



employer solutions staffing group

Leveraging Resources in a Changing Market

Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card.

If you do not provide a written election, wages will be paid by Payroll Debit Card.

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| SECTION 1 BASIC INFORMATION | | | |
| Employee Name | Kelvin Coleman | | SSN# (last 4 digits) 5881 |
| | | | Effective Date 12/21/15 |
| SECTION 2 PAYROLL ELECTION | | | |
| <input type="checkbox"/> Direct Deposit (Please complete Sections 3 and 5 below) | | | |
| <input checked="" type="checkbox"/> Payroll Debit Card (Please complete Sections 4 and 5 below) | | | |
| SECTION 3 DIRECT DEPOSIT | | | |
| ACCOUNT | <input type="checkbox"/> Update Bank Account | | |
| | Bank Name: | | |
| | Routing# | | |
| | Account# | | |
| | Account Type: | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| | | | <p>I understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs incurred if the account number that I provide is incorrect.</p> <p>Initial _____ Date _____</p> |
| <ul style="list-style-type: none"> To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work) If you change banks, do not close your old bank account until your direct deposit has started at the new bank, which may take 2 pay periods. | | | |
| SECTION 4 PAYROLL DEBIT CARD (GLOBAL CASH CARD) | | | |
| <p>Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity.</p> <p>Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.</p> | | | |
| CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued) | | | |
| First Name | M.I. | Last Name | Date of Birth |
| Kelvin | | Coleman | 12-27-1960 |
| Street Address (PO BOX NOT ACCEPTABLE) | | | Social Security# |
| 305 2nd Ave South | | | 329-52-5881 |
| City | State | Zip | Cell Phone (mobile) |
| Sauk Rapids | MN | 56379 | 320-330-3459 |
| GET TEXT ALERTS, when your paycheck is deposited on your card! | | | |
| All we need to know your cell phone service provider and mobile number above! | | | <input checked="" type="checkbox"/> Yes, sign me up, for text alerts My mobile service provider is: metro |
| RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card) | | | |
| Payroll Debit Card Routing # | Payroll Debit Card Account # | | |
| 073972181 | 48534001 5950 6270 | | |
| <p>I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.</p> | | | |
| Employee's Signature: <u>Kelvin Coleman</u> | | | Date: <u>12/21/15</u> |
| SECTION 5 AUTHORIZATION | | | |
| <p>I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s). * E-mail is required for pay stub information.</p> | | | |
| *E-mail: <u>Kelvincolemand@yahoo.com</u> | | | |
| this information will only be used to send your paystubs electronically | | | |
| Employee's Signature: <u>Kelvin Coleman</u> | | | Date: <u>12/21/15</u> |

Form W-4 (2015)

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 2015 expires February 18, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on 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 claim exemption 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, complete the **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 head of 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 account in 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 on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage 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 a working 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 1352, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 506, especially if your earnings exceed \$180,000 (Single) or \$100,000 (Married).

Future developments. Information about any future developments 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 _____ |
| B | Enter "1" if: <ul style="list-style-type: none"> • 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 \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 603, Child and Dependent Care Expenses, for details.) | F _____ |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$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 \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child | 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 _____ | 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

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 2015 |
| <input type="checkbox"/> 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. | | |
| Your first name and middle initial Kelvin | | Last name Coleman |
| Home address (number and street or rural route) 305 2nd Ave South | | Your social security number 329-52-5881 |
| City or town, state, and ZIP code Sauk Rapids, MN 56379 | | <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. (Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.) |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 4 | | 6 Additional amount, if any, you want withheld from each paycheck |
| <input checked="" type="checkbox"/> I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. | | 7 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"/> |
| • 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.) Kelvin Coleman | | Date 12/21/15 |
| 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) | | |