



Employee Master File Change or Addition Worksheet 2010

SOLEX, WE'LL TAKE CARE OF YOUR PAYCHECKS

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 Name						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	
Deduction Type			Frequency			Amount	

Form **W-4**
Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2010

► **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 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 Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
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 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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