

Employer Information: Choose your option for submitting employee information. For detailed instructions for these options, refer to the [PEO New Employee Packet Employer Instructions](#).

- Option 1 - Spreadsheet Submission and Certification ([Complete one spreadsheet attachment per client code](#))
(Requires Authorized Signature in Section A)
- Option 2 – NEP Submission: Complete B1 and B2
- Option 3 – Online payroll clients only: Print out online payroll summary information for applicable new employee in place of completing Section B1 (Click [here](#) for sample online payroll summary.)

A - EMPLOYEE INFORMATION SUBMISSION AND CERTIFICATION

As an authorized representative, I am electing to submit all required new employee information via the approved spreadsheet or through a printout of the online payroll summary information. I attest that I have accurately and completely provided all required information and understand that Paychex Business Solutions (PBS) is relying on the accuracy and completeness of the information provided. I further understand that this information will be the basis upon which PBS sets up each employee and I accept responsibility for any incorrect or inaccurate information provided to PBS.

Client Authorized Signature _____
Signature Title Date

B1 - CORPORATE INFORMATION COMPLETED BY MANAGER OR SUPERVISOR

Client Name _____ Department Name or Number _____
Employee Name _____ Last four digits of Social Security Number _____
Employee ID _____ Work Authorization Expiration (if applicable) ____/____/____

Employee Worksite Location (full address required)

Address _____ City _____ State _____ Zip _____

Status Full-time Part-time

Rate of Pay 1 \$ _____ per hour period (select one)

Rate of Pay 2 \$ _____ per hour period (select one)

Rate of Pay 3 \$ _____ per hour period (select one)

Gender Female Male Hire Date _____ Union Employee Yes No

Withholding State _____ State Unemployment Insurance State _____ Residence State _____

Job Title _____ Workers' Comp Class Code _____ Benefit Insurance Class Code _____

Location Name _____ Insurance Standard Hours _____

Job Category (select one)

- Executive/Senior Level Officials and Managers [1.1] First/Mid-Level Officials and Managers [1.2] Professionals [2]
- Technicians [3] Sales Workers [4] Office and Clerical [5] Craft Workers (skilled) [6] Operatives (semi-skilled) [7]
- Laborers (unskilled) [8] Service Workers [9]

Description of Duties (provide a short description of daily regular activities) _____

Work from remote office or location (note how often) _____

Travel (note how often) _____

Supervisor, Manager, or

Authorized Signature _____
Signature Title Date

B2 - EQUAL EMPLOYMENT OPPORTUNITY INFORMATION*

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, you must complete the Job Category information. Although employees are invited to voluntarily self-identify their race and ethnicity, submission of this information is voluntary and refusal to provide it cannot and will not subject an employee to any adverse treatment. Because not all employees complete the requested information, you are being asked to do so by conducting a visual assessment of the employee's National Origin/Race.

*Verify Employer and Employee Sections' information and complete Section 3, if applicable.

Client Name _____

Employee •Read Sections 1 and 2 •Complete and sign Employee Signature section •Complete Section 3

SECTION 1. About Your Relationship With Paychex®

The company for which you perform services (your Worksite Employer) has engaged Paychex Business Solutions, LLC or an affiliated company ("Paychex") to provide professional employer organization services under which you will be paid by Paychex and Paychex may make certain benefits and other resources available and/or provide workers' compensation coverage (including complying with Section 52-1-4 NMSA 1978 in New Mexico). This is sometimes referred to as "co-employment" because Paychex performs certain employment-related functions, but Paychex and your Worksite Employer are not joint employers. Your Worksite Employer directs and controls your day-to-day work and the conduct of its business, receives the benefits of your services, and provides physical facilities, accommodations, and equipment. If you are represented by a union, the Paychex relationship will not interfere with any collective bargaining agreement, and the relationship between you, your union, and your Worksite Employer is not affected by the relationship with Paychex.

You have no contract of employment with Paychex. Your Worksite Employer may enter into contracts with you. Paychex is not a party to or responsible for them and they will not be affected by the Paychex relationship. Your Worksite Employer may provide benefits, incentive or bonus compensation, deferred compensation, profit sharing, severance pay, commissions, sick or time off pay, and so on; Paychex is not responsible for them (although they may be provided through Paychex's services) or for anything promised to you by anyone other than Paychex.

If your Worksite Employer fails to comply with its obligations to Paychex, at most Paychex will be responsible to pay you minimum wage and applicable overtime for work you performed while covered under your Worksite Employer's contract with Paychex except to the extent an applicable law governing Paychex's services expressly provides otherwise. However, if you are employed in **South Carolina** full wages due will be paid but not any other consideration/benefit provided by the Worksite Employer. In **Texas** pursuant to section 91.032(c) of the Code and any other jurisdictions except to the extent required by law, the Worksite Employer is solely obligated to pay any wages for which an obligation to pay is created by an agreement, contact, plan, or policy between it and you; Paychex has not contracted to pay it.

In Hawaii Paychex is responsible for complying with laws relating to unemployment insurance, workers' compensation, temporary disability insurance, and prepaid health care coverage. In Montana Paychex reserves a right of direction and control over employees assigned to a Worksite Employer's location and retains authority to hire, terminate, discipline, and reassign employees, but your Worksite Employer retains sufficient direction and control over employees necessary to conduct business and without which it would be unable to conduct business, discharge fiduciary responsibilities, or comply with state licensing laws and has the right to accept or cancel the assignment of an employee. In Rhode Island, the obligations of Paychex and the Worksite Employer are defined in section 5-75-7(D)(4) of R.I. General Laws. In South Carolina we are operating under and subject to the Workers' Compensation Act of South Carolina. In case of accidental injury or death to an employee, the injured employee, or someone acting on his or her behalf, shall notify their supervisor or designated safety contact at the Worksite Employer immediately. Failure to give immediate notice may be the cause of serious delay in the payment of compensation to you or your beneficiaries and may result in failure to receive any compensation benefits.

If you are or become eligible to receive group health/welfare benefits through Paychex: You will receive a benefit package including materials explaining the benefits available and enrollment materials you must complete and submit; **If you do not receive your benefit package during your waiting period contact Paychex's Benefits Department immediately** (and before your coverage effective date); In order for benefits to become effective you must complete any applicable waiting period and submit enrollment materials to Paychex prior to the coverage effective date, failure to do so constitutes an election not to participate (if late enrollment is permitted pre-existing condition exclusions may apply to the extent a participant cannot demonstrate continuous coverage by submitting a HIPAA Certificate of Creditable Coverage); Your elections will remain in effect until the following annual enrollment period unless an eligible and submits required enrollment materials within 30 days of a qualifying event (see your enrollment packet for details); By enrolling in group benefits you authorize deductions from your pay for required participant contributions including deductions from your final pay if your employment terminates mid-month for coverages that extend through the full month which may include medical, dental, and vision (Flexible Savings Account Plan and Short- and Long-Term Disability terminate concurrently with termination).

SECTION 2. Dispute Resolution Agreement – Important, Please Read

You may want to print this Agreement for your records, and if you would like to take time to review it or ask questions before agreeing you may do so.

You, Paychex, and the Worksite Employer agree:

What is this Agreement? This Agreement governs legal disputes between you and any Paychex- affiliated company which may include Oasis Outsourcing, LLC, Paychex Business Solutions LLC, their subsidiaries, and other affiliates that have Paychex, Inc. as their ultimate parent company (for convenience all these are referred to herein as "Paychex") or the business or organization you perform work for (your "Worksite Employer," which is an intended beneficiary of this Agreement) arising out of or in connection with your employment, application for employment, or separation from employment for which you are, were, or would be paid through Paychex.

MANDATORY ARBITRATION

What is arbitration? Arbitration is an alternative to going to court. It can be faster, less expensive, and more convenient than going to court. The US Supreme Court has held that employees may be required to arbitrate disputes under the Federal Arbitration Act, the law which applies to this Agreement.

Am I giving up my ability to get legal relief? No. You can get the same remedies in arbitration that you could get in court. The arbitrator will be neutral and you can retain a lawyer to represent you if you wish.

What disputes will be decided by arbitration? To the greatest extent allowed by law, except as otherwise provided below, **ANY DISPUTE BETWEEN YOU AND PAYCHEX OR YOUR WORKSITE EMPLOYER WILL BE RESOLVED EXCLUSIVELY THROUGH BINDING ARBITRATION.**

How do I file for arbitration? You may initiate arbitration by filing with the American Arbitration Association, JAMS, or another mutually agreeable neutral arbitration service. If required by law, Paychex or your Worksite Employer will advance costs of arbitration.

How will arbitration work? To the extent not inconsistent with this Agreement, the rules of the neutral arbitration service for individual (not class, representative, or collective) employment disputes will apply. The arbitrator will: Have the authority to determine whether a dispute is subject to this agreement to arbitrate (unless applicable law provides that a court make that determination); Be able to grant the same remedies as a federal court (but no more); Issue subpoenas to third parties; Apply the Federal Rules of Evidence and any applicable statutes of limitation; Provide the same opportunities for discovery as a federal court (but no more); Render a reasoned, written decision based only on the evidence adduced and the law; Grant summary judgment using the same standards as a federal court; and Grant reasonable attorney fees and costs to the prevailing party if permitted by applicable law. Arbitration will be held in the capital or largest city of the state where you work, worked, or would have worked for your Worksite Employer, or another mutually agreeable location (Paychex may participate in arbitration proceedings by telephone or video conference).

Are there any matters that are not subject to arbitration? The following matters are not subject to the requirement to arbitrate in this Agreement: Unemployment claims; Workers' compensation claims; Claims that by law cannot be subject to pre-dispute arbitration agreements (such as certain sexual harassment and sexual assault claims); Administrative agency proceedings that by law are not subject to arbitration agreements (however, once the agency's proceedings are concluded if you pursue the matter further this Agreement will apply). Consolidation or joinder of claims of other claimants or claims not legally subject to pre-dispute arbitration agreements will not be permitted to circumvent this Agreement with respect to the claims to which it is legally permitted to apply, or to permit such claims to proceed as a class, representative, or collective action. If a dispute involves both claims that can and cannot be subject to arbitration agreements, the claims will be severed and the dispute will be stayed pending final determination of arbitration of claims that can be subject to arbitration agreements.

Waiver of jury trial. If for any reason a matter is not arbitrated, to the greatest extent allowed by law, **THE MATTER WILL BE HEARD BY A JUDGE AND YOU WAIVE ANY RIGHT TO TRIAL BY JURY.** This provision will not apply in jurisdictions or types of actions where employers are by law not permitted to require employees to agree to it.

Waiver of class, collective, and representative actions. To the greatest extent allowed by law, no matter whether a matter subject to this Agreement is heard in court, arbitration, or any other forum, **THE PARTIES WILL PARTICIPATE ONLY IN THEIR INDIVIDUAL CAPACITIES AND NOT AS MEMBERS OR REPRESENTATIVES OF A CLASS, COLLECTIVE GROUP, OR ANOTHER PERSON, GOVERNMENT/GOVERNMENTAL AGENCY, OR ORGANIZATION WITH RESPECT TO HARMS ALLEGEDLY SUFFERED BY ANYONE OTHER THAN THEMSELVES(INCLUDING, BUT NOT LIMITED TO CLAIMS UNDER CALIFORNIA'S LABOR CODE PRIVATE ATTORNEYS GENERAL ACT OF 2004).** This provision will not apply in jurisdictions or types of actions where employers are by law not permitted to require employees to agree to it.

Complaining to and cooperating with government agencies etc. Nothing in this Agreement prevents you from complaining to or filing a charge with a government agency, lawfully cooperating with a government agency investigation, or testifying in a legal proceeding, and this Agreement does not restrict your right to act collectively with other employees under Section 7 of the National Relations Act.

Are there any other people covered by this Agreement? If a legal dispute involves owners, directors, officers, managers, employees, benefit plan administrators, or insurers of Paychex or your Worksite Employer, or anyone alleged to be joint employers with Paychex or your Worksite Employer (all of which are intended beneficiaries of this Agreement), that dispute also will be governed by this Agreement including its arbitration, jury trial waiver, and class/representative/collective action waiver provisions.

Other agreements (including collective bargaining agreements) and waivers. This Agreement will not apply to a matter based on an agreement with your Worksite Employer (for example, a nondisclosure or other restrictive covenant agreement, an employment contract, or an assignment of intellectual property) if the agreement provides for another way to resolve disputes, as long as Paychex is not a party to the matter and an insurance policy issued to Paychex is not providing coverage for the matter. If a dispute is subject to a collective bargaining agreement that is inconsistent with this Agreement, the collective bargaining agreement will control. This Agreement controls over any other conflicting agreement unless an attorney representing Paychex waives this Agreement in writing. No waiver of this Agreement in a particular matter will operate as a waiver as to any other matters.

Survival of agreement. This Agreement will survive termination of your employment and of any relationship between you, Paychex, and/or your Worksite Employer.

Changes in law etc. Laws governing resolution of employment-related disputes change frequently and may vary in different jurisdictions so this Agreement must be flexible. If any part of this Agreement is held invalid, impermissible, or unenforceable with respect to a dispute, the invalid, impermissible, or unenforceable part of this Agreement will be deemed automatically amended for purposes of the dispute to the extent necessary to render it valid, permissible, and enforceable as near as possible to its original intent (which expressly includes the intent to not resolve matters by class, collective, or representative actions to the greatest extent allowed by law), and to the extent it is not or cannot be so amended for any reason the provisions of this Agreement are severable and the remainder of this Agreement will continue to apply. Similarly, any provision required by law to be included in this Agreement to make it valid, permissible, and enforceable with respect to a dispute will be deemed included for purposes of that dispute to the extent necessary to make this Agreement valid, permissible, and enforceable as near as possible to its original intent.

EMPLOYEE SIGNATURE

Name _____ Social Security Number -----
Address _____ City _____ State _____ Zip _____
Telephone Number (_____) _____ Birth Date _____
Employee's Personal Email Address _____ Employee's Work Email Address _____

I acknowledge and agree to the terms of this New Employee Packet including Section 2. Dispute Resolution Agreement. I agree that my signature transmitted by fax or electronically or my electronic signature will be valid and binding as if it was an original signature.

Signature _____ Date _____

SECTION 3. EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify specific individuals.

A visual assessment of the employee's National Origin/Race has been made as the employee has not voluntarily provided this information.

Gender Female Male

National Origin (if you meet the definition of Hispanic or Latino, check the box below.)

Hispanic or Latino (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

Race (check the appropriate box)

White (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of Europe, North African or the Middle East.)

Black or African American (Not of Hispanic or Latino origin. All persons having origins in any of the Black racial groups of Africa)

Asian (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.)

Native Hawaiian or Other Pacific Islander (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

American Indian or Alaskan Native (Not of Hispanic or Latino origin. persons having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment.)

Two or More Races (Not of Hispanic or Latino origin. All persons who identify with more than one of the five races listed)

Mail or fax to:

970 Lake Carillon Drive, Suite 400 Fax: 1-800-668-7296 St. Petersburg, FL 33716

Internal Use Only

Underwriting Audit Updates

Workers' Comp Class Code _____

Benefit Insurance Class Code _____

Audit completed by _____

Payroll Audit _____

Client Name _____

Employee's Withholding Certificate

2022

- ▶ 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.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: 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.

Multiple Jobs or Spouse Works

Do only one of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . .

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	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 and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). 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	4(a)	\$
	(b) Deductions. 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	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .	4(c)	\$

Step 5: Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Sign Here

▶ _____ ▶
Employee's signature (This form is not valid unless you sign it.) Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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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 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
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 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
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 possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

PAYCHEX

Direct Deposit Enrollment/Change Form*

Company Name and/or Client Number _____

Employee/Worker Name _____ Employee/Worker Number _____

Employee/Worker: Retain a copy of this form for your records. Return the original to your employer/company.

Employer/Company: Please retain a copy of this document for your records.

COMPLETE TO ENROLL / ADD / CHANGE BANK ACCOUNTS			PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY			
Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number <input type="text"/>			
Type of Account	Checking	Savings	Account holder's Name:			
Routing/Transit Number	<input type="text"/>					
Checking/Savings Account Number**	<input type="text"/>					
Financial Institution ("Bank") Name						
I wish to deposit (check one): _____% of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay						
Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number <input type="text"/>			
Type of Account	Checking	Savings	Account holder's Name:			
Routing/Transit Number	<input type="text"/>					
Checking/Savings Account Number**	<input type="text"/>					
Financial Institution ("Bank") Name						
I wish to deposit (check one): _____% of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay						
Add new	Update existing account	Replace existing account	Last 4 digits of the existing account number <input type="text"/>			
Type of Account	Checking	Savings	Account holder's Name:			
Routing/Transit Number	<input type="text"/>					
Checking/Savings Account Number**	<input type="text"/>					
Financial Institution ("Bank") Name						
I wish to deposit (check one): _____% of Net Specific Dollar Amount \$ _____ .00 Remainder of Net Pay						
CONFIRMATION STATEMENT			PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY			
I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company make direct deposits into the named account. I understand that this authorization will remain in full force and effect until I notify Company in writing that I wish to revoke my authorization. I understand that the Company requires at least 5 business days prior notice to cancel this authorization.						
Employee/Worker Signature _____			Date: _____ <small>MM/DD/YY</small>			
I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.						
Employer/Company Representative Printed Name: _____						
Employer/Company Representative Signature: _____			Date: _____ <small>MM/DD/YY</small>			
* All fields are required except Employee/Worker Number.						
** Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.						
Note: Digital or Electronic Signatures are not acceptable.						



New Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
OMB No. 1210-0149
(expires 6-30-2023)

PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

For more information about your coverage offered by your employer, please check your summary plan description or contact _____

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact about employee health coverage at this job?			
11. Phone number (if different from above)		12. Email address	

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:

All employees. Eligible employees are:

Some employees. Eligible employees are:

- With respect to dependents:

We do offer coverage. Eligible dependents are:

We do not offer coverage.

If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, [HealthCare.gov](https://www.healthcare.gov) will guide you through the process. Here's the employer information you'll enter when you visit [HealthCare.gov](https://www.healthcare.gov) to find out if you can get a tax credit to lower your monthly premiums.

The information below corresponds to the Marketplace Employer Coverage Tool. Completing this section is optional for employers, but will help ensure employees understand their coverage choices.

13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?

Yes (Continue)

13a. If the employee is not eligible today, including as a result of a waiting or probationary period, when is the employee eligible for coverage? _____(mm/dd/yyyy) (Continue)

No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard*?

Yes (Go to question 15) No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/ she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year? _____

Employer won't offer health coverage

Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)

a. How much would the employee have to pay in premiums for this plan? \$ _____

b. How often? Weekly Every 2 weeks Twice a month Monthly Quarterly Yearly

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)



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Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution -as well as your employee contribution to employer-offered coverage- is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?

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3. Employer name		4. Employer Identification Number (EIN)	
5. Employer address		6. Employer phone number	
7. City	8. State	9. ZIP code	
10. Who can we contact at this job?			
11. Phone number (if different from above)	12. Email address		

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.