

# Form W-4 (2017)

**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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't 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 1392, 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 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (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](http://www.irs.gov/w4).

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

|          |   |          |       |
|----------|---|----------|-------|
| <b>A</b> | Enter "1" for yourself if no one else can claim you as a dependent . . . . .  | <b>A</b> | _____ |
| <b>B</b> | Enter "1" if:<br>{ • You're single and have only one job; or<br>• You're married, have only one job, and your spouse doesn't work; or<br>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .  | <b>B</b> | _____ |
| <b>C</b> | 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.) . . . . .   | <b>C</b> | _____ |
| <b>D</b> | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> | _____ |
| <b>E</b> | Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .  | <b>E</b> | _____ |
| <b>F</b> | 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. 503, Child and Dependent Care Expenses, for details.) . . . . .  | <b>F</b> | _____ |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• 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.<br>• 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. . . . .   | <b>G</b> | _____ |
| <b>H</b> | 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.) ▶ <b>H</b>  | <b>H</b> | _____ |
|          | For accuracy, complete all worksheets that apply.<br>{ • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.<br>• 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 <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.<br>• 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 <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service  |  | <b>Employee's Withholding Allowance Certificate</b> |                          | OMB No. 1545-0074<br><b>2017</b>  |   |
| ▶ 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 Your first name and middle initial<br><b>Nura</b>  |  | Last name<br><b>Rashid</b>                          |                          | 2 Your social security number<br><b>880-40-7833</b>   |   |
| Home address (number and street or rural route)<br><b>390 Park Meadow Dr #204</b>  |  |   |                          | 3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |   |
| City or town, state, and ZIP code<br><b>St Cloud MN 56387</b>  |  |   |                          | 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)   |  |   |                          | 5 <b>2</b>  |   |
| 6 Additional amount, if any, you want withheld from each paycheck  |  |   |                          | 6 \$  |   |
| 7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption.<br>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and<br>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.<br>If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b> |  |   |                          |   |   |
| 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<br>(This form is not valid unless you sign it.) <b>[Signature]</b>  |  |   |                          | Date ▶ <b>5-24-17</b>   |   |
| 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) |

**Wage Payment Method Authorization (Minnesota)**

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 paper Check.

| SECTION 1 BASIC INFORMATION  |  |  |                      |
|--|--|--|----------------------|
| Employee Name <b>Nura A. Rashid</b>  | SSN# (last 4 digits)   | Effective Date <b>5-29-17</b>  |                      |
| SECTION 2 PAYROLL ELECTION   |  |  |                      |
| <input checked="" type="checkbox"/> <b>Direct Deposit</b> (Please complete Sections 3 and 5 below) <span style="float: right; font-size: small;">Note: Direct Deposit accounts may take up to 7 days to be activated</span>  |  |  |                      |
| <input type="checkbox"/> <b>Payroll Debit Card</b> (Please complete Sections 4 and 5 below)  |  | <input type="checkbox"/> <b>Paper Check</b> (Please complete Section 5 below)  |                      |
| SECTION 3 DIRECT DEPOSIT   |  |  |                      |
| A<br>C<br>C<br>O<br>U<br>N<br>T  | <input type="checkbox"/> Update Bank Account   |  |                      |
|  | Bank Name: <b>Wells Fargo</b>  | <b>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.</b><br><br>Initial _____ Date _____ |                      |
|  | Routing# <b>111900659</b>  |  |                      |
|  | Account# <b>5525529763</b>   |  |                      |
|  | Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____ |  |                      |
| <ul style="list-style-type: none"> <li>• To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)</li> <li>• 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.</li> </ul>   |  |  |                      |
| 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        |
| Street Address (PO BOX NOT ACCEPTABLE)   |  |  | Social Security#     |
| City   | State  | Zip  | Cell Phone (mobile)  |
| RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)   |  |  |                      |
| Payroll Debit Card Routing #<br><b>073972181</b>   | Payroll Debit Card Account # _____   |  |                      |
| <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: _____  |  |  | Date: _____          |
| 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). <b>* E-mail is required for pay stub information.</b></p>  |  |  |                      |
| <p><b>*E-mail:</b> _____ @ _____<br/>         this information will only be used to send your paystubs electronically</p>  |  |  |                      |
| Employee's Signature: <b>X</b> _____   |  |  | Date: <b>5-24-17</b> |

# Direct Deposit / Automatic Payment Information Form



The fastest, most convenient way to manage your everyday financial transactions - and it's free!

## Benefits To You

**Convenient** - Your money is deposited automatically for you, even when you are ill, on vacation or too busy to get to the bank. Your check is deposited electronically into your Wells Fargo account.

**Fast** - You have immediate access to your money on the day of deposit.

**Safe** - Never worry about checks getting lost, delayed or stolen.

**Automatic saving** - Watch your account grow when you have at least part of your pay directed to your account.

**Automatic Payment\*\*** You can also use your routing number (RTN) and account number to setup automatic payments for recurring bills from your account.

## Three Easy Steps to Set up Your Direct Deposits or Automatic Payments

### Step 1. Use Account Information Provided Below

You must provide your information about the account where the money will be deposited or withdrawn.

Customer Name:

NURA A RASHID

Routing Number (RTN):

111900659

Account Number:

5525529763

Account Type:

CHECKING

### Step 2. Contact Your Employer or Payor

Contact your employer or payor directly to see if they offer direct deposit service. Where direct deposit is available, provide your account information. Your payor may need you to complete a form and provide a voided check or Command check to process your request.

### Step 3. Monitor Your Account

For Direct Deposit, it can take one to two months for a payor to process your request and to begin receiving electronic deposits.

**Questions?** Wells Fargo Phone Bank<sup>SM</sup> is available 24/7 at 1-800-TO-WELLS (1-800-869-3557)

# Customer Copy