



To: All Re-hires

Welcome back to Postier & Jaeckle Corp., please answer the following questions so that we have the most current information on file:

- 1.) **Has your mailing address and/or phone number changed since you last worked for P&J?**  
 Yes  No

If yes, please provide us with your new address and/or phone number:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- 2.) **Direct deposit is the preferred method for payroll checks at P&J.**  
 Were you paid by direct deposit the last time you worked for P&J?  Yes  No  
**Has your bank account information changed?**  Yes  No

If yes, please fill out the attached direct deposit form and provide us with a voided check.

Checks will be deposited into the account that we have on file regardless of how long ago you last worked for our company, if you do not change the account.

If you were not previously on direct deposit, we encourage you to complete the attached direct deposit Form to begin utilizing it. If you are unwilling to use direct deposit, please indicate the reason.

**Check all that Apply:**

- Do not have checking or savings account
- Never had direct deposit and need more information
- Do not like direct deposit and do not wish to participate

- 3.) Please fill out the attached W-4 with your current exemptions.

- 4.) Local Union \_\_\_\_\_ Classification \_\_\_\_\_

If you have any questions, please do not hesitate to ask.

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

\_\_\_\_\_  
**Print Name** **Date:** \_\_\_\_\_

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2018</span>	
▶ Whether you're 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.					
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. <b>Note: If married filing separately, check "Married, but withhold at higher Single rate."</b>		
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 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5	
6 Additional amount, if any, you want withheld from each paycheck				6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet <b>both</b> of the following conditions for exemption.					
• 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>					
• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.					
If you meet both conditions, write "Exempt" here. <span style="float: right;">▶</span>					
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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶				<b>Date</b> ▶	
8 Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)



# Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

First name and middle initial		Last name		Your social security number	
Permanent home address (number and street or rural route)			Apartment number		Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office			State		ZIP code
Married, but withhold at higher single rate <input type="checkbox"/>					
Note: If married but legally separated, mark an X in the Single or Head of household box.					
Are you a resident of New York City? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>					
Are you a resident of Yonkers? ..... Yes <input type="checkbox"/> No <input type="checkbox"/>					
<b>Complete the worksheet on page 3 before making any entries.</b>					
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 18) .....					1
2 Total number of allowances for New York City (from line 29) .....					2
<b>Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.</b>					
3 New York State amount .....					3
4 New York City amount .....					4
5 Yonkers amount .....					5

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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**Penalty** – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

**Employee: detach this page and give it to your employer; keep a copy for your records.**

**Employer: Keep this certificate with your records.**

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS ..... A

B Employee is a new hire or a rehire ... B  First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? ..... Yes  No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
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## Instructions

### Changes effective for 2018

Form IT-2104 has been revised for tax year 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2018 Form IT-2104 and give it to your employer.

### Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

Use additional form if you want to split deposit between your checking and savings account



**POSTLER & JAECKLE CORP. DIRECT DEPOSIT AUTHORIZATION FORM:**

I hereby consent to and Authorize Postler & Jaeckle Corp., to deposit my NET WAGES into the account in my name, at the bank indicated below, and authorize bank to credit such amounts to:

INDICATE TYPE OF ACCOUNT: \_\_\_\_\_ CHECKING \_\_\_\_\_ SAVINGS

\_\_\_\_\_  
NAME OF BANK OR SAVINGS ASSOCIATION

\_\_\_\_\_  
BRANCH

\_\_\_\_\_  
CITY / STATE ZIP

|: \_\_\_\_\_ |:

BANK ROUTING AND TRANSIT NUMBER

(this is a 9-digit number between the |: symbols prior to the account # at bottom of check)

\_\_\_\_\_  
ACCOUNT NUMBER

My company is authorized to make withdrawal on this account to adjust any over-deposit which it has caused to be made. This authorization is to remain in full force and effect for the duration of my employment, or until the company may wish to discontinue the service, or until company has received written notification from me of its termination in such time and manner as to afford company and bank a reasonable opportunity to act on it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Name (**Print**)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Employee #

STAPLE VOIDED CHECK HERE



## Health Insurance Marketplace Notice

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Pursuant to the Affordable Care Act, regardless of whether you have health coverage, we are required to notify you regarding the new Health Insurance Marketplace, otherwise known as the Exchange. **If you have health coverage through one of our collectively bargained agreements, you are not subject to penalty nor are you required to purchase other health insurance coverage, through the Marketplace or otherwise and there is nothing that you have to do to comply with the Affordable Care Act. Your Union's Health Fund provides high quality comprehensive coverage to its participants and their families.**

The Marketplace is designed to help individuals without health coverage (and individuals who are eligible for coverage that does not meet certain standards) find health insurance that meets their needs and fits their budget. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting January 1, 2014.

A person may be eligible for a premium tax credit under section 36B of the internal Revenue Code if that person purchases a qualified health plan through the Marketplace. However, if a person has an offer of health coverage from their employer that meets certain standards, the person will not be eligible for a tax credit through the Marketplace and may wish to enroll in their employer's health plan. Specifically, if the cost of a plan from an employer that would cover the employee (and not any other members of the person's family) does not exceed 9.5% of the person's household income for the year, and if the coverage meets the "minimum value" standard set by the Affordable Care Act, that person will not be eligible for any tax credit to purchase coverage through the Marketplace.<sup>1</sup>

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer offered coverage. Also, this employer contribution – as well as your employee contribution, if any, to employer-offered coverage – is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

You may visit **HealthCare.gov** for more information regarding the new Health Insurance Marketplace, including contact information for a Marketplace in your area. **Remember, if you have health coverage under one of our collectively bargained agreements, there is nothing that you need to do to comply with the Affordable Care Act. This notice is for informational purposes only.**

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<sup>1</sup>An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.



**Notice and Acknowledgement of Pay Rate and Payday  
Under Section 195.1 of the New York State Labor Law  
Notice for Collectively Bargained Employees**

**1. Employer Information**

**Name:**

Postler & Jaeckle Corp.

**Doing Business As (DBA) Name(s)**

**FEIN (optional):**

16-0874552

**Physical Address:**

615 South Avenue  
Rochester, NY 14620

**Mailing Address:**

615 South Avenue  
Rochester, NY 14620

**Phone:**

585-546-7450

**2. Notice given:**

- At hiring  
 On or before February 1  
 Before a change in pay rate(s),  
allowances claimed or payday

LS 54 (03/11)

**3. Your rate of pay will be the agreed upon rate based on the collectively bargained agreement you are signatory to. Schedules are available upon request.**

**4. Allowances taken:**

- None  
 Meals \_\_\_\_\_ per hour  
 Meals \_\_\_\_\_ per meal  
 Lodging \_\_\_\_\_  
 Other \_\_\_\_\_

**5. Regular Payday:** Thursday

**6. Pay is:**

- Weekly  
 Bi-Weekly  
 Other

**7. Overtime Pay Rate:**

This is 1½ times the worker's regular rate, with few exceptions.)

**8. Employee Acknowledgement:**

On this day I have been notified of my pay rate, overtime rate (if eligible), allowances, and designated payday on the date given below. I told my employer what my primary language is.

**Check one:**

I have been given this notice in English because it is my primary language.

My primary language is \_\_\_\_\_. I have been given this notice in English only, because the Department of Labor does not yet offer a pay notice in my primary Language.

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

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

Elisabeth P. Howard, # 7 \

\_\_\_\_\_  
**Preparer's Name and Title**

**The employee must receive a signed copy of this form. The employer must keep the original for 6 years.**