

NEW HIRE REPORTING FORM

Employer's Name: _____

Contact Person: **Kenneth N. Shirk or Susan E. Shirk**

Contact Phone: **717 865-2530**
FAX 717 865-5441
eMail payroll@tagsandtax.com

Employee Name _____

Date of Birth / /

Date Hired / /

Subject to LST Tax **NO** **YES** *If NO is checked, a signed exemption certificate MUST be attached. Failure to attach the exemption certificate will result in LST tax being withheld from paycheck. Subsequent refund of this tax, if necessary, will incur a \$3 processing fee. No refunds after close of quarter.*

MUNICIPALITY of Residence (City, Boro or Township) _____

PERSONAL ALLOWANCES WORKSHEET – (We suggest you keep a photocopy of this form for your records)

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____
- B Enter "1" if: {
 - You are single and have only one job; or
 - You are married, have only one job, and your spouse does not work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.} **B** _____
- C 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 \$1,900 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.)
- G **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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have six or more eligible children **G** _____
- H 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, **complete all worksheets that apply.** {
 - 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.
 - If you have **more than one job or are married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 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.}

----- Cut 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. 1545-2159

2011

▶ **Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.**

1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>
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. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2011, 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)