**EMPLOYEE INFORMATION SHEET**



COMPANY NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMPLOYEE NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First

Middle

Last

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_CITY:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ STATE: \_\_\_\_\_\_ ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

SOCIAL SECURITY #: \_\_\_ \_\_\_ \_\_\_-\_\_\_ \_\_\_ -\_\_\_ \_\_\_ \_\_\_ \_\_\_ PHONE: (\_\_ \_\_ \_\_) \_\_ \_\_ \_\_- \_\_ \_\_ \_\_ \_\_

**FOR PENNSYLVANIA EMPLOYERS ONLY.**

**THE FOLLOWING INFORMATION IS TAKEN FROM THE *PA LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM***

|  |  |  |  |
| --- | --- | --- | --- |
|  | EMPLOYEE RESIDENCE IS LOCATED IN: | TOWNSHIP or BORO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | PSD CODE \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ It is the employer’s responsibility to provide the proper PSD Code for each employee. |  |
|  |  |  | This can be found at http://munstatspa.dced.state.pa.us/FindLocalTax.aspx |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | EMPLOYEE #\_\_\_\_\_\_\_\_\_\_ DEPT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEPT #\_\_\_\_\_\_\_\_ | JOB #\_\_\_\_\_\_\_\_\_\_\_ |  |
|  |  | (If applicable) |  |  |  |  |  | (If applicable) |  |  | (If applicable) |  |  | (If applicable) |  |
|  | JOB POSITION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
|  | HOURLY RATE $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_ / hour***or*** |  | SALARY AMOUNT $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ / per pay period |  |
|  |  |  |  |  |  |  |  | (Please provide per pay period amount, **NOT** annual amount) |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | IS OVERTIME CALCULATED AT 1.5 TIMES THE REGULAR RATE ? \_\_\_\_Yes \_\_\_\_No |  |  |  |  |
|  | FEDERAL WITHHOLDING STATUS: (W-4 information) |  |  |  |  |  |  |  |  |
|  | \_\_\_ SINGLE \_\_\_\_ MARRIED | \_\_\_\_ MARRIED But Withhold at Higher Single Rate |  |  |  |  |
|  | # OF EXEMPTIONS\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |
|  | (If ADDITIONAL AMOUNT $\_\_\_\_\_\_\_\_\_ | FLAT AMOUNT $\_\_\_\_\_\_\_\_\_\_ | FLAT %\_\_\_\_\_\_\_\_ ) |  |
|  | HIRE DATE: \_\_\_ \_\_\_/\_\_\_ \_\_\_/ \_\_\_ \_\_\_ \_\_\_ \_\_\_ |  | BIRTH DATE: \_\_\_ \_\_\_/\_\_\_ \_\_\_/ \_\_\_ \_\_\_ \_\_\_ \_\_\_ | Gender \_\_\_\_\_\_\_\_ |  |
|  | Required |  |  |  |  |  | Required |  |  |  |  |  |  |  |  |  |
|  | **LOCAL SERVICES TAX (LST)** : If you are required to pay LST (formerly EMST ) Tax. |  |  |  |  |
|  | Have you filed an up-front exemption certificate with your employer and local municipality? \_\_\_\_Yes | \_\_\_\_No |  |
|  | If “YES”, indicate the reason? | \_\_\_\_\_\_\_\_\_ |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | P – Primary employer is deducting | L – Low earnings (under $ 12,000/year) M – Military Active D – Disabled Military |  |  |  |

**VOLUNTARY DEDUCTIONS** (Deductions other than taxes)

If employee has any garnishment / attachment, please supply copy of the Court Order / Documentation.

|  |  |  |  |
| --- | --- | --- | --- |
| DEDUCTION | AMOUNT | DEDUCTION | AMOUNT |
| NAME | PER PAY PERIOD | NAME | PER PAY PERIOD |
| 1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | 5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |



JetPay Payroll Services | Stabler Corporate Center | 3939 West Drive | Center Valley, PA 18034

610.797.9500 | Fax: 610.797.9520 | 1-800-DO-MY-PAY® (366-9729)

Form W-4 (2016)

**Purpose.** Complete Form W-4 so that your employer

can withhold the correct federal income tax from your

pay. Consider completing a new Form W-4 each year

and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt,complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependenton his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

***Exceptions***. An employee may be able to claimexemption from withholding even if the employee is a dependent, if the employee:

* Is age 65 or older,
* Is blind, or
* Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than $1,000,000.

**Basic instructions.** If you are not exempt, completethe **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim headof household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into accountin figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances** **Worksheet** below. See Pub. 505 for information onconverting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount ofnonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have aworking spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takeseffect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $180,000 (Married).

**Future developments.** Information about any futuredevelopments affecting Form W-4 (such as legislation enacted after we release it) will be posted at *www.irs.gov/w4*.

**Personal Allowances Worksheet** (Keep for your records.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **A** | Enter “1” for **yourself** if no one else can claim you as a dependent . . . . . . . . . | . . . . . . . . . | **A** |  |
|  | Enter “1” if: { | • You are single and have only one job; or | } . . . |  |  |
| **B** | • You are married, have only one job, and your spouse does not work; or | **B** |  |

• Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less.

1. Enter “1” for your **spouse.** But, you may choose to enter “-0-” if you are married and have either a working spouse or more

|  |  |  |
| --- | --- | --- |
|  | than one job. (Entering “-0-” may help you avoid having too little tax withheld.) . . . . . . . . . . . . . . | **C** |
| **D** | Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . . . . | **D** |
| **E** | Enter “1” if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . | **E** |
| **F** | Enter “1” if you have at least $2,000 of **child or dependent care expenses** for which you plan to claim a credit . . . | **F** |
|  | (**Note:** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) |  |

1. **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

• If your total income will be less than $70,000 ($100,000 if married), enter “2” for each eligible child; then **less** “1” if you have two to four eligible children or **less** “2” if you have five or more eligible children.

• If your total income will be between $70,000 and $84,000 ($100,000 and $119,000 if married), enter “1” for each eligible child . . **G**

1. Add lines A through G and enter total here. (**Note:** This may be different from the number of exemptions you claim on your tax return.) ▶ **H**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| For accuracy, | { | • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions** |  |  |
| **and Adjustments Worksheet** on page 2. |  |  |
| **complete all** | • If you are **single and have more than one job** or are **married and you and your spouse both work** and the | combined |  |
| **worksheets** |  |
| earnings from all jobs exceed $50,000 ($20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on | page 2 |  |
| **that apply.** | to avoid having too little tax withheld. |  |  |

* If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

**Separate here and give Form W-4 to your employer. Keep the top part for your records.**



Form W-4

Department of the Treasury Internal Revenue Service

|  |  |  |
| --- | --- | --- |
| Employee's Withholding Allowance Certificate | OMB No. 1545-0074 |  |
| ▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is** | 2016 |  |
|  |  |
| **subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.** |  |  |
|  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **1** | Your first name and middle initial | Last name |  |  |  | **2 Your social security number** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | Home address (number and street or rural route) |  | **3** | Single | Married | Married, but withhold at higher Single rate. |  |
|  |  |  |  |
|  |  |  | **Note:** If married, but legally separated, or spouse is a nonresident alien, check the “Single” box. |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | City or town, state, and ZIP code |  | **4** | **If your last name differs from that shown on your social security card,** |  |
|  |  |  |  |
|  |  |  |  | **check here. You must call 1-800-772-1213 for a replacement card.** ▶ |  |
| **5** | Total number of allowances you are claiming (from line **H** above **or** from the applicable worksheet on page 2) | **5** |  |  |
| **6** | Additional amount, if any, you want withheld from each paycheck | . . . . | . . . . | . . . . . . | **6** | $ |  |

1. I claim exemption from withholding for 2016, and I certify that I meet **both** of the following conditions for exemption.
	* Last year I had a right to a refund of **all** federal income tax withheld because I had **no** tax liability, **and**
	* This year I expect a refund of **all** federal income tax withheld because I expect to have **no** tax liability.

If you meet both conditions, write “Exempt” here . . . . . . . . . . . . . . . ▶ **7**

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

|  |  |  |
| --- | --- | --- |
| **Employee’s signature** |  |  |
| (This form is not valid unless you sign it.) ▶ |  | **Date** ▶ |
|  |  |  |  |
| **8** | Employer’s name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | **9** Office code (optional) | **10** Employer identification number (EIN) |
|  |  |  |
| **For Privacy Act and Paperwork Reduction Act Notice, see page 2.** | Cat. No. 10220Q | Form **W-4** (2016) |

Form W-4 (2016) Page **2**

**Deductions and Adjustments Worksheet**

**Note:** Use this worksheet*only*if you plan to itemize deductions or claim certain credits or adjustments to income.

1. Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over $311,300 |  |  |  |
|  | and you are married filing jointly or are a qualifying widow(er); $285,350 if you are head of household; $259,400 if you are single and |  |  |  |
|  | not head of household or a qualifying widow(er); or $155,650 if you are married filing separately. See Pub. 505 for details . . . | **1** | $ |  |
|  | Enter: { | $12,600 if married filing jointly or qualifying widow(er) | } . . . . . . . . . . . |  |  |  |
| **2** | $9,300 if head of household | **2** | $ |  |
|  | $6,300 if single or married filing separately |  |  |  |
|  |  |  |  |  |  |
| **3** | **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . . . . . . . . . . . . | **3** | $ |  |
| **4** | Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) | **4** | $ |  |

1. **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the*Converting Credits to*

|  |  |  |  |
| --- | --- | --- | --- |
|  | *Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) . . . . . . . . . . . . | **5** | $ |
| **6** | Enter an estimate of your 2016 nonwage income (such as dividends or interest) . . . . . . . . | **6** | $ |
| **7** | **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . . . . . . . . . . . . | **7** | $ |
| **8** | **Divide** the amount on line 7 by $4,050 and enter the result here. Drop any fraction . . . . . . . | **8** |  |
| **9** | Enter the number from the **Personal Allowances Worksheet,** line H, page 1 . . . . . . . . . | **9** |  |

1. **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet,**

|  |  |
| --- | --- |
| also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 | **10** |

**Two-Earners/Multiple Jobs Worksheet** (See*Two earners or multiple jobs*on page 1.)

**Note:** Use this worksheet*only*if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**)
2. Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if

you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than “3” . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .

1. If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . . . . .

**Note:** If line 1 is **less than** line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to

|  |  |  |  |
| --- | --- | --- | --- |
|  | figure the additional withholding amount necessary to avoid a year-end tax bill. |  |  |
| **4** | Enter the number from line 2 of this worksheet . . . . . . . . . . | **4** |  |
| **5** | Enter the number from line 1 of this worksheet . . . . . . . . . . | **5** |  |
| **6** | **Subtract** line 5 from line 4 . . . . . . . . . . . . . . . . . . . . . . . . . |
| **7** | Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . |
| **8** | **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . |

1. Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck

**1**

**2**

**3**

**6**

1. $
2. $
3. $

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  |  |  | **Table 1** |  |  |  |  |  |  |  | **Table 2** |  |  |  |  |
|  | **Married Filing Jointly** |  |  | **All Others** |  | **Married Filing Jointly** |  |  | **All Others** |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | If wages from **LOWEST** | Enter on | If wages from **LOWEST** |  | Enter on | If wages from **HIGHEST** | Enter on | If wages from **HIGHEST** |  | Enter on |
|  | paying job are— | line 2 above | paying job are— |  | line 2 above | paying job are— | line 7 above | paying job are— |  | line 7 above |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | $0 - | $6,000 | 0 | $0 - | $9,000 |  | 0 | $0 - | $75,000 | $610 | $0 - | $38,000 |  | $610 |
|  | 6,001 | - | 14,000 | 1 | 9,001 | - | 17,000 |  | 1 | 75,001 | - | 135,000 | 1,010 | 38,001 | - | 85,000 |  | 1,010 |
|  | 14,001 | - | 25,000 | 2 | 17,001 | - | 26,000 |  | 2 | 135,001 | - | 205,000 | 1,130 | 85,001 | - | 185,000 |  | 1,130 |
|  | 25,001 | - | 27,000 | 3 | 26,001 | - | 34,000 |  | 3 | 205,001 | - | 360,000 | 1,340 | 185,001 | - | 400,000 |  | 1,340 |
|  | 27,001 | - | 35,000 | 4 | 34,001 | - | 44,000 |  | 4 | 360,001 | - | 405,000 | 1,420 | 400,001 and over |  | 1,600 |
|  | 35,001 | - | 44,000 | 5 | 44,001 | - | 75,000 |  | 5 | 405,001 and over | 1,600 |  |  |  |  |  |
|  | 44,001 | - | 55,000 | 6 | 75,001 | - | 85,000 |  | 6 |  |  |  |  |  |  |  |  |  |
|  | 55,001 | - | 65,000 | 7 | 85,001 | - | 110,000 |  | 7 |  |  |  |  |  |  |  |  |  |
|  | 65,001 | - | 75,000 | 8 | 110,001 | - | 125,000 |  | 8 |  |  |  |  |  |  |  |  |  |
|  | 75,001 | - | 80,000 | 9 | 125,001 | - | 140,000 |  | 9 |  |  |  |  |  |  |  |  |  |
|  | 80,001 | - 100,000 | 10 | 140,001 and over |  | 10 |  |  |  |  |  |  |  |  |  |
|  | 100,001 | - | 115,000 | 11 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 115,001 | - | 130,000 | 12 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 130,001 | - | 140,000 | 13 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 140,001 | - | 150,000 | 14 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  | 150,001 and over | 15 |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on thisform 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 who claims no withholding allowances; 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.





**CLGS-32-6 (8-11)**



**RESIDENCY CERTIFICATION FORM**

**Local Earned Income Tax Withholding**



**TO EMPLOYERS/TAXPAYERS:**

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes.

This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.



**EMPLOYEE INFORMATION - RESIDENCE LOCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| NAME (Last Name, First Name, Middle Initial) |  |  | SOCIAL SECURITY NUMBER |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| STREET ADDRESS (**No** PO Box, RD or RR) |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SECOND LINE OF ADDRESS |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| CITY | STATE | ZIP CODE | DAYTIME PHONE NUMBER |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MUNICIPALITY (City, Borough or Township) |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |
| COUNTY | RESIDENT PSD CODE | TOTAL RESIDENT EIT RATE |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |



**EMPLOYER INFORMATION - EMPLOYMENT LOCATION**

|  |  |  |  |
| --- | --- | --- | --- |
|  | EMPLOYER BUSINESS NAME (Use Federal ID Name) | EMPLOYER FEIN |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |

STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (**No** PO Box, RD or RR)

SECOND LINE OF ADDRESS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | CITY | STATE | ZIP CODE |  | PHONE NUMBER |  |
|  |  |  |  |  |  |  |  |
|  | MUNICIPALITY (City, Borough or Township) |  |  |  |  |  |  |
|  |  |  |  |  |  |
|  | COUNTY | WORK LOCATION PSD CODE | WORK LOCATION NON-RESIDENT EIT RATE |  |  |
|  |  |  |  |  |  |  |  |



**CERTIFICATION**



Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying

schedules and statements and to the best of my (our) belief, they are true, correct and complete.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | SIGNATURE OF EMPLOYEE |  | DATE (MM/DD/YYYY) |  |
|  |  |  |  |  |
|  | PHONE NUMBER | EMAIL ADDRESS |  |
|  |  |  |  |  |



**For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:**

**www.newPA.com**

**LOCAL SERVICES TAX – EXEMPTION CERTIFICATE**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Tax Year

**APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX**

* A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax where you are principally employed.
* This application for exemption from the Local Services Tax must be signed and dated.
* **No exemption will be approved until proper documentation has been received.**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Soc Sec #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **REASON FOR EXEMPTION** |  |
| 1. | \_\_\_\_\_\_\_\_\_\_ |  |  |  |  |
| MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal |  |
|  |  | employer that shows the name of the employer, the length of the payroll period and the amount of |  |
|  |  | Local Services Tax withheld. List all employers on the reverse side of this form. **You must notify** |  |
|  |  | **your other employers of a change in principal place of employment within two weeks of the** |  |
|  |  | **change.** |  |
| 2. | \_\_\_\_\_\_\_\_\_\_ | EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES |  |
|  |  | WITHIN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (municipality or school |  |
|  |  | district) WILL BE LESS THAN $\_\_\_\_\_\_\_\_\_\_\_: Attach copies of your last pay statements or |  |
|  |  | your W-2 for the year prior. |  |
|  |  | If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior |  |
|  |  | year. |  |
| 3. | \_\_\_\_\_\_\_\_\_\_ | ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to |  |
|  |  | active duty status. Annual training is not eligible for exemption. You are required to advise the |  |
|  |  | tax office when you are discharged from active duty status. |  |
| 4. | \_\_\_\_\_\_\_\_\_\_ | MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a |  |
|  |  | statement from the United States Veterans Administrator documenting your disability. Only |  |
|  |  | 100% permanent disabilities are recognized for this exemption. |  |

**EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax.**

Tax Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than $12,000 when the levied rate exceeds $10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from $0 to $11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

LST Exemption 10-07

**Employment Information: List all places of employment for the applicable tax year. Please list your PRIMARY EMPLOYER under #1 below and your secondary employers under the other columns. If self employed, write SELF under Employer Name column.**

|  |  |
| --- | --- |
| **1. PRIMARY EMPLOYER 2.** | **3.** |

**Employer Name**

**Address**

**Address 2**

**City, State Zip**

**Municipality**

**Phone**

**Start Date**

**End Date**

**Status (FT or PT)**

**Gross Earnings**

**4.** **5.** **6.**

**Employer Name**

**Address**

**Address 2**

**City, State Zip**

**Municipality**

**Phone**

**Start Date**

**End Date**

**Status (FT or PT)**

**Gross Earnings**

**PLEASE NOTE:**

**All information received by the Tax Collector is considered to be CONFIDENTIAL and is only used for official purposes relating to the collection, administration and enforcement of the LOCAL SERVICES TAX.**

**I DECLARE UNDER PENALTY OF LAW THAT THE INFORMATION STATED ON AND ATTACHED TO THIS FORM IS TRUE AND CORRECT:**

**SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

LST Exemption 10-07

**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

**[ACH CREDITS & DEBITS]**

Check one: **□** New Payroll Deposit **□** Change Deposit Information **□** Revoke Authorization



I hereby authorize my employer, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (the “COMPANY”), to initiate credit entries to my account(s) indicated below, and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account(s). I authorize COMPANY to debit such account(s) in the event of a credit that should not have been made for an amount not to exceed the original amount of the erroneous credit.

NOTE: New direct deposit set ups and bank changes are normally put through *PRE-NOTE*.

Direct deposit will not be live until after pre-note is processed and the set up is approved.

EMPLOYER / COMPANY NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COMPANY #\_\_\_\_\_\_\_\_\_

EMPLOYEE NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SSN \_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_

(Please Print)

|  |  |
| --- | --- |
| **\*I want to use MAC for direct deposit** (choose one) **□ MAC One** | **□ MAC Choice** |
| *See page 2 for additional information.* |  |  |  |
| **For deposits to MAC**: Transit Routing 026014 928 | Depository bank: | Metropolitan Bank |

**I want to use a checking or savings account for direct deposit**. For deposits to a checking orsavings account, please provide bank information below. A separate form is required for each bank. **Attach** **a voided check for each checking account.**

Bank / Depository Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Branch\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_

Bank Transit Routing / ABA Number \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ \_\_\_ (Required)

**Entire Net Pay** (net pay after deductions and other split pay) - I wish to deposit my entire net pay to my:

□ MAC Card □ Checking Account □ Savings Account

**Account Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Payroll split**. I wish deposit a portion of my pay to one of the following accounts (pick one)

□ MAC Card □ Checking Account □ Savings Account

Indicate amount or % :

$\_\_\_\_\_\_\_\_\_\_\_ amount

or \_\_\_\_\_\_\_\_\_\_\_\_% of gross pay

**Account Number** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**The funds credited to my U. S. bank account, via ACH direct deposit, will not be forwarded in their entirety to an account outside of the territorial jurisdiction of the United States. *Separate form required* if all payroll funds are credited or forwarded to any foreign bank.**

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE EMPLOYEE**

NOTE: ALL WRITTEN DEBIT AND CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE EMPLOYEE MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. THE COMPANY SHALL RETAIN THIS AUTHORIZATION OR A COPY THEREOF FOR A **PERIOD OF TWO (2) YEARS AFTER** TERMINATION OR REVOCATION OF SUCH AUTHORIZATION.

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* Parents – sign up yourself and your young adult age 16 and up



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2

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