## **University of Northern Iowa**

## Direct Deposit of Payroll Authorization Form

Name (Please Print)		UNI ID#	
	(Last, First, MI)		

I hereby authorize the University of Northern Iowa to initiate direct deposit credit entries and, if necessary, debit entries, or adjustments to correct any deposit errors to my checking or savings account at the financial institution(s) indicated below.

This authority is to remain in full force and effect until the end of my appointment or the University of Northern Iowa has received written or electronic notification from me of its termination in such time and in such manner as to afford the University of Northern Iowa and the financial institution(s) named below a reasonable opportunity to act on it.

	9-Digit Bank Routing Number	Account Number	Check Number (Do Not Include)	
12.2	23456789:01234	567890123*5	6 ? B	
Memo				
				Dollars
Pay to			\$	
Anyte	own, FL 32123-4567		20	123/456
2244	n B. Sample Lois Lane			5678

Staple a voided check or copy (not a deposit slip), or documentation from your bank or credit union of your account information to this form. This form must be received in Payroll 10 days prior to your next payroll date to guarantee it will be effective for payroll.

Most people have one bank designated for direct deposit (1). However, if you wish to split your pay check between banks, please use the additional entry fields (2 & 3) for that purpose. If making changes to your direct deposit information, please enter the information for ALL accounts – even if you're not making changes to all of the accounts.

1.	Financial Institution (bank, credit union, etc.)			
	City, State and Zip			
	Routing # Account #			
	Deposit Entire Net Pay ☐ OR a Flat Amount of \$			
	(If flat amount, must complete 2 below.)			
	Account Type: Checking ☐ Savings ☐			
2.	Financial Institution			
	City, State and Zip			
	Routing # Account #			
	Flat Amount \$ OR Balance of Pay □			
	(If flat amount, must complete 3 below.)			
	Account Type: Checking ☐ Savings ☐			
3.	Financial Institution			
	City, State and Zip			
	Routing # Account #			
	Balance of Pay			
	Account Type: Checking ☐ Savings ☐			
m <b>a 4</b>	turo Dato			

Note: New students submit the form to their hiring department with other new hire paper work; other employees deliver to Payroll, 103 Gilchrist – 0008.

University of Northern Iowa Rev. August 2013

## Form W 4 (2016)

Purpose.Complete Form W -4 so that your employer can withhold the correct federal income tax from your pay. Consider com pleting a new Form W 4 each year and when yourpersonal or financial situation changes.

Exem ption from withholding. If you are exempt, complete only lines 1,2,3,4, and 7 and sign the form to validate 1. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estin ated Tax.

Note: Hanotherperson can chim you as a dependent on his orhertax return, you cannot chim exemption from withholing Hyour hoom e exceeds \$1,050 and includes more than \$350 of unearmed income (for example, interest and dividends).

Exceptions.An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 orolder.
- Is blind, or
- W illclaim adjustments to income; tax credits; or item ized deductions, on his orhertax return.

The exceptions do not apply to supplem entalwages greater than  $\$1,\!000,\!000$  .

Basic instructions. Hyou are not exempt, complete the Personal Albwances Worksheet below. The worksheets on page 2 further adjust your witholding allowances based on item ized deductions, certain credits, adjustments to income, ortwo-earners/multiple pbs situations.

Complete allworksheets that apply. However, you may claim fewer brzeno) albu ances. For regular wages, withholding must be based on albu ances you claim ed and may not be a flat am ountor percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are umm arried and pay more than 50% of the costs of keeping up a home e for yourself and your dependents) or other qualifying individuals. See Pub. 501, Exem ptions, Standard Deduction, and Filing Inform atton, for inform atton.

Tax credits. You can take projected tax credits into account in figuring yourallow able number of witholding allow ances. Credits for chill ordependent care expenses and the chill tax creditm ay be chim ed using the Personal Allow ances W orksheet be bw. See Pub. 505 for information on ertha vourothercred is into withholding allow ances

Nonwage income. If you have a large amount of Now age income. Evolutions a large am ountor now age income, such as interest ordividends, considerm aking estim ated tax payments using Form 1040-ES. Estim ated Tax for Individuals. O thew ise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust yourwitholding on Form W-4 or W-4P.

Two eamers orm ultiple pbs. If you have a working souse orm one than one job, figure the totalnum berofallow ances you are entitled to chim on all jobs using worksheets from only one Form W -4. Yourw inholding usually willbe most accurate when allallow ances are chim ed on the Form W -4 for the highest paying job and zero allow ances are chim ed on the form the year.

Nonresidentalien. If you are a nonresidentalien, hottie 1392, SupplementalForm W 4
Instructions for Nonresident Aliens, before completing this form.

Check yourwithholding. AfteryourForm W -4 takes effect, use Pub. 505 to see how the am ount you are having withheld com pages to yourprojected totaltax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 & ingle) or \$180,000 M arried).

Future developments. Information about any future developments affecting Form W -4 (such as legislation

						fterwe ne bease it) w ill	be posted at v	www.ins.gov/w4
		Persona	lAlbwances Works	heet (Keep fr	oryouræcords.)			
A	Enter "1" foryo	ourselfifno one else can c	lain you as a dependent	E				Α
	ſ	<ul> <li>You are single and hav</li> </ul>	e only one job; or			l		
В	Enter "1" if:	• You are m arried, have	only one job, and yoursp	pouse does not	work;or	} .		В
	(	• Yourwages from a seco	ond job oryourspouse's v	wages brthe to	talofboth) are \$1,50	00 orless.		
C	Enter "1" for yo	ourspouse.But,you m ay o	choose to enter "-0-" if y	ou are m arried	and have eithera w	orking spouse	orm ore	
	than one job. (	Entering "-0-" m ay help you	avoid having too little ta	exwithheld.).				C
D	Enternum bero	ofdependents 6therthan	yourspouse oryourself)	you willclain o	n your tax netum .			D
E	Enter "1" if you	will file as head of house	nold on yourtax return (s	see conditions (	underHead ofhou	sehold above)		E
F	Enter "1" ffyou have at least \$2,000 of child ordependent care expenses for which you plan to claim a credit F				F			
	Note:Donot	nclude child supportpaym	ents.See Pub.503,Chil	d and Depende	ntCare Expenses,	fordetails.)		
G	Child Tax Cred	dit (including additionalchi	ld tax credit).See Pub.9	72, Child Tax C	redit, form one info	mation.		
	• <b>E</b> yourtotalin	ncom e w illbe less than \$70	,000 \$100,000 ifm arried	l), enter "2" for	each eligible child;	then less "1" if	you	
	have two to for	ıreligible children or less "	2" ifyou have five orm o	ne eligible child:	men.			
	• If your total inc	000,000 om e w illbe between \$70	and \$84,000 \$100,000 at	nd \$119,000 <b>i</b> fm	arried), enter "1" for	each e <b>ligi</b> ble chil	d	G
Н	Add lines A throu	ugh G and entertotalhere. N	ote:This m ay be different i	from the number	ofexemptions you c	laim on yourtax	retum.)	н
	Foraccuracy,	If you plan to item ize and Adjustm ents W o	orclaim adjustments to i	incom e and war	nt to meduce yourw it	hholding, see th	e D eductic	ons
com plete all  worksheets  # If you are single and have more than one job orare married and you and your spouse both work and the earnings from all jobs exceed \$50,000 \$20,000 if married), see the Two-Earners Multiple Jobs Worksheets								
	thatapply.	to avoid having too litt	le tax withheld.			-		
		Ineither of the above	situations applies, stop h	ere and enter th	e num berfrom line I	H on line 5 of Fo	nm W -4 be	bw.
		Separate here and o	ive Form W -4 to yourem	pbyer.Keep ti	he top part for your	records		
					G ' 'C'			
Form	W -4	Em ploye	e's Withholding	g Allowan	ce Certifica	te	OMBNo	.1545-0074
Depar	tm ent of the Treasury		ded to claim a certain num b e IRS.Yourem ployerm ay b				20	16
1	Yourfirstnam e	and m iddle initial	Lastnam e			2 Yoursocia	lsecurity nu	ım ber
	Hom e address	hum berand stæetornumalmoute		3 Single	☐ Married ☐ Mar	nied.butwithhold	athipherSin	ıqle rate.
				3 Lingle Married Married, but withhold at higher Single rate.  Note: Imarried, but legally separated, or spouse is a nonresident alien, check the "Single" box				
	City or town, state, and Zℙ code			4 If your last name differs from that shown on your social security card,				
				check here.You m ustcall1-800-772-1213 for a replacem entcard.				
5	Totalnum ber	rofalbw ances you are clai	ming (from line Habove	orfrom the app	olicable worksheet	on page 2)	5	
6	J							
7								
	_	nad a right to a refund of a	<del>-</del>		_	=		
	-	expecta refund of all feder			-			
	-	oth conditions, write "Exem		-		7		
Unde		rjıry, Ideclare that Ihave exa				elief, it is true, co	onect, and	com plete.
								-
	loyee's signature form is not valid	e unless you sign it.)				Date		
8		e and address Employer.Comp	lete lines 8 and 10 only if sen	ding to the IRS.)	9 0 ffice code (optional)		dentification	num ber (EIN)
Forl	Drivacy Act and I	Panerwork Reduction Act N	Intice see nage ?		Cat No. 102200		Form	W -4 0016



2016 IA W-4

44-019a (07/24/15)

## Employee Withholding Allowance Certificate To be completed by the employee

		To be completed by the employee				
Marital Status: Single (if married but legally separated, check Single) $\square$ Married $\square$						
Print your full name:	Social Security Number:					
Home Address:	City:	State:ZIP:				
EXEMPTION FROM WITHHOLDING						
If you do not expect to owe any lowa income tax this year, and expect to exp	•					
Check this box if you are claiming an exemption from lowa tax based o	n the Military Spouses Re	sidency Relief Act of 2009				
If claiming the military spouse exemption, enter your state of domicile h	ere:					
IF YOU ARE NOT EXEMPT, COMPLETE THE FOLLOWING:						
Personal allowances		1				
2. Allowances for dependents		2				
Allowances for itemized deductions		3				
4. Allowances for adjustments to income		4				
5. Allowances for child and dependent care credit		5				
6. Total allowances. Add lines 1 through 5						
7. Additional amount, if any, you want deducted each pay per	riod	7				
Employee: I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming an exemption from withholding, that I am entitled to claim the exempt status.  Employee Signature:	employee is claiming more from withholding when complete the section belo	part and keep in your records. However, if the e than 22 withholding allowances or an exemption vages are expected to exceed \$200 per week, w and send it to the lowa Department of Revenue. Requirements on the back of this form.				
Date:	Employer Name:					
	Employer Address:					
		EEIN!				