

EMPLOYEE INFORMATION SHEET

Client # Client Name:	
First Name	Last Name
Address	CityStateZip
Social Security #	Birthdate:
Hire date	Phone #:
Email Address	The state of the s
Payroll Tax Information Filing Status (Select one or if using more t Single/Married Filing Separate Married filing joint Head of Household Completed W4 attached	
Pay Information	
Hourly Rate of pay \$	OR Salary per pay period \$
Tipped Rate of pay \$	Tips per hour worked \$
Department	Location
Payroll Items (if applicable)	
Deduction Name	Amount or % per payroll
Deduction Name	Amount or % per payroll
Deduction Name	Amount or % per payroll



Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

▶START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals, Employers CANNOT specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information:			st complete en	d sign St	iclion 1 q	(Form I-9 no later
than the first day of employment, but not be Last Name (Family Name)	perore accepting a jo First Name (Given Nan	Other	ther Last Names Used <i>(if any)</i>			
Last (valle)	inocitamo portori itali	,0,	Middle initial	Cujei L	ast Hallies	s Osed (II any)
Address (Street Number and Name)	Apt. Number	City or Town		<u> </u>	State	ZIP Code
Date of Birth (mm/dd/yyyy) U,S, Social Secur	rity Number Emplo	oyee's E-mail Addr	05 5	E	nployee's	Telephone Number
	<u> </u>	Market Control of the State of				- Wa
I am aware that federal law provides for in connection with the completion of this fo		or fines for false	statements o	or use of	false do	cuments in
I attest, under penalty of perjury, that I an	n (check one of the	following boxe	s):			
1. A citizen of the United States			a constitution de la constitutio			, and the same of
2. A noncitizen national of the United States (See Instructions)					
3, A lawful permanent resident (Allen Regis	stration Number/USCIS	Number):		······	tin Artino al antiro	
4, An alien authorized to work until (expirati						
Some allens may write "N/A" in the expirati Aliens authorized to work must provide only one	•	=	malain Earm I A		QF	R Code - Section 1
An Alien Registration Number/USCIS Number O					Do No	ot Write in This Space
Allen Registration Number/USCIS Number: OR			_			
2, Form I-94 Admission Number;	A-A-Visu a pri-Allin Weight &		·w#			
OR 3. Foreign Passport Number;						
Country of Issuance:		The state of the s				
Objective of Empleyon	**************************************		Todovia Dat			
Signature of Employee		i (Billi Milli William) and a sistema a same yana mangada sa jili yegigiya ya samay	Today's Dat	e (mnoor	<i>уууу)</i> 	
Preparer⊧and/or₌Translator Gertific	ation (check o	ne):				
I did nocuse a predarer or translator						
(Fields below must be completed and signed I attest, under penalty of perjury, that I have						
knowledge the information is true and cor				/ /*		
Signature of Preparer or Translator				Today's D	ate (mm/c	ld/yyyy)
Last Name (Family Name)		First Name	(Given Name)		MA VIMINIA AND AND AND AND AND AND AND AND AND AN	
						
Address (Street Number and Name)		City or Town			State	ZIP Code
				Particular de la discolar de la decembra decembra de la decembra decembra de la decembra decembra de la decembr		



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Employment Eligibility Verification

Department of Homeland Security U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 10/31/2022

Section 2.: Employer or Authoriz (Employers of their authorized representative in must physically examine one accument from the of Acceptable Documents!)	ust gomblete ar	d sian Sectio	n 2 within 3	business davs d	of the employ	ge's lifskaay of omployment - You liffom: I isk G. as ilska conthe litists			
Employee Info from Section 1	(Family Name)		First Name	(Given Name)	M,l.	Citizenship/Immigration Status			
List A Identity and Employment Authorization	OR	List Iden		AND)	List C Employment Authorization			
Document T/tle	Document	Title		Ĭ	Document Tit				
Issuing Authority	Issuing Aut	hority		· · · · · · · · · · · · · · · · · · ·	ssulng Autho	rity			
Document Number	Document	Number			Document Nu	ımber			
Expiration Date (If any) (mm/dd/yyyy)	Expiration I	Date <i>(If any) (</i>	mm/dd/yyyy) [Expiration Da	lon Dale (If any) (mm/dd/yyyy)			
Document Title					· · · · · · · · · · · · · · · · · · ·	William Co.			
Issuing Authority	Addition	l Informatio	n	<u>مەسەبىلىق بىر بى بانچىدىلى تەشەسە بايانىيىلىدىدىنىڭ ئەشدەت دە</u>		QR Code - Sections 2 & 3 Do Not Write in This Space			
Document Number	1								
Expiration Date (if any) (mm/dd/yyyy)	-								
Document Title]								
Issuing Authority	1								
Document Number									
Expiration Date (if any) (mm/dd/yyyy)		41474 MANUAL		Michigan producerant construction and desire about the desire and desire about the desire and desire and desire about the desire and	A STATE OF THE ACT OF THE STATE				
Certification: I attest, under penalty of per (2) the above-listed document(s) appear to employee is authorized to work in the Unit The employee's first day of employmen	be genuine a ed States.	nd to relate	ned the do to the emp	loyee named,	and (3) to t	the above-named employee, the best of my knowledge the or exemptions)			
Signature of Employer or Authorized Represent	ative	Today's Dat	te (mm/dd/y)	yy) Title of	Employer or .	Authorized Representative			
Last Name of Employer or Authorized Representative	First Name of	Employer or A	Authorized Re	presentative	≣mployer's B	usiness or Organization Name			
Employer's Business or Organization Address (Street Number a	nd Name)	City or Tow	n	S	tate ZIP Code			
Section 3. Revenification and Rehir	es (To be con	ipleted and	signed by	employer or a	ulhonzed (p(oson(aliyo))			
A. New Name (If epplicable)						re (if applicable)			
Last Name <i>(Family Name)</i> Firs	t Name <i>(Given i</i>	Name)	Midd	ite initial Da	ate (mm/dd/y	<i>.</i>			
C. If the employee's previous grant of employme continuing employment authorization in the space	nt authorization e provided belov	has expired, v	provide the	tanta a transfer and a second	Andrew Co.	t or receipt that establishes			
Document Title		Dooume	nt Number		Ехрі	ration Date (if any) (mm/dd/yyyy)			
I attest, under penalty of perjury, that to the the employee presented document(s), the	e best of my k document(s) l	nowledge, t have exam	this employ Ined appea	ree is authoriz	zed to work ne and to re	in the United States, and if late to the individual.			
Signature of Employer or Authorized Represente	ative Today's	Date (mm/d	ld/yyyy)	Name of Empk	oyer or Autho	rized Representative			

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

	LIST A Documents that Establish Both Identity and Employment Authorization	e e	LIST B Documents that Establish Identity	ND	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-	State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID part insued by federal, state as least		A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION	
4.	readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)		government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph	2.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-645, FS-240)
5.	For a nonimmigrant allen authorized to work for a specific employer because of his or her status; a. Foreign passport; and		4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card	3,	Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and		7. U.S. Coast Guard Merchant Mariner Card 3. Native American tribal document	5.	Native American tribal document U.S. Citizen ID Card (Form I-197) Identification Card for Use of
	(2) An endorsement of the aflen's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or		Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document	7.	Resident Citizen in the United States (Form I-179) Employment authorization document issued by the
6.	limitations identified on the form. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonlmmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record		Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4

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.

2023

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1:	(a) First name and middle initial	Last name		(b) Soc	ial security number
Enter Personal Information	Address City or town, state, and ZIP code			name of card? If credit fo contact	our name match the nyour social security not, to ensure you get r your earnings, SSA at 800-772-1213 www.ssa.gov,
	(c) Single or Married filing separately Married filing jointly or Qualifying surviving: Head of household (Check only if you're unma		of keeping up a ho me for yo	ourself and	a qualifying individual.)
	ps 2–4 ONLY if they apply to you; otherwise on from withholding, other details, and privace		2 for more informatio	n on ea	ch step, who can
Step 2: Multiple Job or Spouse Works	Complete this step if you (1) hold moralso works. The correct amount of will Do only one of the following. (a) Reserved for future use. (b) Use the Multiple Jobs Worksheet (c) If there are only two jobs total, yo option is generally more accurate higher paying job. Otherwise, (b) if the power of the	thholding depends on income on page 3 and enter the resu u may check this box. Do the than (b) if pay at the lower pa s more accurate	e earned from all of th It in Step 4(c) below; same on Form W-4 f	ese jobs or or the o	s. ther job. This
	os 3–4(b) on Form W-4 for only ONE of the ate if you complete Steps 3–4(b) on the Form			s. (Your	withholding will
Step 3:	If your total income will be \$200,000	or less (\$400,000 or less if ma	arried filing jointly):		- · · · · · · · · · · · · · · · · · · ·
Claim	Multiply the number of qualifying of	children under age 17 by \$2,0	00 \$.	
Dependent and Other	Multiply the number of other depe	endents by \$500	. \$	-	
Credits	Add the amounts above for qualifying this the amount of any other credits.		ents. You may add to		\$
Step 4 (optional): Other Adjustments	 (a) Other income (not from jobs). expect this year that won't have we have a compared to the compared to	vithholding, enter the amount ds, and retirement income n deductions other than the st	of other income here	4(a)	\$
	the result here	tional tax you want withheld e	each pay period	4(b) 4(c)	
Step 5: Sign Here	Under penalties of perjury, I declare that this cert	ificate, to the best of my knowled	dge and belief, is true, c	orrect, ar	nd complete.
	Employee's signature (This form is not va	alid unless you sign it.)	Da	ite	
Employers Only	Employer's name and address		First date of employment	Employe number	er identification (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.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

Your privacy. If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

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

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

Specific Instructions

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

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

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

1	Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3	1	\$
2	Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a	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	2b	\$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	\$
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.	3	
4	Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b)—Deductions Worksheet (Keep for your records.)	·	#
1	Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income	1	\$
2	Enter: • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

Privacy Act and Paperwork Reduction Act Notice. We ask for the Information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Fallure 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.

3,140

\$450,000 and over

6,840

12,430

14,930

17,430

19,930

22,430

24,150

25,650

27,150

28,600

rorm W-4 (2023)			Married	Filing Jo	intly or C	Qualifyin	g Survivi	ng Spou	se			Page 4	
Higher Paying Job	Lower Paying Job Annual Taxable												
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000	
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070	
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190	
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390	
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590	
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610	
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610	
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610	
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460	
\$100,000 - 149,999	1,870	4,070 4,440	6,190	7,390 8,160	8,590 9,560	9,610	10,610	11,660	12,860	14,060	15,260	16,330	
\$150,000 - 239,999	2,040 2,040	4,440	6,760	8,160	1 '	10,780	11,980	13,180	14,380	15,580	16,780	17,850	
\$240,000 - 259,999 \$260,000 - 279,999	2,040	4,440	6,760 6,760	8,160	9,560 9,560	10,780	11,980 11,980	13,180	14,380 14,380	15,580 15,580	16,780	17,850	
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180 13,180	14,380	15,870	16,780 17,870	18,140	
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	15,470	17,470	19,470	19,740 21,340	
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640	
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880	
\$525,000 and over	3,140	6,840	10,460	13.160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250	
					r Marrie				,	20,000	00,000	00,200	
Higher Paying Job							T	Wage & S	Salary				
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000	
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970	
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300	
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500	
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720	
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280	
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240	
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430	
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020	
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770	
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490	
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880	
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960	
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960	
\$450,000 and over	3,140_	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330	
	.				lead of I			Wage & S	'alamı				
Higher Paying Job Annual Taxable	40	440.000	#00 000							400 000	4400.000		
Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000	
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040	
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440	
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070	
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430	
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650	
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050	
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820	
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150	
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530	
\$150,000 - 174,999	2,040	4,440 5,300	6,070 7,820	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280	
\$175,000 - 199,999	2,190	5,390 6.190	7,820 8 920	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030	
\$200,000 - 249,999 \$250,000 - 449,999	2,720	6,190 6,470	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950	
φ∠ου,υυυ - 449, 9 99	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230	



RESIDENCY CERTIFICATION FORM Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be used by employers when a new employee is hired or when a current employee notifies employer of a name or address change. Use the Address Search Application at doed.pa.gov/Act32 to determine PSD codes, EIT rates, and tax collector contact Information.

EMPLOYEE INFORMAT	ION – RESIDE	NCE LOCATIO	N			
NAME (Last Name, First Name, Middle Initial)	· · · · · · · · · · · · · · · · · · ·		SOCIAL SECURITY NUMBER			
STREET ADDRESS (No PO Box, RD or RR)		777	And the state of t			
ADDRESS LINE 2						
СПУ	STATE	ZIP CODE	DAYTIME PHONE NUMBER			
MUNICIPALITY (City, Borough or Township)	· · · · · · · · · · · · · · · · · · ·	1				
COUNTY	RESIDENT PSD C	ODE	TOTAL RESIDENT EIT RATE			
EMPLOYER INFORMATION	ON EMBLOY	MENT LOCAT	ON			
EMPLOYER BUSINESS NAME (Use Federal ID Namo)		WENT LOCATI	EMPLOYER FEIN			
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No P	D Box, RD of RR)	:				
ADDRESS LINE 2	· · · · · · · · · · · · · · · · · · ·	of the officer of the contract of the second				
СПУ	STATE	ZIP CODE	PHONE NUMBER			
MUNICIPALITY (City, Borough or Township)	- 1	······································				
COUNTY	WORK LOCATION	PSD CODE	WORK LOCATION NON-RESIDENT EIT RATE			
Under penalties of perjury, I (we) declare that I (we schedules and statements and to the best of	TIFICATION have examined this f my (our) belief, they	Information, including are true, correct and	all accompanying I complete.			
SIGNATURE OF EMPLOYEE	· · · · · · · · · · · · · · · · · · ·		DATE (MM/DD/YYYY)			
PHONE NUMBER	EMAIL ADDRESS					
For information on obtaining the appropriate MUNICIPALITY (City please refer to the Pennsylvania Departmen		* **				
dced.	pa.gov/Act32					