access to employee data is restricted to individuals who require it for legitimate business purposes.


## 6. Data Retention

-  Employee data will be retained only for the duration necessary to fulfill the purposes for which it was collected, unless a longer retention period is required by law.

## 7. Employee Rights

-  Employees have the right to access, rectify, and erase their personal data. Requests for such actions should be submitted to the Atlantic Payroll Partners HR department.
-  Employees have the right to object to the processing of their data under certain circumstances.

## 8. Policy Review

-  This policy will be reviewed regularly and updated as necessary to ensure continued compliance with applicable privacy laws and industry best practices.

## 9. Contact Information

For questions or concerns regarding this policy, please contact the Atlantic Payroll Partners HR department.

By accepting employment with Employer Named, \_\_\_\_\_ & Atlantic Payroll Partners employees acknowledge that they have read, understood, and agree to comply with this Employee Privacy and Data Policy.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Atlantic Payroll Partners

3802 Crossroads Parkway Fort Pierce, FL 34945

[hr@atlanticpayroll.us](mailto:hr@atlanticpayroll.us) | 772-466-0440



# DIRECT DEPOSIT AUTHORIZATION

**\*\*\*\*\*ALL FIELDS MUST BE COMPLETED FOR DIRECT DEPOSIT TO TAKE EFFECT\*\*\*\*\***

Name of Jobsite Employer: \_\_\_\_\_

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Middle initial: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/unit #: \_\_\_\_\_ City: \_\_\_\_\_

STATE: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby authorize Atlantic Payroll Partners to deposit amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution/bank indicated on this form. In the event that Atlantic Payroll Partners deposits funds erroneously into my account, I authorize Atlantic Payroll Partners to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until Atlantic Payroll Partners has received written notice from me of its termination in such time and in such manner as to afford Atlantic Payroll Partners reasonable Opportunity to act on it.

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

### ACCOUNT INFORMATION

(Please use an additional form in order to distribute your check to more accounts)

1. Bank Name / City / State: \_\_\_\_\_ Checking Savings Other

\*\*Routing Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_ Deposit- \$\_\_\_\_\_.\_\_\_\_ or \_\_\_\_\_% or Entire Amount

2. Bank Name / City / State: \_\_\_\_\_ Checking Savings Other

\*\*Routing Transit #: \_\_\_\_\_ Account #: \_\_\_\_\_ Deposit- \$\_\_\_\_\_.\_\_\_\_ or \_\_\_\_\_% or Entire Amount

**\*\*IF YOU ARE USING A GLOBAL CASH CARD, THE ROUTING TRANSIT # IS 073972181**

**PLEASE ATTACH A VOIDED CHECK IF AVAILABLE**

(Direct Deposit Requests will become effective two weeks after receipt of this authorization.)

**\*\*\*\*\*Attach Voided Check Here\*\*\*\*\***

# 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.**

**2024**

<b>Step 1: 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"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, 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 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: 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)

## 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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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, 2025.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**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. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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.

Instead, 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 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 2024 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. 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; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

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



- 1 Enter an estimate of your 2024 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
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
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-"
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
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

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	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

**SECTION 5 – TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR OR MANAGER**

Pay Cycle:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Location/Dept. Name: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

Job Title: \_\_\_\_\_

Workers Comp Class Code: \_\_\_\_\_

**special instructions/if any:**

Hourly  Salary  Full Time  Part Time

**Accurate Time Records Must Be Maintained**

Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Tipped Individual:  NO  YES

Shift Pay:  NO  YES Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Piecework:  NO  YES Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Commissions:  NO  YES Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

**\*Client Company is responsible for completing, verifying, and maintaining I-9 Form for utilized individual and must be able to timely furnish APP a copy upon request.**

Supervisor, Manger  
or Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_