



## Welcome to QTI Human Resources!

QTI Human Resources, Inc. (QTI HR) provides comprehensive and integrated human resources services to organizations such as yours. QTI HR handles all aspects of human resources, payroll, benefits sponsorship and administration, worker's compensation, and unemployment insurance administration.

Our HR, Payroll, and Benefits teams are just a phone call or email away and happy to assist you with:

### Human Resources Support

- employee handbook questions / interpretation
- navigating challenging work situations including how to have difficult conversations with co-workers / supervisors / direct reports
- creating / refining your HR processes (performance appraisals, job descriptions, employee files, hiring / interviewing etc...) to ensure compliance with applicable laws and alignment with your culture, mission, vision and values

### Payroll Processing

- direct deposit or live checks
- pay / paycheck questions
- payroll deductions
- state / federal tax filings
- W-2 forms
- time off balances
- time sheets / wage & hour laws

### Benefits Administration

- benefit plan questions / information (health, dental, vision, group term and supplemental life insurance, STD, LTD, FSA, and 401(k), if applicable)
- employee benefit / insurance enrollment
- resolving benefits claims issues
- leave of absence and COBRA questions and paperwork

### Worker's Comp. & Unemployment Insurance

- unemployment insurance claims and associated paperwork
  - worker's compensation paperwork for work-related injuries
- If an accident occurs, we ask that you contact us immediately and complete the First Report of Injury Form on [www.qtigroup.com/HRPartnerships.aspx](http://www.qtigroup.com/HRPartnerships.aspx).*

### Paperwork

In order for us to process your paycheck and enroll you in benefits (if applicable), we need some information from you. Please complete the enclosed documents **as soon as possible** and send them back to us. A delay in returning your paperwork will result in us not being able to process your paycheck and may jeopardize your ability to enroll in benefits.



## QTI HR Contact Information

QTI Human Resources, Inc. (QTI HR) can assist with all of your human resource needs ranging from employment related issues to payroll processing and benefits questions. Please contact our staff with any questions or concerns. We want to help!

### How to Reach Us

QTI Human Resources • 4476 Robertson Road • P.O. Box 552 • Madison, WI 53701

**Main Telephone:** (608) 258-5525  
**Fax:** (608) 259-6304  
**Toll Free:** (888) 575-3273  
**Website:** [www.qtigroup.com/HRPartnerships.aspx](http://www.qtigroup.com/HRPartnerships.aspx)

To allow us to address your question or concern in the most expedient manner possible, we ask that you utilize the group e-mail: [qtibr@qtigroup.com](mailto:qtibr@qtigroup.com).

|              |                         |  |
|--------------|-------------------------|--|
| Jane Clark   | Chief Operating Officer | <a href="mailto:jane.clark@qtigroup.com">jane.clark@qtigroup.com</a>     |
| Ellie Roekle | Strategic HR Advisor    | <a href="mailto:ellie.roekle@qtigroup.com">ellie.roekle@qtigroup.com</a> |

#### HR Administration

|                   |                           |  |
|-------------------|---------------------------|--|
| Jennifer Lindberg | Strategic HR Partner      | <a href="mailto:jennifer.lindberg@qtigroup.com">jennifer.lindberg@qtigroup.com</a> |
| Tricia Perkins    | Strategic HR Partner      | <a href="mailto:tricia.perkins@qtigroup.com">tricia.perkins@qtigroup.com</a>       |
| Cindy Schmelzer   | Strategic HR Partner      | <a href="mailto:cindy.schmelzer@qtigroup.com">cindy.schmelzer@qtigroup.com</a>     |
| Bridget Travnick  | Strategic HR Partner      | <a href="mailto:bridget.travnick@qtigroup.com">bridget.travnick@qtigroup.com</a>   |
| Ger Vang          | Strategic HR Partner      | <a href="mailto:ger.vang@qtigroup.com">ger.vang@qtigroup.com</a>                   |
| Alicia Darden     | Human Resources Assistant | <a href="mailto:alicia.darden@qtigroup.com">alicia.darden@qtigroup.com</a>         |

#### Benefits Administration

|                 |                         |  |
|-----------------|-------------------------|--|
| Tina Thompson   | Benefits Manager        | <a href="mailto:tina.thompson@qtigroup.com">tina.thompson@qtigroup.com</a>     |
| Brooke Cody     | Sr. Benefits Specialist | <a href="mailto:brooke.cody@qtigroup.com">brooke.cody@qtigroup.com</a>         |
| Rebecca Webster | Benefits Specialist     | <a href="mailto:rebecca.webster@qtigroup.com">rebecca.webster@qtigroup.com</a> |
| Danielle Hamre  | Benefits Assistant      | <a href="mailto:danielle.hamre@qtigroup.com">danielle.hamre@qtigroup.com</a>   |

#### Payroll Administration

|                |                                    |  |
|----------------|------------------------------------|--|
| Debbie Haines  | Mgr. Payroll & Benefits Operations | <a href="mailto:debbie.haines@qtigroup.com">debbie.haines@qtigroup.com</a>   |
| Kathy Hamre    | Sr. Payroll/Accounting Specialist  | <a href="mailto:kathy.hamre@qtigroup.com">kathy.hamre@qtigroup.com</a>       |
| Joe Neill      | Sr. Payroll/HR Systems Specialist  | <a href="mailto:joe.neill@qtigroup.com">joe.neill@qtigroup.com</a>           |
| Whendi Schmidt | Payroll Specialist                 | <a href="mailto:whendi.schmidt@qtigroup.com">whendi.schmidt@qtigroup.com</a> |



## Personal Information Form / Application

### Employee Contact Information:

|   |                                  |                           |                  |
|---|----------------------------------|---------------------------|------------------|
| <b>Last Name:</b>   | <b>First Name:</b>               | <b>Middle Initial:</b>    |                  |
| <b>Street Address:</b>  | <b>City:</b>                     | <b>State:</b>             | <b>Zip Code:</b> |
| <b>County of Residence:</b>   | <b>Home Phone Number:</b>        | <b>Cell Phone Number:</b> |                  |
| <b>Personal Email Address:</b>                                      | <b>Social Security Number:</b>   |                           |                  |
| <b>Marital Status:</b><br>Single    Married    Domestic Partnership | <b>Gender:</b><br>Male    Female | <b>Date of Birth:</b>     |                  |

|                            |                           |
|----------------------------|---------------------------|
| <b>Worksite Employer:</b>  | <b>Position / Title:</b>  |
| <b>Work Email Address:</b> | <b>Work Phone Number:</b> |

### Emergency Contact:

|              |                              |
|--------------|------------------------------|
| <b>Name:</b> | <b>Primary Phone Number:</b> |
|--------------|------------------------------|

### Acknowledgement:

|  |  |
|--|--|
| Have you worked with QTI HR before?                        | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Have you ever worked under another name? If so, what name? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**



# Employment Eligibility Verification

Department of Homeland Security  
U.S. Citizenship and Immigration Services

USCIS  
Form I-9  
OMB No. 1615-0047  
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (*Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.*)

|   |   |                                  |             |                |                                    |                   |
|---|---|----------------------------------|-------------|----------------|------------------------------------|-------------------|
| Last Name ( <i>Family Name</i> )          |   | First Name ( <i>Given Name</i> ) |             | Middle Initial | Other Names Used ( <i>if any</i> ) |                   |
| Address ( <i>Street Number and Name</i> ) |   |                                  | Apt. Number | City or Town   |                                    | State<br>Zip Code |
| Date of Birth ( <i>mm/dd/yyyy</i> )       | U.S. Social Security Number<br>[ ][ ]-[ ][ ]-[ ][ ][ ][ ] | E-mail Address                   |             |                | Telephone Number                   |                   |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

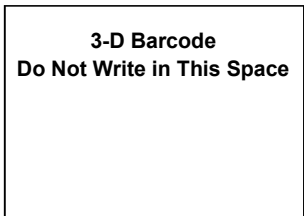
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): \_\_\_\_\_
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) \_\_\_\_\_. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_

**OR**

2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

|                        |                             |
|------------------------|-----------------------------|
| Signature of Employee: | Date ( <i>mm/dd/yyyy</i> ): |
|------------------------|-----------------------------|

**Preparer and/or Translator Certification** (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|   |  |                                  |                   |
|---|--|----------------------------------|-------------------|
| Signature of Preparer or Translator:      |  | Date ( <i>mm/dd/yyyy</i> ):      |                   |
| Last Name ( <i>Family Name</i> )          |  | First Name ( <i>Given Name</i> ) |                   |
| Address ( <i>Street Number and Name</i> ) |  | City or Town                     | State<br>Zip Code |



*Employer Completes Next Page*



## Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity  | AND | List C<br>Employment Authorization    |
|---|----|---|-----|---------------------------------------|
| Document Title:                                 |    | Document Title:   |     | Document Title:                       |
| Issuing Authority:                              |    | Issuing Authority:  |     | Issuing Authority:                    |
| Document Number:                                |    | Document Number:  |     | Document Number:                      |
| Expiration Date (if any)(mm/dd/yyyy):           |    | Expiration Date (if any)(mm/dd/yyyy):   |     | Expiration Date (if any)(mm/dd/yyyy): |
| Document Title:                                 |    | <div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p><b>3-D Barcode</b><br/>Do Not Write in This Space</p> </div> |     |                                       |
| Issuing Authority:                              |    |   |     |                                       |
| Document Number:                                |    |   |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |   |     |                                       |
| Document Title:                                 |    |   |     |                                       |
| Issuing Authority:                              |    |   |     |                                       |
| Document Number:                                |    |   |     |                                       |
| Expiration Date (if any)(mm/dd/yyyy):           |    |   |     |                                       |

## Certification

I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions.)

|  |  |                         |  |          |
|--|--|-------------------------|--|----------|
| Signature of Employer or Authorized Representative                   |  | Date (mm/dd/yyyy)       | Title of Employer or Authorized Representative |          |
| Last Name (Family Name)  |  | First Name (Given Name) | Employer's Business or Organization Name       |          |
| Employer's Business or Organization Address (Street Number and Name) |  | City or Town            | State  | Zip Code |

## Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

|   |  |                |   |
|---|--|----------------|---|
| A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) |  | Middle Initial | B. Date of Rehire (if applicable) (mm/dd/yyyy): |
|---|--|----------------|---|

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

|                 |                  |                                       |
|-----------------|------------------|---------------------------------------|
| Document Title: | Document Number: | Expiration Date (if any)(mm/dd/yyyy): |
|-----------------|------------------|---------------------------------------|

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

|   |                    |  |
|---|--------------------|--|
| Signature of Employer or Authorized Representative: | Date (mm/dd/yyyy): | Print Name of Employer or Authorized Representative: |
|---|--------------------|--|

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

| LIST A<br>Documents that Establish<br>Both Identity and<br>Employment Authorization   | OR | LIST B<br>Documents that Establish<br>Identity  | AND | LIST C<br>Documents that Establish<br>Employment Authorization   |
|---|----|---|-----|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> </ol>  |    | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> </ol> |     | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<br/>(1) NOT VALID FOR EMPLOYMENT<br/>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION<br/>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> |
| <ol style="list-style-type: none"> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> </ol>  |    | <ol style="list-style-type: none"> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> </ol>                |     | <ol style="list-style-type: none"> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> </ol>   |
| <ol style="list-style-type: none"> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> </ol>  |    | <ol style="list-style-type: none"> <li>3. School ID card with a photograph</li> </ol>   |     | <ol style="list-style-type: none"> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> </ol>   |
| <ol style="list-style-type: none"> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> </ol>  |    | <ol style="list-style-type: none"> <li>4. Voter's registration card</li> </ol>  |     | <ol style="list-style-type: none"> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> </ol>  |
| <ol style="list-style-type: none"> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> </ol> |    | <ol style="list-style-type: none"> <li>5. U.S. Military card or draft record</li> </ol>   |     | <ol style="list-style-type: none"> <li>5. Native American tribal document</li> </ol>   |
| <ol style="list-style-type: none"> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>   |    | <ol style="list-style-type: none"> <li>6. Military dependent's ID card</li> </ol>   |     | <ol style="list-style-type: none"> <li>6. U.S. Citizen ID Card (Form I-197)</li> </ol>   |
|   |    | <p><b>For persons under age 18 who are unable to present a document listed above:</b></p>   |     | <ol style="list-style-type: none"> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> </ol>   |
|   |    | <ol style="list-style-type: none"> <li>7. U.S. Coast Guard Merchant Mariner Card</li> </ol>   |     | <ol style="list-style-type: none"> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>   |
|   |    | <ol style="list-style-type: none"> <li>8. Native American tribal document</li> </ol>  |     |  |
|   |    | <ol style="list-style-type: none"> <li>9. Driver's license issued by a Canadian government authority</li> </ol>   |     |  |
|   |    | <ol style="list-style-type: none"> <li>10. School record or report card</li> </ol>  |     |  |
|   |    | <ol style="list-style-type: none"> <li>11. Clinic, doctor, or hospital record</li> </ol>  |     |  |
|   |    | <ol style="list-style-type: none"> <li>12. Day-care or nursery school record</li> </ol>   |     |  |

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).**

**Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.**

# Form W-4 (2014)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned 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 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

|          |  |          |  |
|----------|--|----------|--|
| <b>A</b> | Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .  | <b>A</b> |  |
| <b>B</b> | Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>  | <b>B</b> |  |
| <b>C</b> | Enter "1" for your <b>spouse</b> . 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.) . . . . .  | <b>C</b> |  |
| <b>D</b> | Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .   | <b>D</b> |  |
| <b>E</b> | Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .  | <b>E</b> |  |
| <b>F</b> | Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .<br>( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)  | <b>F</b> |  |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children.<br>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . . | <b>G</b> |  |
| <b>H</b> | Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶  | <b>H</b> |  |

For accuracy, **complete all worksheets that apply.** {

- 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 are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

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

|   |   |   |
|---|---|---|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service   | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p> | OMB No. 1545-0074<br><br><span style="font-size: 2em; font-weight: bold;">2014</span>   |
| 1 Your first name and middle initial  | Last name   | 2 Your social security number   |
| Home address (number and street or rural route)   |   | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code   |   | 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"/>   |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)  |   | 5   |
| 6 Additional amount, if any, you want withheld from each paycheck . . . . .   |   | 6 \$  |
| 7 I claim exemption from withholding for 2014, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>If you meet both conditions, write "Exempt" here . . . . . ▶ |   | 7   |
| 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.   |   |   |
| Employee's signature<br>(This form is not valid unless you sign it.) ▶  |   | Date ▶  |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)   |   | 9 Office code (optional)  |
|   |   | 10 Employer identification number (EIN)   |

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

|           |   |           |    |  |
|-----------|---|-----------|----|--|
| <b>1</b>  | Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details . . . . . | <b>1</b>  | \$ |  |
| <b>2</b>  | Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .   | <b>2</b>  | \$ |  |
| <b>3</b>  | <b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .  | <b>3</b>  | \$ |  |
| <b>4</b>  | Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)   | <b>4</b>  | \$ |  |
| <b>5</b>  | <b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.) . . . . .  | <b>5</b>  | \$ |  |
| <b>6</b>  | Enter an estimate of your 2014 nonwage income (such as dividends or interest) . . . . .   | <b>6</b>  | \$ |  |
| <b>7</b>  | <b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .  | <b>7</b>  | \$ |  |
| <b>8</b>  | <b>Divide</b> the amount on line 7 by \$3,950 and enter the result here. Drop any fraction . . . . .  | <b>8</b>  |    |  |
| <b>9</b>  | Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .   | <b>9</b>  |    |  |
| <b>10</b> | <b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .  | <b>10</b> |    |  |

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

|  |   |          |    |  |
|--|---|----------|----|--|
| <b>1</b>   | Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )   | <b>1</b> |    |  |
| <b>2</b>   | Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .   | <b>2</b> |    |  |
| <b>3</b>   | If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .   | <b>3</b> |    |  |
| <b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill. |   |          |    |  |
| <b>4</b>   | Enter the number from line 2 of this worksheet . . . . .  | <b>4</b> |    |  |
| <b>5</b>   | Enter the number from line 1 of this worksheet . . . . .  | <b>5</b> |    |  |
| <b>6</b>   | <b>Subtract</b> line 5 from line 4 . . . . .  | <b>6</b> |    |  |
| <b>7</b>   | Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .   | <b>7</b> | \$ |  |
| <b>8</b>   | <b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .  | <b>8</b> | \$ |  |
| <b>9</b>   | Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . | <b>9</b> | \$ |  |

**Table 1**

**Table 2**

| Married Filing Jointly                      |                       | All Others                                  |                       | Married Filing Jointly                       |                       | All Others                                   |                       |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$6,000                               | 0                     | \$0 - \$6,000                               | 0                     | \$0 - \$74,000                               | \$590                 | \$0 - \$37,000                               | \$590                 |
| 6,001 - 13,000                              | 1                     | 6,001 - 16,000                              | 1                     | 74,001 - 130,000                             | 990                   | 37,001 - 80,000                              | 990                   |
| 13,001 - 24,000                             | 2                     | 16,001 - 25,000                             | 2                     | 130,001 - 200,000                            | 1,110                 | 80,001 - 175,000                             | 1,110                 |
| 24,001 - 26,000                             | 3                     | 25,001 - 34,000                             | 3                     | 200,001 - 355,000                            | 1,300                 | 175,001 - 385,000                            | 1,300                 |
| 26,001 - 33,000                             | 4                     | 34,001 - 43,000                             | 4                     | 355,001 - 400,000                            | 1,380                 | 385,001 and over                             | 1,560                 |
| 33,001 - 43,000                             | 5                     | 43,001 - 70,000                             | 5                     | 400,001 and over                             | 1,560                 |  |                       |
| 43,001 - 49,000                             | 6                     | 70,001 - 85,000                             | 6                     |  |                       |  |                       |
| 49,001 - 60,000                             | 7                     | 85,001 - 110,000                            | 7                     |  |                       |  |                       |
| 60,001 - 75,000                             | 8                     | 110,001 - 125,000                           | 8                     |  |                       |  |                       |
| 75,001 - 80,000                             | 9                     | 125,001 - 140,000                           | 9                     |  |                       |  |                       |
| 80,001 - 100,000                            | 10                    | 140,001 and over                            | 10                    |  |                       |  |                       |
| 100,001 - 115,000                           | 11                    |   |                       |  |                       |  |                       |
| 115,001 - 130,000                           | 12                    |   |                       |  |                       |  |                       |
| 130,001 - 140,000                           | 13                    |   |                       |  |                       |  |                       |
| 140,001 - 150,000                           | 14                    |   |                       |  |                       |  |                       |
| 150,001 and over                            | 15                    |   |                       |  |                       |  |                       |

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.





# Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

## Employee's Section

|   |  |                        |       |               |
|---|--|------------------------|-------|---------------|
| Employee's Name (last, first, middle initial)   |  | Social Security Number |       | Date of Birth |
| Employee's address (number and street)  |  | City                   | State | Zip Code      |
| <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> <i>If married, but legally separated, check the Single box.</i> |  |                        |       | Date of Hire  |

### FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

Complete Lines 1 through 3 only if your Wisconsin exemptions are different than your federal allowances.

- Exemption for yourself – enter 1 .....
  - Exemption for your spouse – enter 1 .....
  - Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent.....
  - Total – add lines (a) through (c) .....
- Additional amount per pay period you want deducted (if your employer agrees) .....
- I claim complete exemption from withholding (see instructions). Enter "Exempt" .....

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_, \_\_\_\_\_

### EMPLOYEE INSTRUCTIONS:

- WHO MUST FILE:**  
Every Employee is required to file a completed Form WT-4 with each of his or her employers unless the Employee claims the same number of withholding exemptions for Wisconsin withholding tax purpose as for federal withholding tax purpose. Form WT-4 (or federal Form W-4 if a Form WT-4 is not filed) will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 filed with employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.  
Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.  
You may file a new Form WT-4 any time you wish to change the amount of withholding from your paychecks, providing the number of exemptions you claim does not exceed the number you are entitled to claim.
- UNDER WITHHOLDING:**  
If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.
- OVER WITHHOLDING:**  
If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.
- WHEN TO FILE IF YOUR EXEMPTIONS CHANGE:**  
You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES.  
You may file a new certificate at any time if the number of your exemptions INCREASES.

### HOW TO COMPLETE FORM WT-4

**Clearly print your full name (last, first, middle initial), address, social security number and date of birth.**

- LINE 1:**  
(a)-(c) Number of exemptions — Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).  
(c) Dependents — Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.
- LINE 2:**  
Additional withholding — If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.
- LINE 3:**  
Exemption from withholding — You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you anticipate that you will incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.  
You must revoke this exemption (1) within 10 days from the time you anticipate you will incur income tax liability for the year or (2) on or before December 1 if you anticipate you will incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must file a new Form WT-4 with your employer showing the number of withholding exemption you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is filed before that date.

## Employer's Section

|  |      |                            |          |
|--|------|----------------------------|----------|
| Employer's Name                                |      | Federal Employer ID Number |          |
| Employer's payroll address (number and street) | City | State                      | Zip Code |

### EMPLOYER INSTRUCTIONS for Department of Revenue:

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the Employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than \$200.00 a week or is believed to have claimed more exemptions than he or she is entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, P.O. Box 8906, Madison, WI 53708 or fax (608)-267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-8646 or (608) 266-2776.

### EMPLOYER INSTRUCTIONS for New Hire Reporting:

- This report contains the required information for reporting New Hire to Wisconsin. Mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison, WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you are reporting New Hires electronically, you do not need to forward a copy of this report to Department of Workforce Development.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473).

The address will be displayed appropriately in a left window envelope.

**DEPARTMENT OF WORKFORCE DEVELOPMENT  
NEW HIRE REPORTING  
PO BOX 14431  
MADISON WI 53708-0431**

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS**

**NOTE: DO NOT USE FOR HSA ACCOUNTS—ASK FOR SPECIAL HSA FORM**

Name: \_\_\_\_\_ Worksite Employer: \_\_\_\_\_

I (we) hereby authorize QTI Human Resources (hereinafter called COMPANY) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) account indicated below and the depository named below (hereinafter called DEPOSITORY), to credit and/or debit the same to such account.

**IMPORTANT!! We MUST have a copy of a voided check with your name as the account holder before we can process a direct deposit for a checking account. Deposit slips are not acceptable in lieu of a voided check.**

**If you do not have checks to provide for your account or if you elect to directly deposit some or all of your paycheck to a savings account, please provide us with the phone number of your bank—we will attempt to verify your account & routing numbers via phone; in the event the bank will not verify your information via phone you will need to provide paperwork from the bank verifying your account/s.**

Bank Name: \_\_\_\_\_

Transit/ABA/Routing #: \_\_\_\_\_ Account Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

Type of Account:  Checking  Savings  Other (must be approved): \_\_\_\_\_

Amount To Be Deposited: \_\_\_\_\_ (dollar amount or percentage)

Bank Name: \_\_\_\_\_

Transit/ABA/Routing #: \_\_\_\_\_ Account Number: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Bank Phone: \_\_\_\_\_

Type of Account:  Checking  Savings  Other (must be approved): \_\_\_\_\_

Amount To Be Deposited: \_\_\_\_\_ (dollar amount or percentage)

Attach Check Here

**Attach additional account information & checks to separate piece of paper if dividing pay between more than two accounts...**

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford both COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_