

Exemptions (L-4 line 6 box A):

Com	pany:		

Employee	e Information	Hire Date	e: <u>/ /</u>		
	Personal Informa	tion Employee Section			
Status: Active	Inactive   Terminated	*Employee Number: _			
Employment Categor	y: Full Time   Part Time	*Social Security Number	r: <u> </u>		
Full Name:					
	First Name	Middle Name	Last Name		
Self-Service Email:					
Marital Status:	Married   Single				
Address:					
	Street Address		Apartment/Unit #		
	Zip Code City		State		
Home Phone:		Date of Birth:	/		
Gender:	Male   Female	I N/A			
Day Tura	DDD				
Pay Type:		Hourly   1099			
Rate or Salary Amour	nt: nal Classification (SOC) codes — The Louisiana Wo		OC Code:		
and you can find the listing fo	r the codes at :(https://www.bls.gov/soc/2018/major_groi.ouisiana employers are required to provide SOC code info	ups.htm)			
return, the agency will reject	the return in its entirety and assess penalty and/or interest Taxation Information - Enter informati		This is a required field***		
Federal Marital Status		Married filing jointly or Qualifying widow(	er) Head of household <i>Blo</i>		
	your total income will be \$200,000 or less		·		
Dependents		alifying children under age 17 by \$2,00	·		
Dependents	Multiply the	number of other dependents by \$50	0 \$		
		Add the amounts above and en	ter the total here \$		
Other		you want tax withheld for other inco enter the amount of other income here interest, dividends, and retirement	e. This may include		
Adjustments	<b>_</b>		, ,		
<b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, enter the amount from W4 worksheet here (W-4 line 4b)					
-	Extra withholding. Enter any addition	onal tax you want withheld each pay	period (W-4 line 4c) \$		
State Marital Status (L-4	No exemptions or dependents claim	med Single Marr	ied <i>Block</i>		
Total Number of	Total Number of		onal Withholding		
Evenntions	Dependents (L-4 line 7 box	B): Amou	nt (L-4 line 8):		