SECTION 1- EMPLOYEE INFORMATION

Worksite Employer: _____

Full Employee Name: _____ Gender: ☐ Male ☐ Female

Date of Birth ___/___/___ SSN# _____ Telephone # _____

Mailing Address: _____

City State Zip Code

E-mail Address: _____

Emergency Contact Name: _____

Relationship: _____ Telephone # _____

SECTION 2 – EMPLOYEE PAY SETUP-TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR / MANAGER

Pay Rate: _____ Job Title: _____ Work State: _____

Supervisor: _____ Work Location/Department: _____

Workers' Comp Code: _____ Drug Test Control #: _____

Check one in each category:

PAY PERIOD:

☐ Weekly ☐ Semi-monthly
☐ Bi-weekly ☐ Monthly

CLASSIFICATION:

☐ Hourly ☐ Commission
☐ Salaried with O/T
☐ Salaried Only

STATUS:

☐ Full time (30hrs/wk)
☐ Part time _____ hrs
☐ Temporary
☐ Seasonal

Check all that apply:

☐ Owner ☐ Officer ☐ Key Employee ☐ Highly Compensated

Any garnishment orders, including child support?
☐ Yes ☐ No *If yes, please provide document copies.*

Worksite Employer Hire Date: _____

Kymberly Group Payroll Solutions, Inc. Hire Date: _____

PLEASE MAKE CERTAIN THAT YOU RECEIVE A WORKSITE EMPLOYEE HANDBOOK. ANY QUESTIONS SHOULD BE DIRECTED TO CUSTOMER SERVICE AT (407) 228-6428.

SECTION 3- WORKSITE EMPLOYEE AGREEMENT

In consideration of any offer of employment by Kymberly Group Payroll Solutions, Inc. ("KGPS"), I hereby acknowledge, understand and agree that the following constitute terms and conditions of my employment:

1. **Co-Employment:** KGPS has entered into a co-employment agreement with my Worksite Employer. I will be an employee of both KGPS and my worksite employer. My worksite employer is responsible for hiring, determining my compensation, supervising, scheduling the work to be performed, assessing my performance, handling any disciplinary issues up to and including termination of employment and reporting hours worked to KGPS. KGPS is responsible for administrative tasks such as issuing payroll checks, withholding taxes and administering benefits and workers' compensation claims.

2. **Handbook:** I hereby acknowledge receipt of the KGPS Employee Handbook ("Handbook") and agree to be bound by its terms. I understand that the Handbook does not establish a contract of employment. I further understand that the Handbook can be changed at any time, including its provisions regarding wages, hours, benefits, and terms and conditions of employment. The Handbook does not constitute a guarantee of present or future employment policies.

3. **At Will Empowerment:** I am an at-will employee of both my Worksite Employer and KGPS. This agreement does not constitute a contract of employment nor is my employment for a specific period of time. This means that either KGPS or I may terminate my employment at any time, for any reason or no reason, with or without prior notification according to the statutes of at-will employment. I further understand that there are no representations, warranties, terms, covenants or conditions made by KGPS other than those contained in this Agreement. I understand that neither KGPS nor my Worksite Employer has the authority to change my at-will employment status.

4. **Introductory Period:** I understand that there is a ninety (90) day introductory period. I understand that if I am terminated for unsatisfactory work performance, KGPS will not have its account charged for the full amount of unemployment benefits.

5. **Wage Claim Assignment:** By signing this agreement, I assign to KGPS my right to assert a priority wage claim against my Worksite Employer under 11 U.S.C. 507 (a)(3) in the event that a Bankruptcy Petition is filed under title 11 of the United States Code or by or on behalf of my Worksite Employer.

6. **Benefits:** In the event that my Worksite Employer has a policy providing paid leave benefits such as vacation, sick leave, paid time off or severance pay, my Worksite Employer is solely responsible for paying me any accrued benefits under such policies during employment and at the time of termination.

7. **Termination of Employment:** I Understand that I must contact KGPS Processing Center if my employment at my current worksite is involuntarily ended. I understand that no one at my current worksite has the right to speak to KGPS, as to whether or not I may continue employment with KGPS beyond any involuntary termination from my current worksite location. I further realize that my failure to contact KGPS within two (2) business days of my involuntary termination from my current worksite will be considered as voluntary resignation of my employment with KGPS without regard why my employment ceased at my worksite location. Such voluntary termination may disqualify me from collecting unemployment benefits.

8. **Discrimination and Harassment:** KGPS is a zero-tolerance employer for discrimination or harassment in the workplace. In the event that I am subjected to any type of discrimination, including discrimination based on my race, color, religion, national origin, age, sex, marital status, disability or any other protected class, or subjected to any type of harassment, including sexual harassment, I will immediately notify my worksite supervisor, if possible. Otherwise, I will contact the KGPS Director of Human Resources at (407)228-6428.

9. **Binding Arbitration and Choice of Law:** KGPS and I agree to arbitrate and resolve any and all disputes arising out of my employment by my Worksite Employer and KGPS, through binding arbitration administered by the American Arbitration Association ("AAA") under its Employment Alternate Dispute Resolution rules rather than through litigation. Accordingly, I agree to not bring any claim or suit against KGPS or my Worksite Employer, their supervisors, managers, employers or other agents. I understand that by signing this agreement, I waive my right to trial by jury. Discovery may be initiated by any party for a period of sixty (60) days following the filing of a claim for arbitration. Any award of the AAA may be entered in any Court of appropriate jurisdiction. This agreement to arbitrate does not prohibit me from filing any claim or charge with any state or federal agency that would otherwise take my claim or charge. The laws of the State of Florida shall govern the arbitration and be used to interpret and construe this agreement.

10. **Workers' Compensation:** In recognition of the fact that any work-related injuries which I may sustain are covered by the state workers' compensation laws, and to avoid the circumvention of such laws which may result from suits against my Worksite Employer based on the same injury or injured, and to the extent provided by law, I hereby waive and forever release any rights that I may have to make claims or brings suit against my Worksite Employer and/or KGPS for damages based upon injuries which are covered under such workers' compensation laws. I understand that for purposes of workers' compensation, I am an employee of both KGPS and my Worksite Employer. In the event of injury, I understand that my sole remedy lies in coverage under KGPS's workers' compensation policy.

11. **Injuries:** In the event that I am injured on the job, I will immediately notify KGPS Risk Management Department at (407)228-6428 and my Worksite Employer. I understand that workers' compensation claims may be under managed care, which means that I must seek treatment only as directed by KGPS or the insurance company case manager. I further understand that any unauthorized treatment for an alleged injury will not be reimbursed under any conditions unless the alleged injuries are life threatening.

12. **Drug Testing:** As a condition of employment, I agree to submit to a drug and alcohol test in conjunction with any reported on-the-job injury within twenty-four (24) hours and understand that failure to do so will automatically result in the denial of benefits or payments for the injury. I further understand and agree that I will submit to a drug and alcohol test if I cause or contribute to an on-the-job injury, which results in the injury to others or me. I also understand that my refusal to subject to a drug and alcohol test under these stated conditions may result in my immediate termination.

13. **Summarization of Agreement:** This agreement, along with the Handbook, constitutes the entire understanding between KGPS and me. I understand that neither my Worksite Employer nor KGPS has the authority to modify the terms of this Agreement. If one or more of the provisions of this Agreement are determined to be invalid, illegal or unenforceable, the validity and enforceability of the remaining provisions of this Agreement shall not be in any way affected, impaired or prejudiced.

Print Name: _____ Signature: _____

Date: _____

SECTION 4- WORKERS' COMPENSATION QUESTIONNAIRE

THIS QUESTIONNAIRE SHOULD NOT BE ANSWERED UNLESS THE APPLICANT HAS ACCEPTED A CONDITIONAL OFFER OF EMPLOYMENT AND HAS NOT COMMENCED EMPLOYMENT.

1. Have you ever had a job-related injury?
   - ☐ No (If no, go to question #2)
   - ☐ Yes (if yes, please list all job-related injuries below or attach a separate piece of paper)

Part of body affected:_____ Related to work: ☐ No ☐ Yes

Date of Injury:_____ Status of Claim: ☐ Open ☐ Closed Job Restrictions: ☐ No ☐ Yes

List Restrictions:_____

2. **Have you ever had or been treated for any of the following conditionsor diseases:**

	YES	NO
1. Repetitive Stress Trauma:_____	☐	☐
2. Back or neck problems or injury:_____	☐	☐
3. Head injury:_____	☐	☐
4. Knee injury: _____	☐	☐
5. Diabetes:_____	☐	☐
6. Alcoholism:_____	☐	☐
7. Drug Addiction:_____	☐	☐
8. Major illness in past (5) years:_____	☐	☐

SECTION 5- EEO INFORMATION

COMPLETED BT EITHER THE EMPLOYEE VOLUNTAIRILY OR BY EMPLOYER OBSERVATION

Kymberly Group Payroll Solutions, Inc. ("KGPS") and your Worksite Employer are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights law and regulations. In order to comply with these laws, KGPS invites employees to voluntarily self-identify their race and ethnicity by completing this Data Record.

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 any specific individual.

Again, this information has no impact on any employment decision and is to be completed only ***after*** an offer of employment has been accepted. This information will be kept confidential and is used for no purpose other than EEO reporting.

Employee Name:_____

DATE OF BIRTH: Month_____Day_____Year_____ Gender: ☐ Male ☐ Female

PLEASE CHECK THE APPLICABLE BOX BELOW

- ☐ White
- ☐ Black of African American
- ☐ Hispanic or Latino
- ☐ American Indian / Alaskan Native
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ Two or more races

Form **W-4**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2021

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) ☐ **Single or Married filing separately**
☐ **Married filing jointly or Qualifying widow(er)**
☐ **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: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* 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 2021 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: Sign Here

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

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

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

EMPLOYMENT ACKNOWLEDGEMENT AGREEMENT

I hereby acknowledge that I have received this company's Drug Free Workplace Handbook, which includes the company Drug Free Workplace policy, employee assistance information, a listing of drugs being tested for, common over-the-counter medications which may alter a drug test and educational material on substance abuse. I have also been given the opportunity to voluntarily complete a Medication Disclosure Form.

I freely and voluntarily agree and realize that as part of my employment, I may be subjected to future drug and/or alcohol screens for post-accident, reasonable suspicion, job placement, routine fitness-for-duty, return to work, follow-up, and/or random testing at the company's discretion. I understand that a refusal to submit a blood, urinalysis, hair and/or breath test will result in immediate termination from employment. I understand that a tampered or an adulterated drug and/or alcohol specimen will be considered a refusal to test, resulting in immediate termination. I understand that a confirmed positive drug and/or alcohol test will result in immediate termination of employment, but if I am able to successfully complete substance abuse treatment at my expense, and if my job is still available, I may be given one chance to be rehired, upon a negative return to work drug and/or alcohol test. I understand that I will be subject to the company rehabilitation agreement and I will undergo random follow-up drug and/or alcohol tests for a period of 2 years. I understand that a confirmed positive drug and/or alcohol follow up test or any violation of the rehabilitation agreement will result in termination of employment. I understand that this company reserves the right not to offer employment to a former employee who was terminated in violation of this policy, even if a job is available.

I agree to voluntarily submit to a blood, urinalysis, hair and/or breath test for drug and alcohol use as part of my ongoing employment, and I release my employer from any liability resulting from my participation in such a screening. I understand that if I am injured during the course and scope of my employment and I test positive for the presence of alcohol and/or drugs, I may forfeit my eligibility for medical and indemnity benefits under Florida's workers' compensation law (Florida Statutes 440.101, 440.102). I also understand that a refusal to test under this circumstance will automatically result in forfeiture of my eligibility for medical and indemnity benefits and immediate termination from employment. I understand that a confirmed positive drug and/or alcohol test, a tampered with or an adulterated specimen or a refusal to test may result in forfeiture of unemployment benefits under Florida law.

I hereby give my consent to release the results of my blood, urinalysis, hair and/or breath test to the person(s) or department(s) or the specified agent of my employer, including my employer's Workers' Compensation Insurance Company, for the purpose of determining the presence of alcohol and/or other drugs in my body for the duration of my employment. By signing this form, I hereby release to the Company and/or Company's Medical Review Officer the results of the test(s) to which I have consented. I further authorize the Company to discuss the results with medical personnel/physician collecting the specimen, the testing facility, its directors, officers, agents, and employees responsible for administrating the aforementioned test(s) or evaluating the results thereof and any of them herein. I also authorize the Company to discuss the results with its legal advisors and to use the test results as defense to any legal action to which I am party. I further release any testing facility or any physicians who have tested me from any liability arising from a release of any and all results, written reports, medical records, and data concerning my test(s) to the appropriate Employer officials. I agree to have the results released to the Company and/or the Company's Medical Review Officer.

I also understand that the Drug-Free Workplace policy and related documents are not intended to constitute a contract between this employer and myself. As an employee, I understand and agree to abide by this company's Drug Free Workplace policy, under Florida statute 440.101 and 440.102, and have received a written 60-day notification of this program, if applicable.

_____ / _____ / _____

Employee Signature Print Name Date

As a job applicant, I freely and voluntarily agree to a hair or urinalysis drug screen as part of my application for employment and I understand that a refusal to test, a positive confirmed drug test or a tampered with or an adulterated specimen will disqualify me from employment, even if I have started work pending the results of the drug test. I understand I am still completing the application process and will not officially be an employee until the company receives a negative pre-employment drug test result. If I am employed by this company, I understand and agree to abide by this company's Drug Free Workplace policy, under Florida statute 440.101 and 440.102, as stated above.

_____ / _____ / _____

Employee Signature Print Name Date

kymberlygroup
Payroll Solutions

DIRECT DEPOSIT AUTHORIZATION AND CHANGE REQUEST

Employee Name: _____ **Social Security #:** _____

I hereby authorize Kymberly Group Payroll Solutions, Inc. to initiate credit and/or debit entries (if necessary) and adjustments for any credit entries in error to my account. **Deposit entries are to be made to the following checking accounts, savings accounts, or Rapid! PayCard accounts:**

Depository Account #1

Bank Name: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Routing/Transit Number: _____ **Account Number:** _____

Type of Account (select one): ☐Checking ☐Savings Select One: ☐Activate New Direct Deposit ☐Cancel Existing Direct Deposit

Amount of Paycheck: _____ or **Percentage of Paycheck:** _____

Depository Account #2

Bank Name: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Routing/Transit Number: _____ Account Number: _____

Type of Account (select one): ☐Checking ☐Savings ☐Activate New Direct Deposit ☐Cancel Existing Direct Deposit

Amount of Paycheck: _____ or Percentage of Paycheck: _____

Please attached a VOIDED CHECK if depositing to a checking account and/or a VOIDED DEPOSIT TICKET if depositing to a savings account.

☐I wish to request a Rapid! PayCard Visa Payroll Card to use for automatic direct deposit of my paycheck.

☐I do not wish to participate in automatic direct deposit. I wish to receive a live check with each payroll.

This authority is to remain in full force and effect until Kymberly Group Payroll Solutions, Inc. has received written notification from me of its termination within a reasonable time and manner to allow Kymberly Group Payroll Solutions, Inc. to act upon said request. There will be approximately one pay cycle of pre-noting until direct deposit is established. ALL FINAL PAYCHECKS WILL BE ISSUED AS LIVE PHYSICAL CHECKS, NOT DIRECT DEPOSIT.

_____ _____

Employee Signature Date

Form **W-4**

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2022

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) ☐ **Single** or **Married filing separately**
☐ **Married filing jointly** or **Qualifying widow(er)**
☐ **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: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at *www.irs.gov/W4App* 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: Sign Here

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

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

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

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 . . . . . 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 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 . . . . . 1 $ _____

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

. . . . . 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. 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	20,380	21,680	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