



EMPLOYEE MASTER FILE CHANGE OR ADDITION WORKSHEET 2010

Company Name				Client ID Number			
New Employee		W-4 Marital Status/Exemptions			Division		
Name/Address Change		Salary/Rate Change			Department		
Termination/Inactive		Deduction/Addition Change			Employee Number		
Employee First Name			M.I.	Last Name			
Street Address						Apt #	
City				State		Zip Code	
Social	Security	Number	Enter	One	Number	Per	Box for Accuracy
Hire Date			Birth Date			Termination Date	
Pay Period				Other Income			
Per Pay Period Salary				Hourly Rate 2			
Hourly Rate 1				Hourly Rate 3			
Deduction Type		Frequency			Amount		
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Form W-4	Employee's Withholding Allowance Certificate	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service	▶ 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.	2010
1 Type or print your first name and middle initial		2 Your Social Security Number
Last Name		
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 new card. <input type="checkbox"/>
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 \$
7 I claim exemption from withholding for 2007, and I certify that I meet both of the 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 <small>(Form is not valid unless you sign it.) ▶</small>		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)

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