Form W-4 (2019)

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

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at **www.irs.gov/W4App** to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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 Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

------- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. **Employee's Withholding Allowance Certificate** OMB No. 1545-0074 ▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is Department of the Treasury subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS. Internal Revenue Service Your first name and middle initial 2 Your social security number Home address (number and street or rural route) Married Married, but withhold at higher Single rate. 3 Single Note: If married filing separately, check "Married, but withhold at higher Single rate." 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 800-772-1213 for a replacement card. Total number of allowances you're claiming (from the applicable worksheet on the following pages) 5 Additional amount, if any, you want withheld from each paycheck 6 7 I claim exemption from withholding for 2019, 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. 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 boxes 8 and 10 if sending to IRS and complete 10 Employer identification 9 First date of

number (EIN)

boxes 8, 9, and 10 if sending to State Directory of New Hires.)

employment

Form W-4 (2019) Page **2**

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter "-0-" on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Form W-4 (2019) Page **3**

		Personal Allowances Worksheet (Keep for your records.)					
Α	Enter "1" for you			Α			
В	•	vill file as married filing jointly		В			
С		vill file as head of household		c			
_	You're single, or married filing separately, and have only one job; or						
D	Enter "1" if: { •	You're married filing jointly, have only one job, and your spouse doesn't work; or Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less	Ì	D			
Е		Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less . See Pub. 972, Child Tax Credit, for more information.	. ,				
_		ome will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child	1				
	 If your total income will be less than \$71,201 (\$103,351 if married filling jointly), enter 4 for each eligible child. If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filling jointly), enter "2" for each eligible child. 						
	• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.						
	• If your total inc	ome will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-"		E			
F		dependents. See Pub. 972, Child Tax Credit, for more information.					
	· ·	ome will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible depe					
		ome will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you).					
		ome will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-"		F			
G		f you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that w Norksheet 1-6, enter "-0-" on lines E and F					
Н	Add lines A throu	ugh G and enter the total here	•	н			
	For accuracy, complete all worksheets that apply.	 If you plan to itemize or claim adjustments to income and want to reduce your withholding, or have a large amount of nonwage income not subject to withholding and want to increase your with see the Deductions, Adjustments, and Additional Income Worksheet below. If you have more than one job at a time or are married filing jointly and you and your spouse work, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), s Two-Earners/Multiple Jobs Worksheet on page 4 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 or W-4 above. 	hholding, e both ee the				
		Deductions, Adjustments, and Additional Income Worksheet					
Note		eet <i>only</i> if you plan to itemize deductions, claim certain adjustments to income, or have a large ect to withholding.	amount c	of nonwage			
1	charitable contri	te of your 2019 itemized deductions. These include qualifying home mortgage interest, butions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of e Pub. 505 for details	1 \$				
		100 if you're married filing jointly or qualifying widow(er)					
2		350 if you're head of household	2 \$				
•		200 if you're single or married filing separately	o •				
3 4		rom line 1. If zero or less, enter "-0-"	3 \$				
7		ard deduction for age or blindness (see Pub. 505 for information about these items)	4 \$				
5		4 and enter the total	5 \$				
6		e of your 2019 nonwage income not subject to withholding (such as dividends or interest).	6 \$				
7		rom line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7 \$				
8	Divide the amount of the Drop any fraction	nt on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses.	8				
9	Enter the numbe	r from the Personal Allowances Worksheet, line H, above	9				
10	Multiple Jobs W	9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/ /orksheet, also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here	10				
	and enter this to	tal on Form W-4, line 5, page 1	10				

Form W-4 (2019) Page **4**

Two-Earners/Multiple Jobs Worksheet							
Note:	Note: Use this worksheet only if the instructions under line H from the Personal Allowances Worksheet direct you here.						
	Enter the number from the Personal Allowances Worksheet , line H, page 3 (or, if you used the Deductions, Adjustments, and Additional Income Worksheet on page 3, the number from line 10 of that worksheet)	1					
	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3"	2					
	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3					
	Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.						
5	Enter the number from line 2 of this worksheet	6					
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$				
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$				
	Divide line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$				
	Table 4						

l able i				lable 2					
Married Filing Jointly		All Others		Married Filing .	Jointly	All Others			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—			Enter on line 7 above		
\$0 - \$5,000 5,001 - 9,500 9,501 - 19,500 19,501 - 35,000 35,001 - 40,000 40,001 - 46,000 46,001 - 55,000 55,001 - 60,000 70,001 - 75,000 75,001 - 85,000 85,001 - 95,000 95,001 - 125,000 125,001 - 165,000 155,001 - 165,000 155,001 - 175,000 175,001 - 180,000 175,001 - 180,000 175,001 - 180,000 195,001 - 195,000 195,001 - 195,000 195,001 - 205,000 195,001 - 205,000 195,001 - 205,000	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18	\$0 - \$7,000 7,001 - 13,000 13,001 - 27,500 27,501 - 32,000 32,001 - 40,000 40,001 - 60,000 60,001 - 75,000 75,001 - 85,000 85,001 - 100,000 100,001 - 110,000 110,001 - 115,000 125,001 - 135,000 135,001 - 145,000 145,001 - 145,000 145,001 - 180,000 140,001 - 180,000 180,001 and over	0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17	\$0 - \$24,900 24,901 - 84,450 84,451 - 173,900 173,901 - 326,950 326,951 - 413,700 413,701 - 617,850 617,851 and over	\$420 500 910 1,000 1,330 1,450 1,540	\$0 - \$7,200 7,201 - 36,975 36,976 - 81,700 81,701 - 158,225 158,226 - 201,600 201,601 - 507,800 507,801 and over	\$420 500 910 1,000 1,330 1,450 1,540		

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 who claims no withholding allowances; 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 aren't required to provide the information requested on a form that's 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.

Form G-4 (Rev. 7/14)



	'S WITHHOLDING ALLOWANCE CERTIFICATE						
1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER						
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE						
PLEASE READ INSTRUCTIONS ON RE	EVERSE SIDE BEFORE COMPLETING LINES 3 - 8						
MARITAL STATUS(If you do not wish to claim an allowance, enter "0" in the brack	kota basida yayır marital atatua \						
A. Single: Enter 0 or 1	4. DEPENDENT ALLOWANCES []						
B. Married Filing Joint, both spouses working:	countries the interest the red interest interest in the countries of the c						
Enter 0 or 1	5. ADDITIONAL ALLOWANCES []						
Enter 0 or 1 or 2	5. ADDITIONAL ALLOWANCES [] (worksheet below must be completed)						
D. Married Filing Separate:							
Enter 0 or 1	C ADDITIONAL WITHHOLDING						
Enter 0 or 1	6. ADDITIONAL WITHHOLDING \$						
Section (Control of the Control of t	ILATING ADDITIONAL ALLOWANCES						
	n order to enter an amount on step 5)						
Yourself: ☐ Age 65 or over ☐ Blind							
Land Control of the C	mber of boxes checked x 1300\$						
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS							
A. Federal Estimated Itemized Deductions	\$						
B. Georgia Standard Deduction (enter one): Single							
Each Spouse \$1,500							
C. Subtract Line B from Line A	ss						
NAME AND ADDRESS OF THE PARTY O	come\$						
E. Add the Amounts on Lines 1, 2C, and 2D	ss						
	ding\$						
G. Subtract Line F from Line E (if zero or less, stop he	re)\$						
H. Divide the Amount on Line G by \$3,000. Enter total	here and on Line 5 above						
(This is the maximum number of additional allowances	you can claim. If the remainder is over \$1,500 round up)						
7. LETTER USED (Marital Status A, B, C, D, or E) (Employer: The letter indicates the tax tables in Employer's Ta							
	empt) Read the Line 8 instructions on page 2 before completing this section.						
a) I claim exemption from withholding because I incurred no G							
have a Georgia income tax liability this year. Check here b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers							
Civil Relief Act as amended by the Military Spouses Residency							
My spouse's (servicemember) state of residence is The states of residence							
must be the same to be exempt. Check here							
I certify under penalty of perjury that I am entitled to the number claimed on this Form G-4. Also, I authorize my employer to de-	er of withholding allowances or the exemption from withholding status duct per pay period the additional amount listed above.						
Employee's Signature	Date						
Employer: Complete Line 9 and mail entire form only if the If necessary, mail form to: Georgia Department of Revenue, W	employee claims over 14 allowances or exempt from withholding.						
9. EMPLOYER'S NAME AND ADDRESS:	EMPLOYER'S FEIN:						
	EMPLOYER'S WH#:						

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. ☐ Single enter 1 if your are claiming yourself
- B.□ Married Filing Joint, both spouses working enter 1 if you claim yourself
- C. Married Filing Joint, one spouse working enter 1 if your claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate enter 1 if you claim yourself
- E.□ Head of Household enter 1 if you claim yourself
- Line 4: Enter the number of dependent allowances you are entitled to claim.
- Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

Failure to complete and submit the worksheet will result in automatic denial on your claim.

- Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.
- Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3-5.

Line 8:

- a) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount of Line 4 of Form 500EZ or Line 16 of Form 500 was zero, and you expect to file a Georgia tax return this year and will not have a tax liability. You can not claim exempt if you did not file a Georgia income tax return for the previous tax year. Receiving a refund in the previous tax year does not qualify you to claim exempt.
 - **EXAMPLES**: Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore you qualify to claim exempt.

- b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:
 - 1.□ The servicemember is present in Georgia in compliance with military orders;
 - 2.□ The spouse is in Georgia solely to be with the servicemember;
 - 3. The spouse maintains domicile in another state; and
 - 4. The domicile of the spouse is the same as the domicile of the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

- 1. On the W-2 for 2010 and any year thereafter, the employer should not report any of the wages as Georgia wages on the W-2.
- 2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Worksheet for calculating additional allowances. Enter the information as requested by each line. For Line 2D, enter items such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law, see the IT-511 booklet for more information.

Do not complete Lines 3-7 if claiming exempt.

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.



DEPARTMENT OF FINANCE PAYROLL & EMPLOYEE BENEFITS DIVISION

141 PRYOR STREET, S.W., SUITE 7001 ATLANTA, GEORGIA 30303 TELEPHONE (404) 612 -7605 or (404) 612-7724

FAX: (404) 730-7610

TAKE ADVANTAGE OF DIRECT DEPOSIT AND PAY CARDS TODAY

Your paycheck will be credited to your account on pay day through either Direct Deposit to your own Banking Institution <u>OR</u> Fulton County's PayCard Program through Bank of America. Select one of the options below and return completed form(s) to the Payroll and Benefits Division for processing. **Completed forms may be faxed to (404) 730-7610 for processing!**

PAYROLL DEADLINE

The payroll deadline is 12 noon on the Friday before pay day.

Signature of Employee: _____

- 1. Direct Deposit Forms received by the payroll deadline will take effect on the next pay day.
- 2. Pay Cards Forms received by the payroll deadline will take effect two (2) pay days later.

LEGAL NAME: EMPLOY				ID# OR LAST 4 OF SSN:							
DEPAR	RTMENT:	PHONE NO.	PHONE NO.								
	SELECT ONE O	F THE FOLLOWIN	G (PT	ION	S:					
acc	I choose to enroll in the Direct In the Dire	k for a checking acc ur bank is required			-	-					_
	OF BANK:										
ROUTING NO. (First grouping of 9 numbers at the bottom of your check)											
PLEAS	E CHECK ONE BELOW:			II.							
	DEPOSIT TO MY CHECKING ACCOUNT	Voided Check Attached	Attached ACCT. NO.								
	DEPOSIT TO MY SAVINGS ACCOUNT	Bank Documentation Attached	ACCT. NO.								
deadlii my acc direct enrolle	erstand that I can terminate the direct deposit thes and be automatically enrolled in the Pay Ca count. I understand that if my account is closed deposit payroll funds. I also understand that ted in the Pay Card program if updated banking in ted in the Pay Card Program, I have been provide	ard Program. I authorize of changes are made after if my payroll funds are information is not received	credir the eturi by t	it ent payr ned he n	tries a foll de to Ful ext pa	nd any adline, ton Co yroll de	adjus it will i unty l eadline	tments result i will b e. If I ar	s to be in a de e auto m auto	mad lay o matic	de to f my cally
	In lieu of the Direct Deposit Progra PayCard should be set up. I have with this account. I authorize cred	been provided with a	list	of a	ny a	oplica	ble fe	es as	soci	ated	,
	rstand that if I do not select an option fro I Card Program through Bank of America		mat	icall	y enr	olled i	n the	Fulto	n Co	unty	

Fulton County Government Affidavit Verifying Eligibility Status for Public Benefit(s)



Pursuant to the Georgia Security and Immigration Compliance Act of 2006 (Senate Bill 529.GSICA), every agency administering or providing public benefits is responsible for determining U.S. citizenship or lawful alien status of applicants for said benefits. (O.C.G.A. § 50-36-1)

By executing this affidavit under oath, as an applicant for a retirement, disability, and/or health insurance benefits, the undersigned applicant verifies one of the following with respect to his/her application for a public benefit from Fulton County Government.

1.	I am a United States citizen.
2.	I am a legal permanent resident of the United States.
3.	I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.
	My alien number issued by the Department of Homeland Security or other federal immigration agency is:

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure verifiable document listed below, as required by O.C.G.A.. § 50-36-1(e)(1), with this affidavit. The following list of secure and verifiable documents, published under the authority of O.C.G.A.§ 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- An Unexpired United States Passport or Passport Card
- An Unexpired United States Military Identification Card
- An Unexpired Driver's License issued by the United States
- An Unexpired identification card issued by the United States
- · An Unexpired Tribal Identification Card of a federally recognized Native American Tribe
- · An Unexpired US Permanent Resident Card or Alien Registration Receipt Card
- · An Unexpired Employment Authorization Document that contains a photograph of the bearer
- An Unexpired Merchant Mariner Document or Credential issued by U.S. Coast Guard
- An Unexpired Free and Secure Trade (FAST) Card

My commission expires:

- An Unexpired Certificate of Citizenship issued by the United States Department of Citizenship
- An Unexpired Certificate of Naturalization issued by the United States Department of Citizenship
- An Unexpired Passport issued by a Foreign Government provided that such passport is accompanied by a United States Department of Homeland Security ("DHS") Form I-94, DHS Form I-94A, DHS Form I-94W, or other federal form specifying an

inaividuai s iawjui immigration status or	otner proof of i	awjui presence under jederai immigration idw.	
The secure and verifiable document p		h this affidavit can best be classified as	:
willfully makes a false, fictitious, or fr	audulent st	h, I understand that any person who la atement or representation in an affidavit ninal penalties as allowed by such crimi	t shall be guilty
Executed in	(city),	(state)	
	5	Signature of Applicant	
	Ē	Printed Name of Applicant	
Subscribed and sworn before me on this t	he		
day of	,	20	
Notary public:			