How to complete and make changes on Payroll Documents

**Jennifer Shipp** 

Director of Payroll

**Nicole Weaver** 

Payroll Supervisor



- · Direct Deposit
  - · Tax Forms
- · Payroll Changes



# Direct Deposit Form

- Be sure to complete the Paulding County direct deposit form (located under Available Forms tab in Talent Ed)
  - -Form requires hand signature and dated
- Be sure that the account number listed on the Paulding County form matches the account number from the voided check/bank authorization form
  - -Be sure to upload a copy of your driver's license or District ID Badge

All of these must be uploaded in order to participate in direct deposit



#### DIRECT DEPOSIT / PAY CARD ENROLLMENT FORM

Name:		Social Security Number:/					
	Direct Deposit	NetSpend Pay Card					
Direct Deposit Net* (REQUIRED for participation in Direct Deposit)  Net Pay reflects an employee's take-home pay after all deductions have been taken from wages.							
Bank:		Checking Account	Checking AccountSovings Account				
Account Nur	mber:	Amount Deposited: NET					
	Additional Fixed Amount D	irect Deposit #1 (Optional)					
Bank:		Checking Account	Checking AccountSevings Account				
AccountNun	nber:	Amount Deposited: \$					
	Additional Fixed Amount D	irect Deposit #2 (Optional)					
Bank:		Checking Account	Savings Account				
AccountNun	nber:	Amount Deposited: \$					
	Pay Card e address shown in Employee Online will be used to a  Verify address is correct or update changes to						
2)	Upon receipt of Card Packet:						
	a) Activate Card using instructions enclosed in Pac     b) Direct questions concerning Card to the number						
3)	Pay stub information is accessible via on Employee (						
I hereby authorize the Paulding County School District to deposit my payroll check as directed above. I understand my direct deposit: election will remain in effect until Paulding County School District receives written notification of cancellation. All changes and cancellations to my deposit election must be received 10 days prior to pay day. If further understand that if my pay is rejected by my bank for any reason, the Paulding County School District will NOT issue a replacement paycheck until the return of the funds is CONFIRMED. Confirmation of returned funds may take up to two business days beyond the scheduled pay date.							
	Signature	Date					
Payroll Use	e Only:	NetSpend					
Paycard Acco	unt Number	Address					
Date of Birth							
Setup Date_							

### Federal Tax Form

- Be sure to complete Step 1 boxes (a) (b) (c)
- Be sure to read Step 2 to determine if you should check the box in (c) or leave it blank
  - Step 3 & 4 are optional
  - Be sure to add your handwritten signature in Step 5
- If you want to file exempt for Federal taxes, do not complete Step 1 (c), simply write the word "exempt" at the bottom of the form

Form W-4 Department of the Ti	reasury	Complete Form W-4 so that your employe Give Fo	Withholding Certifi or can withhold the correct feder rm W-4 to your employer. to is subject to review by the IF	al income tax from your	pay.	OMB No. 1545-0074	
Step 1:	(a) F	inst name and middle initial	Last name		(b) S	ocial security number	
Enter Personal Information	City or town, state, and ZIP code				Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.		
		4 ONLY if they apply to you; otherwisem withholding, and when to use the est			on e	ach step, who can	
Step 2: Multiple Job or Spouse Works	lultiple Jobs also works. The correct amount of withholding depends on income earned from all of these jobs.  Do only one of the following.					bs.  Steps 3–4). If you other job. This	
		4(b) on Form W-4 for only ONE of the you complete Steps 3–4(b) on the Form			s. (Yo	ur withholding will	
Step 3: Claim Dependent and Other Credits		If your total income will be \$200,000 of Multiply the number of qualifying of Multiply the number of other depe Add the amounts above for qualifying this the amount of any other credits.	children under age 17 by \$2,0 endents by \$500 g children and other depende	00 \$	3	s	
Step 4 (optional): Other Adjustments	S	(a) Other income (not from jobs). 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			4(a	) \$	
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.						
Employers Only		nployee's signature (This form is not va loyer's name and address	alid unless you sign it.)		mplo	yer identification or (EIN)	
For Privacy Act	t and I	Paperwork Reduction Act Notice, see pag	e 3. Cat	No. 10220Q		Form <b>W-4</b> (2024)	

### State Tax Form

- Be sure to complete #1 a & b
- Be sure to complete #2 a & b

-Add your Marital Status from #3

(A. Single, B. Married Filing Separate or Married Filing Joint, both spouses working, C. Married Filing Joint, one spouse working or D. Head of Household)

into box #7 using a letter and total number of allowances from lines 4-5

- Box 6 is optional
- -If you wish to file "exempt" please check the box in #8 to complete a) or b)
- Be sure to add your handwritten signature & date

PRINT CLEAR

2411004014

A EMPLOYEE'S WITHOLDING ALI
16. YOUR SOCIAL

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE							
1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER						
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b, CITY, STATE AND ZIP CODE						
DI FASE DEAD INSTRUCTIONS ON DEVED	SE SIDE DEFODE COMPLETING LINES 2 0						
PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 – 8							
3. MARITAL STATUS							
Enter letter below on Line 7.	4. DEPENDENT ALLOWANCES						
A. Single							
B. Married Filing Separate or Married Filing Joint, both spouses work							
C. Married Filing Joint, one spouse working	(See instructions for details. Worksheet below must						
D. Head of Household	be completed)						
	6. ADDITIONAL WITHHOLDING \$						
WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES							
	pleted for step 5)						
A. Federal Estimated Itemized Deductions (If Itemizing D	eductions) \$						
B. Georgia Standard Deduction (enter one):	\$						
Single/Head of Household\$12,00	· ·						
Married Filing Joint\$24,00							
Married Filing Separate\$12,00							
C. Subtract Line B from Line A (If zero or less, enter zero)	\$\$						
D. Allowable Georgia Adjustments to Federal Adjusted Gross Income							
E. Add the Amounts on Lines C and D	\$						
F. Estimate of Taxable Income not Subject to Withholding							
G. Subtract Line F from Line E (if zero or less, stop here)\$							
H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above							
(This is the number of Georgia Adjustments Allowances you can claim. If the remainder is over \$1,500 round up)							
7. LETTER USED (Marital Status A, B, C or D)	TOTAL ALLOWANCES (Total of Lines 4 - 5)						
(Employer: The letter indicates the tax tables in Employer's Tax Gui							
	Read the Line 8 instructions on page 2 before completing this section.						
a) I claim exemption from withholding because I incurred no Georgia have a Georgia income tax liability this year. Check here	a income tax liability last year and I do not expect to						
b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers							
Civil Relief Act as provided on page 2. My state of residence is My spouse's (servicemember) state							
of residence is The states of residence must be the same to be exempt. Check here							
l certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.							
Employee's Signature							
Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding.							
If necessary, mail form to: Georgia Department of Revenue, Taxpayer Services Division, P.O. Box 105499, Atlanta, GA 30359  9. EMPLOYER'S NAME AND ADDRESS: EMPLOYER'S FEIN:							
5. EMPLOTER 5 NAME AND ADDRESS: EN	APLUTER 3 PEIN:						
E	MPLOYER'S WH#:						

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 4 - 7.

# CHANGES

(after new hire paperwork has been completed)

01

Log into Talent Ed

02

Select what type of change you need to make:

- -Change Direct Deposit
- -Change W-4 Tax Form
- -Change G-4 Tax Form

03

Upload all required documentation

04

If more required action is needed, you will be notified through Talent Ed to make this change



## Payroll Contacts

Jennifer Shipp

jashipp@paulding.k12.ga.us

Nicole Weaver

Nicolen.weaver21@paulding.k12.ga.us

Jessica Crofts

jcrofts@paulding.k12.ga.us

Jaime Brooksher

jaimel.brooksher16@paulding.k12.ga.us