

SUBSTITUTE FORM W-4

NAME:	
ADDRESS:	
SOCIAL SECURITY #	DATE OF BIRTH:
PHONE #	
COUNTY	
SCHOOL DISTRICT	
TWP or BORO	

WITHHOLDING INFORMATION

CIRCLE ONE	SINGLE	MARRIED	MARRIED claiming single rate
# of exemptions claimed (if none, enter a "0")			
Enter added tax deduction per pay period, if any			
Exempt from withholding (give reason)			

DIRECT PAYROLL DEPOSIT INFORMATION

BANK NAME	
BANK ADDRESS	
CIRCLE ONE	CHECKING SAVINGS
BANK Number (9 digit #, 1 st # lower left corner of check)	
ACCOUNT #	
Please attach a photocopy of a blank check. Write "VOID" on the photocopy.	

You are paid every _____ . If you have any problems, contact _____ .

Please sign & date below:

Signature:

Date:

Office USE Only

Rate of Pay	Salary:	Hourly:	Commission:
Local Tax:	Yes	No	OPT Tax: Yes No
Other Deductions:			
Other Income:			
DATE OF HIRE:			