



EMPLOYEE MASTER FILE CHANGE OR ADDITION WORKSHEET 2007

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			
Deduction Type			Frequency			Amount			
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Form W-4	Employee's Withholding Allowance Certificate	OMB No. 1545-0074
Department of the Reasoning Service	<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.	07

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 new card. ▶

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 2005, 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**
(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)
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