



## EMPLOYEE INFORMATION SHEET

Need help? Call us at (804) 716-2369.

When complete, email to payroll@checkright.net.

**Complete this form for each employee. Starred fields indicate required information.**

Company Name\* \_\_\_\_\_

**General Information:**

Employee ID No.* _____ <i>If left blank, Checkright will assign ID</i>	Birthdate* MM____/ DD____/ YY ____
Employee Name* _____	Hire Date* MM____/ DD____/ YY ____
Employee Address* _____	SSN* _____
City, State, Zip code* _____	Gender* <input type="checkbox"/> Female <input type="checkbox"/> Male
Email Address* _____	Department _____
Circle One*: Full-time      Part-time	Cell Phone* _____

**Direct Deposit Information: Fill in below or attach completed and signed form.**

Bank Name _____	<i>Direct Deposit Authorization Forms, from the Checkright website, must be kept in each employee's file for 3 years.</i>
Routing _____	
Account Number _____	
Circle One: Checking      Savings	

**Tax Information: Fill in below or attach completed and signed W-4 and state withholding forms.**

Federal Withholdings (information from the W-4):  
 Single     Married     Do Not Withhold      # of Withholdings \_\_\_\_\_

State Withholdings (information from state form):  
 Single     Married     Do Not Withhold      # of Withholdings \_\_\_\_\_      State \_\_\_\_\_

*W-4, State Withholding and I-9 Forms for each employee must be kept his/her employee file in your office.*

**Compensation:**

How will the employee be paid?    Hourly: \_\_\_\_\_ per hour    or    Salary: \_\_\_\_\_ per pay period

Other pay types, Check all that apply:     Bonus                       Commission                       Vacation/Sick/PTO  
 Holiday                       Other: \_\_\_\_\_

**Vacation Pay:**

Eligible for Vacation/Sick/PTO pay?     Yes                       No

Accrued at what rate? \_\_\_\_\_                      Beginning Balance? \_\_\_\_\_

**Deductions:**

	\$	or	%	Pretax (check if applicable)
401(k)/Retirement	_____		_____	<input type="checkbox"/>
Health Insurance	_____		_____	<input type="checkbox"/>
Dental Insurance	_____		_____	<input type="checkbox"/>
Garnishments	_____		_____	
Other	_____		_____	<input type="checkbox"/>
Other (2)	_____		_____	<input type="checkbox"/>

# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

**2020**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> (or Qualifying widow(er)) <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

**Step 2:  
Multiple Jobs  
or Spouse  
Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . ▶

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependents</b>	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . ▶ \$ _____		
	Add the amounts above and enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5:  
Sign  
Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

# FORM VA-4

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" .....
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" .....
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
  - (a) If you will be 65 or older on January 1, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" .....
6. Exemptions for blindness
  - (a) If you are legally blind, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" .....
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7 .....

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Detach here and give the certificate to your employer. Keep the top portion for your records  
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### FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name	
Street Address		
City	State	Zip Code

#### COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
  - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
  - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet .....
  - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here)

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).



**Authorization for Direct Deposit**

I authorize my employer to instruct our payroll provider, **Checkright**, to deposit my pay automatically to the account indicated below so that my pay will be via “Direct Deposit.” This authorization extends to **Checkright’s** banking and/or payroll software partners.

I specifically give permission to my employer and **Checkright** to make adjusting or reversing entries on my account in the event of a mistake or error. I understand that power outages, internet outages, banking errors, human errors, terrorist acts, and acts of God all could prevent my pay from being deposited according to the normal pay schedule. I agree to hold harmless my employer, the banks, and **Checkright** if any problem were to occur.

I understand that this authorization will remain in effect until I cancel it in writing and such time beyond that cancellation that affords **Checkright** a reasonable opportunity to act on the cancellation.

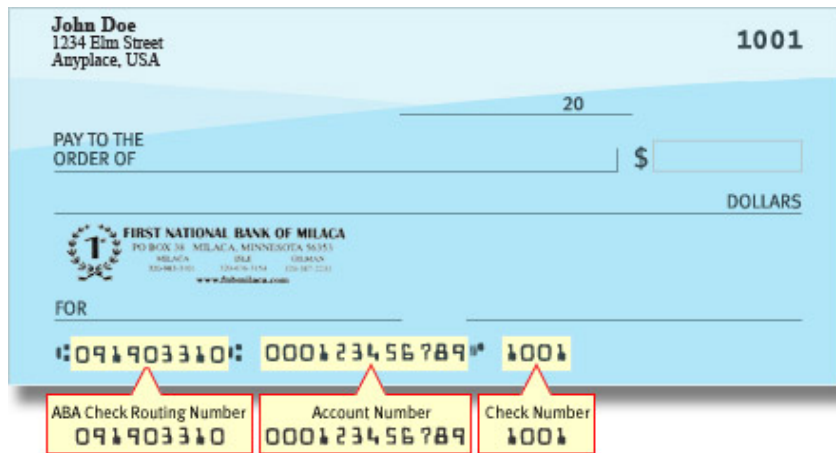
Company Name: \_\_\_\_\_

Employee Name (Please Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Checking \_\_\_\_\_ **OR** Savings \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_



*(Always 9 Digits)*

**EMPLOYER:** Employer must retain direct deposit authorizations for two years past revocation of direct deposit or termination of employee. If employer relays account information directly to **Checkright** without Authorization for Direct Deposit, employer warrants that employer has signed Authorization for Direct Deposit on file.