

# 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.

### 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 <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, other details, and privacy.

### Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Reserved for future use.
- (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

**TIP:** If you have self-employment income, see page 2.

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 pay period . . . . .	<b>4(c)</b>	\$ _____

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date

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

# EMPLOYEE ENROLLMENT FORM



Company Name:

## PERSONAL INFORMATION

Full Name :

Date Of Birth : \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender :  Male  Female

Address : \_\_\_\_\_

Phone Number : \_\_\_\_\_ Social Security \_\_\_\_\_

Email : \_\_\_\_\_

Drivers License : \_\_\_\_\_

Number(optional) : \_\_\_\_\_

Bank Name : \_\_\_\_\_

Account Type : Checkings \_\_\_\_\_ Savings \_\_\_\_\_

Routing Number : \_\_\_\_\_

Account Number : \_\_\_\_\_

% to be Deposited : \_\_\_\_\_

Wages : Hourly \_\_\_\_\_ Salary \_\_\_\_\_

## REQUIRED DOCUMENTS

- W-4 or W-9 Form
- Employee Enrollment Form
- Direct Deposit Authorization
- Drivers Licence
- Social Security Card

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Direct Deposit Authorization



## Instructions

This document must be signed by the employee requesting automatic deposit of paychecks and will be retained by Gusto.

## Authorization

This authorizes ZenPayroll, Inc., dba Gusto ("Gusto") to send credit entries (and appropriate debit, reversal and adjustment entries), electronically or by any other commercially accepted method, to my account and to other accounts I identify in the future on the Gusto platform (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable United States laws. This authorization will be in effect until you delete the direct deposit account information from the Gusto platform and Gusto has had a reasonable opportunity to act on this change.

Authorized signature: \_\_\_\_\_

Print name: \_\_\_\_\_ Date: \_\_\_\_\_