



MARICOPA
COMMUNITY
COLLEGES®

Payroll Forms





Objectives

- Explanation of the various payroll forms
 - W-4 (required)
 - A-4 (required)
 - California DE4 State Tax form (CA residents only)
 - Direct Deposit
 - DES Wage Withholding (required)
 - Eligibility Declaration (ASRS Retiree's only, required)
- These forms must be completed and submitted to the District Office Payroll department within your first three days of work or before.



Tax Form Guidelines

- The A-4 and W-4 are government issued forms. There cannot be any cross outs, mistakes or whiteout corrections, and you must use either blue or black ink.
- When completing these forms you must print your name as it appears on your social security card.
- Your address must be complete and accurate.
- W-4: There cannot be any writing in boxes 8, 9, & 10.
- W-4: If you are choosing to claim Exempt in box 7, then box 5 and 6 should be blank.
- W-4: If you are claiming zero or any dependants then complete box 5 and then leave box 7 blank.
- W-4: Make sure the form is signed and complete; (for example box 3 and 5)
- A-4 form: There can only be one box from one line selected.
- If you are living in California and working for Maricopa Community Colleges in Arizona you will need to complete the California DE4 State tax form. (Please do not write under the signature line on this form.)
- If you have any questions regarding the percentages on your A-4 (State tax form), or the allowances on your W-4 (Federal tax form) please consult with your tax accountant.
- These forms can be changed at any given payroll.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<input type="text"/>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<input type="text"/>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<input type="text"/>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<input type="text"/>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<input type="text"/>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<input type="text"/>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<input type="text"/>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<input type="text"/>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

<p>Form W-4 Department of the Treasury Internal Revenue Service</p>	<p>Employee's Withholding Allowance Certificate</p> <p>▶ 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.</p>	<p>OMB No. 1545-0074 2011</p>
<p>1 Type or print your first name and middle initial. Last name</p>		<p>2 Your social security number</p>
<p>Home address (number and street or rural route)</p>		<p>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.</p>
<p>City or town, state, and ZIP code</p>		<p>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 replacement card. ▶ <input type="checkbox"/></p>
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</p>		<p>5 <input type="text"/></p>
<p>6 Additional amount, if any, you want withheld from each paycheck</p>		<p>6 \$ <input type="text"/></p>
<p>7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to 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 ▶ </p>		<p>7 <input type="text"/></p>
<p>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.</p>		
<p>Employee's signature (This form is not valid unless you sign it.) ▶</p>		<p>Date ▶</p>
<p>8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)</p>		<p>9 Office code (optional) 10 Employer identification number (EIN)</p>

**ARIZONA FORM
A-4**

**Employee's Arizona Withholding
Percentage Election**

2011

Type or print your full name	Your social security number
Home address (number and street or rural route)	
City or town, state, and ZIP code	

Arizona Withholding Percentage Election Options

Choose only one:

1 I choose to have Arizona withholding at the rate of
(*check only one box*): 0.8% 1.3% 1.8% 2.7% 3.6% 4.2% 5.1% of my gross taxable wages.
Additional amount to be withheld per paycheck \$ _____

2 I hereby elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.	
_____ SIGNATURE	_____ DATE

Print **Reset form**



Fill out this form only if applicable



This form can be used to manually compute your withholding allowances, or you can electronically compute them at www.taxes.ca.gov/de4.xls (Microsoft Excel required).

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State, and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes) <input type="checkbox"/> MARRIED (one income) <input type="checkbox"/> HEAD OF HOUSEHOLD

1. Number of allowances for Regular Withholding Allowances, Worksheet A _____

Number of allowances from the Estimated Deductions, Worksheet B _____

Total Number of Allowances (A + B) when using the California Withholding Schedules for 2010 _____

OR

2. Additional amount of state income tax to be withheld each pay period (if employer agrees), Worksheet C _____

OR

3. I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number
-----------------------------	------------------------------------



Direct Deposit Forms

- If you are interested in direct deposit, please complete the MCCCCD Direct Deposit Form and submit the proper bank verification.
- It will take approximately 2-3 pay periods before your direct deposit will become active. Until then you will receive a live paycheck.
- If you would like your paycheck mailed to your home address, you will need to complete the Notice to Mail Paycheck form, otherwise your check will be directed to the Cashiers Department at your college campus. Please confirm that your address is updated in the HRMS system with an HR representative.

Direct Deposit Forms cont'd

- If you are a returning employee and it has been 6 months or more since you have been paid you may need to reactivate your direct deposit by completing a new form.
- You can also update or change account information by completing the same form and submitting new Bank verification.
- Please be aware that anytime there is a change in account or routing numbers there will be an interruption in direct deposit and you will be issued a live paycheck for approximately 2-3 pay periods.

Direct Deposit information



Please Read Carefully

Direct Deposit Instructions

1. You now have the option of Direct Deposit to one account or to split it between 2 accounts as long as the financial institution is recognized by the Arizona Clearinghouse system. You must deposit all of your net check. Please complete your request for direct deposit as follows:

Examples Only:

If you want your entire direct deposit to go into one account (all fields required)

Bank Routing ABA (9 digit number)	Account Type Checking/Savings	Account #	Will be 100% of net pay
1. 123456789	Checking	00098756452	100%

If you want your earnings to be distributed to 2 different accounts (all fields required)

Bank Routing ABA (9 digit number)	Account Type Checking/Savings	Account #	One account must be \$ amount and 2 nd account must be Bal of net pay
1. 123456789	Savings	00098756452	\$50.00
2. 987654321	Checking	00025465787	Bal of net pay

If you need to cancel the direct deposit with the set dollar amount, your entire net pay will then be deposited to the account where you have requested the balance of net pay.

If you stop/cancel the direct deposit into which the balance of net pay goes, then both accounts will need to be stopped. Your net pay must be entirely Direct Deposit or entirely live check.



**WAGE WITHHOLDING INFORMATION
AS REQUIRED BY THE STATE OF ARIZONA
DEPARTMENT OF ECONOMIC SECURITY**

Effective July 1, 1994, Arizona Revised Statute 23-722.02 requires that all employers ask newly hired employees, rehired employees, and employees returning from leave without pay status if they are subject to any active child support wage withholding.

To comply with this statute, please complete and sign as indicated below:

_____ I hereby certify that I am **NOT** subject to a child support wage withholding order.

_____ I **AM** subject to a child support wage withholding order. I understand that it is my obligation to supply MCCD with a copy of any active order of assignment.

_____ I need assistance in obtaining a copy of my active order of assignment.

PRINT NAME _____

SS# _____

SIGNATURE _____

DATE _____

MARICOPA COMMUNITY COLLEGES
Eligibility Declaration

ASRS Retiree's only

Name (please print)

Social Security Number

Mailing Address

Day Phone

Evening Phone

City

State

Zip

Work Location (college/dept.)

Please indicate by checking the box with a if these situations pertain to you.

Retired Employee through the Arizona State Retirement System:

- I am a part-time employee currently receiving a pension from Arizona State Retirement, and have retired from _____ on _____. I understand that if I teach more than 10 load hours per semester, or work 20 or more hours per week, for any 20 weeks during the first year following my retirement, I will resume making contributions to the retirement system and may have to repay my pension benefit.
- I am a part-time employee currently receiving a pension from Arizona State Retirement, and have retired from _____ on _____ as an **early retiree**. I understand that if I teach more than 10 load hours per semester, or work 20 or more hours per week, for any 20 weeks while I am classified as an early retiree, I will resume making contributions to the retirement system and may have to repay my pension benefit.
- I am a retiree receiving a pension from the Arizona State Retirement System. I retired from _____ on _____ as a **normal retiree**. I have been retired for at least 12 months. I am returning to work under HB 2050 legislation in a full time governing board approved position _____, or as an adjunct faculty teaching more than 7.5 load hours _____, or as a temporary employee working 20 hours or more per week _____. (Check one)

Part Time Adjunct Faculty Employee:

- I am a part time faculty person, teaching evening only classes. I elect to contribute not less than 7.5% of my pay to a TSA and be exempt from contributing to FICA. Attached is my completed TSA Enrollment Form, which names the TSA Company I have selected and the percent that I want to contribute.
- None of the Above Applies**

Signature

Date

Questions?

For further information regarding
Payroll forms please call (480) 731-8457

