



# Human Capital Management Image 49 Overview

Revised Aug. 28, 2024

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# Introduction

The Image/Upgrade Overview Document is intended to provide ctcLink users with a summary of the changes that will be made in the system as a result of the upcoming image or PeopleTools upgrade implementation. Oracle releases multiple PeopleSoft updates, called images, for each pillar every year. Each Image contains bug fixes and features that are important for PeopleSoft to work well. PeopleTools upgrades update the underlying framework of the system. There are minimal changes that are noticeable to the end users. Below is an overview of the changes that you can expect to see as part of this upgrade.

## Benefits

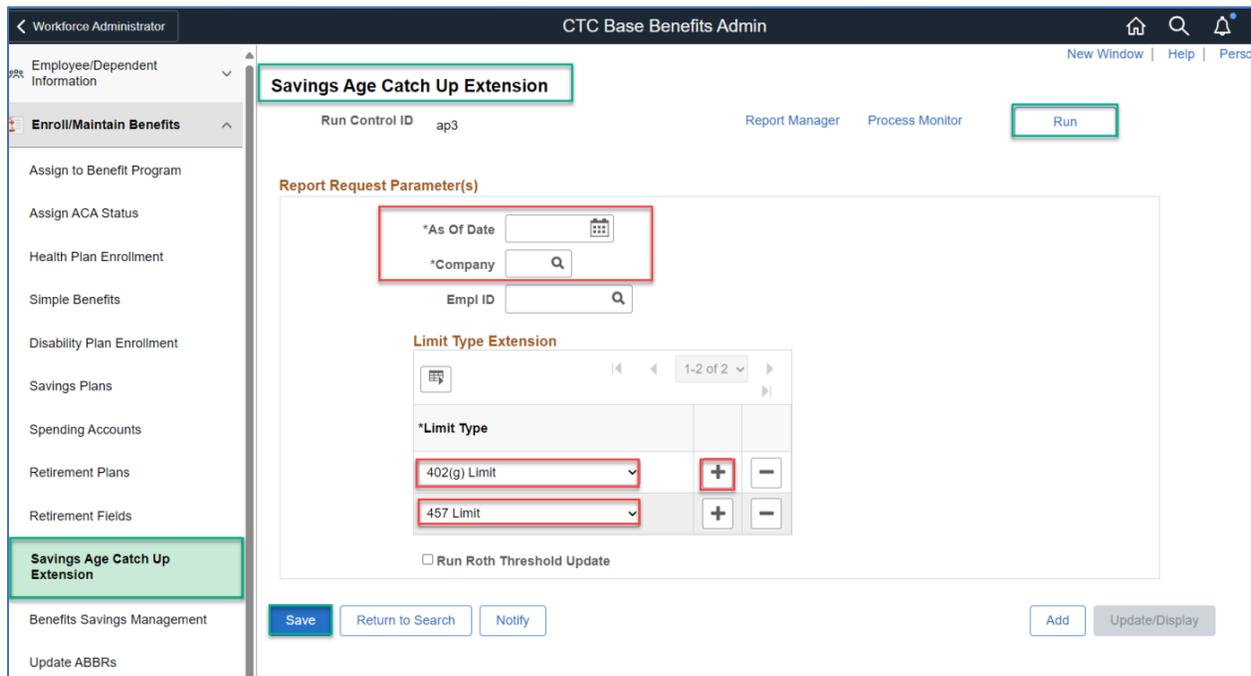
### Savings Age Catch Up Extension

The Identify Age-50 Extensions process is now called Savings Age Catch Up Extension. When running this process for all applicable employees, HCM users need to populate the “as of date” and appropriate company code (leaving the Empl ID field blank). In the Limit Type Extension window, HCM users must select 402(g) and 457 limits. These can be run at the same time. HCM users no longer need to populate applicable extension cap amounts part of this process. These amounts are now being accessed/pulled directly from the Limit Table which is maintained by SBCTC Central Payroll.

### Navigation

NavBar > Menu > Benefits > Monitor Savings Pln Extensions > Savings Age Catch Up Extension

### Image: Savings Age Catch Up Extension



QRG

[9.2 Running the Identify Age 50 Extensions](#)

## Payroll

### Updated Federal / State Tax Table

**Florida (FL)** - A new table entry effective-dated 09/30/2024 is added to deliver the Florida state minimum wage increase from \$12.00 to \$13.00 per hour. <https://www.state.gov/wp-content/uploads/2021/01/2021-01-29-Notice-FL-Minimum-Wage-Increase.pdf>

**Iowa (IA)** - A new table entry effective-dated 01/02/2024 is added to deliver Iowa withholding tax changes effective for wages paid on or after January 1, 2024, as published by the Iowa Department of Revenue. The new table entry is dated 01/02/2024 to preserve the previously delivered table entry dated 01/01/2024 for audit history purposes. <https://revenue.iowa.gov/taxes/tax-guidance/withholding-tax/iowa-withholding-tax-information>

**Illinois (IL)** - The table entry effective-dated 01/01/2024, which was delivered in Tax Update 24-A, is updated to correct the Illinois annual allowance amount from \$2,425.00 to \$2,775.00 as published in Illinois Department of Revenue 2024 Booklet IL-700-T. <https://tax.illinois.gov/content/dam/soi/en/web/tax/forms/withholding/documents/currentyear/il-700-t.pdf>

**Maryland (MD)** - For the Maryland state codes Z3 through ZL, the State Tax Table entry effective-dated 01/01/2024, which was delivered in Tax Update 23-D, is updated with the new minimum standard deduction amount of \$1,800.00 and the new maximum standard deduction amount of \$2,700.00. These new values are used in Maryland withholding tax calculations for wages paid on or after January 1, 2024, as published in the 2024 Maryland Employer Withholding Guide. <https://www.marylandtaxes.gov/forms/24-forms/Withholding-Guide.pdf>

**Oregon (OR)** - A new table entry effective-dated 07/01/2024 is added to deliver the Oregon state minimum wage increase from \$15.45 to \$15.95 per hour. <https://www.oregon.gov/boli/workers/Pages/minimum-wage-schedule.aspx>

### State Tax Data Page Updates for Georgia

Modifications have been delivered to support the Georgia withholding tax calculation changes effective January 1, 2024. The following fields are no longer used in the Georgia withholding tax calculation, and are grayed-out:

- Withholding Allowances
- Additional Percentage

### Navigation

NavBar > Menu > Payroll for North America > Employee Pay Data USA > Tax Information - State Tax Data

Image: State Tax Data page for Georgia before Image 49 is applied.

Federal Tax Data **State Tax Data** Local Tax Data

Person ID [REDACTED]

Tax Data ? [Search] | [Navigation] 1 of 5 | View All

Company [REDACTED] Effective Date 08/01/2024 [+ -]

State Information [Search] | [Navigation] 1 of 2 | View All

\*State GA Georgia [+ -]

Resident  UI Jurisdiction  
 Non-Residency Statement Filed  Exempt From SUT

State Withholding Elements ?

\*Special Withholding Tax Status None

\*Tax Status S Single allowance

Withholding Allowances 0 (GA Form G-4 line 3)

Additional Amount \$0.00

Additional Percentage 0.000

Additional Allowances 0 (GA Form G-4 line 4+5)

Image: State Tax Data page for Georgia after Image 49 is applied. Fields Withholding Allowances and Additional Percentage are grayed-out for changes effective January 1, 2024, or later.

The screenshot displays the 'State Tax Data' page for Georgia. The 'State Tax Data' tab is active. The 'Effective Date' is set to 08/01/2024. Under 'State Information', the state is set to GA (Georgia), and the 'Resident' checkbox is checked. Under 'State Withholding Elements', the 'Special Withholding Tax Status' is 'None', the 'Tax Status' is 'S', and the 'Single allowance' is 'Single allowance'. The 'Withholding Allowances' field is set to 0, the 'Additional Amount' is \$0.00, the 'Additional Percentage' is 0.000, and the 'Additional Allowances' is 0. The fields 'Withholding Allowances' and 'Additional Percentage' are highlighted with red boxes, indicating they are grayed-out.

## QRG

### [9.2 Entering U.S. Employee Tax Data](#)

## Iowa State Tax Data Updates

Product modifications are delivered to support the new 2024 Iowa withholding tax calculation.

1. The following fields are no longer used in the Iowa withholding tax calculation, and are grayed-out:
  - Withholding Allowances
  - Additional Percentage
  - Additional Allowances
2. A new label "Form IA W-4 line 7" is added to the Additional Amount field.
3. A new field "Total Allowances" is added and labeled "Form IA W-4 line 6".

When a Tax Data record for Iowa is created with an Effective Date of 01/02/2024 or later, a default value of \$40 will appear in the Total Allowances field, as per this statement on page 2 in the Iowa Department of Revenue withholding instructions:

<https://tax.iowa.gov/sites/default/files/2023-12/IowaWithholdingFormulaInstructions2024.pdf>

“For employees who do not file an updated W-4 using the 2024 IA W-4 form, use \$40 as the total allowance amount.” Once an employee has submitted a completed Form IA W-4, the \$40 default value can be changed to either:

- whatever dollar amount the employee enters on Line 6 of Iowa Form IA W-4, or
  - \$0 if the employee declines to claim the minimum \$40 allowance on Line 1.
1. Effective 01/01/2024, SWT Marital Status Table is updated as follows:
- Marital Tax Status value “H” (for “Head of Household”) is added for Iowa.
  - Marital Tax Status value “S” (for “Single, Married Filing Separately, or Qualifying Surviving Spouse (identified as "Other" on Iowa Form IA-W4)”) is added for Iowa.

## Navigation

NavBar > Menu > Payroll for North America > Employee Pay Data USA > Tax Information - State Tax Data

Image: State Tax Data page for Iowa before Image 49 is applied.

The screenshot displays the 'State Tax Data' page for Iowa. At the top, there are three tabs: 'Federal Tax Data', 'State Tax Data' (which is selected and highlighted with a red box), and 'Local Tax Data'. Below the tabs, the 'Person ID' is shown as a redacted black box. The 'Tax Data' section includes a search icon, navigation arrows, and a 'View All' link. The 'Company' is listed as 'Community College' and the 'Effective Date' is '01/02/2024', both highlighted with red boxes. The 'State Information' section shows the state as 'Iowa' (highlighted with a red box), with checkboxes for 'Resident' (checked), 'Non-Residency Statement Filed' (unchecked), 'UI Jurisdiction' (checked), and 'Exempt From SUT' (checked). The 'State Withholding Elements' section is highlighted with a red box and contains the following fields: '\*Special Withholding Tax Status' (None), '\*Tax Status' (S), 'Withholding Allowances' (2), 'Additional Amount' (\$0.00), 'Additional Percentage' (0.000), and 'Additional Allowances' (0).

Image: State Tax Data page for Iowa after Image 49 is applied, for changes effective January 1, 2024, or later.

The screenshot displays the 'State Tax Data' page for Iowa. At the top, there are three tabs: 'Federal Tax Data', 'State Tax Data' (which is selected and highlighted with a red box), and 'Local Tax Data'. Below the tabs, the 'Person ID' is shown as a redacted black box. The main content area is divided into several sections. The 'Tax Data' section at the top right shows '1 of 3' items. The 'Company' section displays 'Community College' and 'Effective Date' as '01/02/2024' (highlighted with a red box). The 'State Information' section shows '\*State' as 'IA' and 'Iowa' (highlighted with a red box). Below this, there are checkboxes for 'Resident' (checked), 'Non-Residency Statement Filed' (unchecked), 'UI Jurisdiction' (checked), and 'Exempt From SUT' (checked). The 'State Withholding Elements' section is highlighted with a red box and contains the following fields: '\*Special Withholding Tax Status' (None), '\*Tax Status' (S), 'Withholding Allowances' (0), 'Additional Amount' (\$0.00), 'Additional Percentage' (0.000), 'Additional Allowances' (0), and 'Total Allowances' (\$80). A tooltip for the 'Tax Status' field is visible, showing 'Single, Married Filing Separately, or Qualifying Surviving Spouse (identified as "Other" on Iowa Form IA-W4)'. The 'Form IA W-4 line 7' and 'Form IA W-4 line 6' are also indicated next to the 'Additional Amount' and 'Total Allowances' fields respectively.

## QRG

### [9.2 Entering U.S. Employee Tax Data](#)

## Automatic Employee Tax Data - Iowa

To comply with the IA W-4 Form issued by the Iowa Department of Revenue for use beginning tax year 2024, the Automatic Tax Update functionality has been modified to set the default Total Allowances to \$40. Modifications to employee State Tax Data for Iowa have been made to allow \$0 as a valid value for Total Allowances and handle cases when Federal Tax Data shows Federal Form Version = "W-4 - 2019 or Earlier".

Prior to the modifications, there was no Total Allowances information present on the State Tax Data page for Iowa, and fields for the previous version of Iowa Form IA W-4 were displayed when Federal Tax Data showed Federal Form Version = "W-4 - 2019 or Earlier".

## Navigation

NavBar > Menu > Workforce Administration > Job Information > Job Data – Payroll tab

NavBar > Menu > Payroll for North America > Employee Pay Data USA > Tax Information – Federal Tax Data

NavBar > Menu > Payroll for North America > Employee Pay Data USA > Tax Information - State Tax

Data

### Image: Job Data, Payroll, Payroll for North America

**Payroll for North America** ?

Pay Group	<input type="text" value=""/>	Exempt: Semi Monthly	
Employee Type	<input type="text" value="S"/>	Salaried	Holiday Schedule <input type="text" value="WACTC"/> WA Holiday
Tax Location Code	<input type="text" value="IAST00"/>	Iowa Districts	FICA Status <input type="text" value="Subject"/>
GL Pay Type	<input type="text" value=""/>		<a href="#">Edit ChartFields</a>
Combination Code			

### Image: Employee Federal Tax Data – Federal Form Version = “W-4 - 2019 or Earlier”.

**Federal Tax Data** | State Tax Data | Local Tax Data

Person ID

**Tax Data** ?  | 1 of 3 | [View All](#)

Company  Community College

\*Effective Date

Updated By System Date Last Updated 08/14/2024

**Federal Form Version** ?

\*Form Version

## Image: Employee State Tax Data – State = IA.

The screenshot displays the 'Employee State Tax Data' interface. At the top, there are three tabs: 'Federal Tax Data', 'State Tax Data' (which is selected and highlighted with a red box), and 'Local Tax Data'. Below the tabs, the 'Person ID' is shown as a redacted black box. The 'Tax Data' section includes a search icon, navigation arrows, and a '1 of 3' indicator. The 'Company' is listed as 'Community College', and the 'Effective Date' is '08/14/2024', both highlighted with red boxes. The 'State Information' section shows '\*State' as 'IA' and 'Iowa', also highlighted with a red box. There are checkboxes for 'Resident' (checked), 'Non-Residency Statement Filed' (unchecked), 'UI Jurisdiction' (checked), and 'Exempt From SUT' (checked). The 'State Withholding Elements' section is highlighted with a red box and contains the following fields: '\*Special Withholding Tax Status' (None), '\*Tax Status' (S), 'Withholding Allowances' (0), 'Additional Amount' (\$0.00), 'Additional Percentage' (0.000), 'Additional Allowances' (0), and 'Total Allowances' (\$0). A dropdown menu for '\*Tax Status' is open, showing options: 'Single, Married Filing Separately, or Qualifying Surviving Spouse (identified as "Other" on Iowa Form IA-W4)'. The 'Additional Amount' and 'Total Allowances' fields are linked to 'Form IA W-4 line 7' and 'Form IA W-4 line 6' respectively.

### QRG

[9.2 Entering U.S. Employee Tax Data](#)

## 2024 Iowa Withholding Tax Calc

The Pay Calculation process has been modified to correctly calculate tax withholding as per the revised 2024 Iowa withholding formula for wages paid in 2024 to employees who have not yet submitted the new 2024 revision of Iowa Form IA W-4. The calculation is based on the revised instructions by the Iowa Department of Revenue indicating that employers may continue to compute withholding based on information from an employee's most recently furnished Iowa Form IA W-4 by multiplying the number of allowances claimed on line 6 of the pre-2024 Form IA W-4 by \$40 to determine the Total Allowances dollar amount.

### Navigation

NavBar > Menu > Payroll For North America > Payroll Processing USA > Produce Payroll > Calculate Payroll

### QRG

[9.2 Running the Pay Calculation Process](#)

## Montana Automatic Employee Tax Data

The Automatic Tax Update functionality has been updated to set the default State Withholding Tax Status for Montana to 'Single' and Reduced Withholding amount, to comply with the MW-4 form issued by the Montana Department of Revenue for use beginning tax year 2024.

Prior to the modifications, the default value of the Montana State Withholding Tax Status was 'None' and there was no Reduced Withholding information present on the State Tax Data page.

### Navigation

NavBar > Menu > Workforce Administration > Job Information > Job Data – Payroll tab

NavBar > Menu > Payroll for North America > Employee Pay Data USA > Tax Information - State Tax Data

### Image: Job Data, Payroll, Payroll for North America

Payroll for North America ?

Pay Group [Redacted] Classified: Semi Monthly

Employee Type S Salaried

**Tax Location Code MTST00 Montana Districts**

GL Pay Type [Redacted]

Combination Code

Holiday Schedule WACTC WA Holiday

FICA Status Subject

Edit ChartFields

### Image: State Tax Data page for Montana before Image 49 is applied.

Federal Tax Data **State Tax Data** Local Tax Data

Person ID [Redacted]

Tax Data ? 2 of 7 View All

Company [Redacted] College

**Effective Date 06/01/2022**

State Information 1 of 2 View All

**\*State MT Montana**

Resident  UI Jurisdiction

Non-Residency Statement Filed  Exempt From SUT

**State Withholding Elements ?**

\*Special Withholding Tax Status None

\*Tax Status N Not applicable

Withholding Allowances 0

Additional Amount \$0.00

Additional Percentage 0.000

Additional Allowances 0

Image: State Tax Data page for Montana after Image 49 is applied, for changes effective January 1, 2024, or later.

Federal Tax Data **State Tax Data** Local Tax Data

Person ID [REDACTED]

Tax Data 1 of 16 View All

Company [REDACTED] College Effective Date 08/01/2024

State Information 1 of 2 View All

\*State MT Montana

Resident  UI Jurisdiction  
 Non-Residency Statement Filed  Exempt From SUT

State Withholding Elements

\*Special Withholding Tax Status None

\*Tax Status S Single or married filing separately (Form MW-4 line 1-a)

Withholding Allowances 0

Additional Amount \$0.00 (MT Form MW-4 line 3)

Additional Percentage 0.000

Additional Allowances 0

Reduced Withholding \$0 (MT Form MW-4 line 4)

## QRG

### [9.2 Entering U.S. Employee Tax Data](#)

## W-2C Form Functionality Changes

The W-2c Employee Print BI Publisher template (Report ID PYW2C23N\_EE) and W-2c Employee self-service BI Publisher template (Report ID PYW2C23S\_EE) have been modified to print W-2c box 3 and box 4 correction amounts without a comma when the amounts are greater than 3 digits.

Prior to the modifications, a comma appeared for W-2c box 3 and box 4 correction amounts when the amounts were greater than 3 digits.

### Navigation

NavBar > Menu > Payroll for North America > US Annual Processing > Create W-2 Data > View W-2/W-2C Forms

Image: W-2c Form before Image 49 is applied.

44444		For Official Use Only OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .																					
a Employer's name, address, and ZIP code ██████████ COLLEGE ██████████ ██████████				c Tax year/Form corrected ██████████ / W-2		d Employee's correct SSN ██████████																							
b Employer identification number (EIN) ██████████				e Corrected SSN and/or name. (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>																									
<p><b>Note:</b> Only complete money fields that are being corrected. (Exception: for corrections involving MQGE, see the General Instructions for Forms W-2 and W-3, under <i>Specific Instructions for Form W-2c</i>, boxes 5 and 6).</p> <table border="1"> <thead> <tr> <th>Previously reported</th> <th>Correct information</th> <th>Previously reported</th> <th>Correct information</th> </tr> </thead> <tbody> <tr> <td>1 Wages, tips, other compensation 26404.68</td> <td>1 Wages, tips, other compensation 29982.00</td> <td>2 Federal income tax withheld</td> <td>2 Federal income tax withheld</td> </tr> <tr> <td>3 Social security wages 45018.52</td> <td>3 Social security wages 48,596.00</td> <td>4 Social security tax withheld 2791.15</td> <td>4 Social security tax withheld 3,012.96</td> </tr> <tr> <td>5 Medicare wages and tips 45018.52</td> <td>5 Medicare wages and tips 48596.00</td> <td>6 Medicare tax withheld 652.77</td> <td>6 Medicare tax withheld 704.64</td> </tr> <tr> <td>7 Social security tips</td> <td>7 Social security tips</td> <td>8 Allocated tips</td> <td>8 Allocated tips</td> </tr> </tbody> </table>				Previously reported	Correct information	Previously reported	Correct information	1 Wages, tips, other compensation 26404.68	1 Wages, tips, other compensation 29982.00	2 Federal income tax withheld	2 Federal income tax withheld	3 Social security wages 45018.52	3 Social security wages 48,596.00	4 Social security tax withheld 2791.15	4 Social security tax withheld 3,012.96	5 Medicare wages and tips 45018.52	5 Medicare wages and tips 48596.00	6 Medicare tax withheld 652.77	6 Medicare tax withheld 704.64	7 Social security tips	7 Social security tips	8 Allocated tips	8 Allocated tips	f Employee's previously reported SSN					
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g Employee's previously reported name						h Employee's first name and initial ██████████																							
						Last name ██████████		Suff. ██████████																					
						i Employee's address and ZIP code ██████████																							

Image: W-2c Form after Image 49 is applied.

44444		For Official Use Only OMB No. 1545-0008		Safe, accurate, FAST! Use				Visit the IRS website at <a href="http://www.irs.gov/efile">www.irs.gov/efile</a> .																					
a Employer's name, address, and ZIP code ██████████ COLLEGE ██████████ ██████████				c Tax year/Form corrected ██████████ / W-2		d Employee's correct SSN ██████████																							
b Employer identification number (EIN) ██████████				e Corrected SSN and/or name. (Check this box and complete boxes f and/or g if incorrect on form previously filed.) <input type="checkbox"/>																									
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g Employee's previously reported name						h Employee's first name and initial ██████████																							
						Last name ██████████		Suff. ██████████																					
						i Employee's address and ZIP code ██████████																							

QRG

[9.2 View W-2/W-2c Form for an Employee and Download or Print](#)

# Manager Self Service

## Delegation

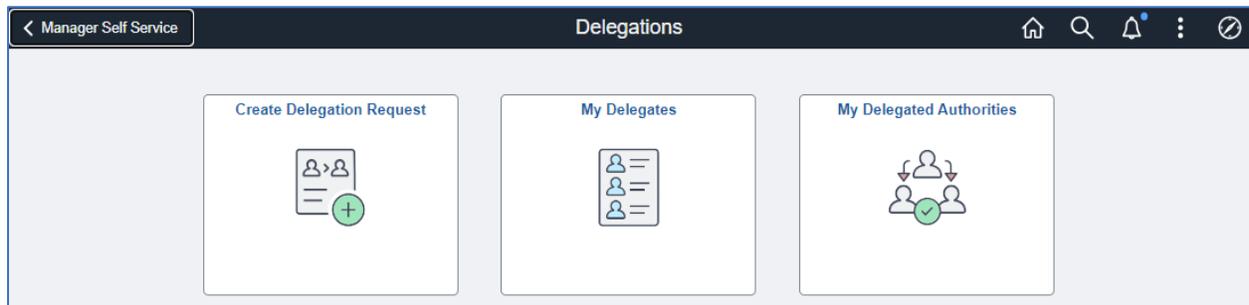
Modifications have been made to enable the Proxy to approve their own Absence/Payable time request. After Image 49 is applied, the system will route the approval to both the Delegator and Delegate, and either of them can approve the request.

Before these changes, the system did not allow the Delegator to approve the request after the Proxy accepted the delegation.

## Navigation

HCM Manager Self-Service > Delegations (Tile)

Image: Manager Self Service - Delegations tiles



## QRG

[Manager Self-Service Tile Overview](#)

## Timesheet Period Selector Enhancement

The Timesheet period selector has been enhanced by adding Monthly and Bi-weekly views according to the user's preference.

## Navigation

Manager Self Service > Team Time (tile) > Enter Time

## Image: Enter Time - Timesheet

## QRG

### [9.2 MSS Enter Time \(Fluid\)](#)

## Enter Time Search Page Selection of Dates

Managers/ Administrators are now able to select a date on the Enter Time Search Page which will be used until they exit the component. This means that this date will carry through to all the Time Reporters that they are viewing, eliminating the need to reselect the date when going between Time Reporters.

## Navigation

Manager Self Service > Team Time (tile) > Enter Time

## Image: Enter Time – As of Date search results.

Name/Title	Exceptions	Hours to be Approved
[Redacted]	1	1

## QRG

### [9.2 MSS Enter Time \(Fluid\)](#)

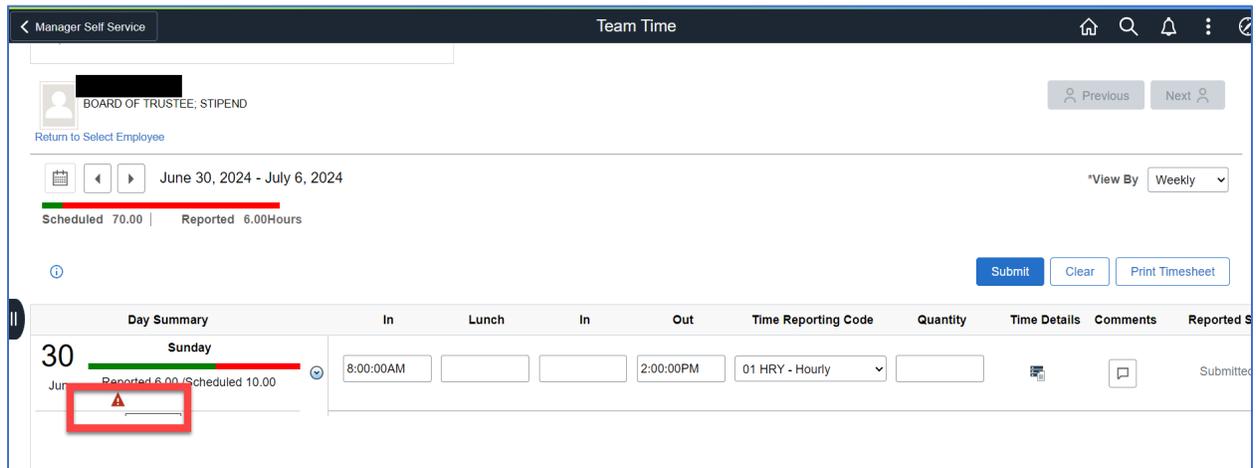
## Red Exception Icon on Enter Time

After Image 49 is applied, Managers/ Administrators will see red exception icon on the Enter Time page when the system generated Exception for the employee's reported time.

### Navigation

Manager Self Service > Team Time (tile) > Enter Time

### Image: Enter Time – viewing employee's timesheet.



## QRG

### [9.2 MSS Enter Time \(Fluid\)](#)

## Exceptions Auto Populate for Managers and Administrators

After T&L Time Administration processed employees' timesheets, Managers/ Administrators can see the list of exceptions for their Time Reporters. The system auto populates the exceptions.

Previously, Managers/ Administrators needed to enter values in Employee Selection search criteria in order to view the exceptions.

### Navigation

Manager Self Service > Team Time (tile) > Manage Exceptions

Image: Manage Exceptions before Image 49 is applied.

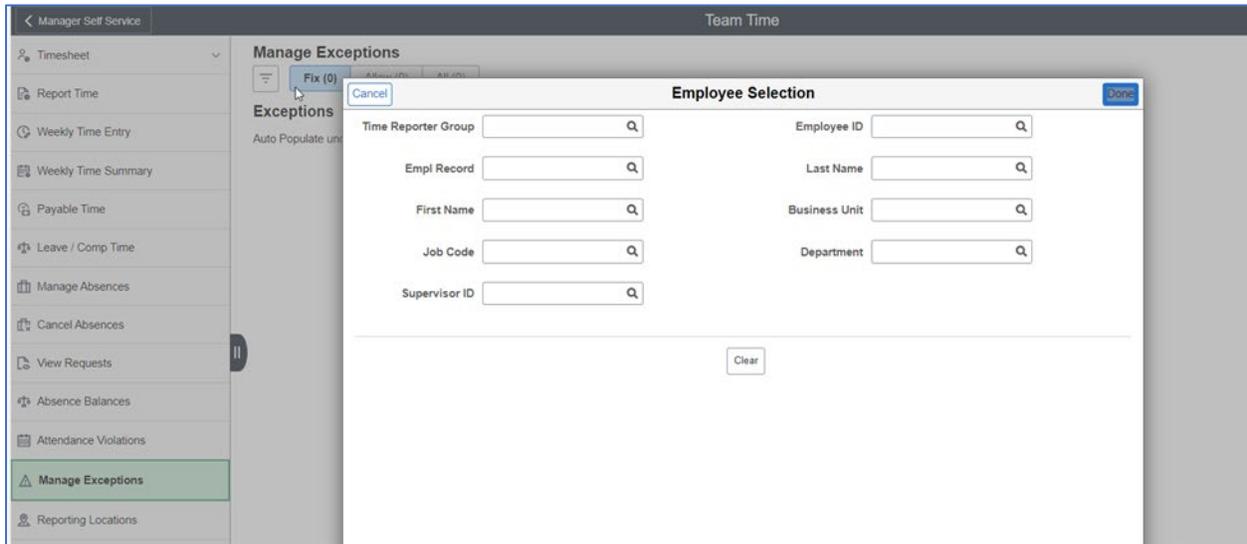
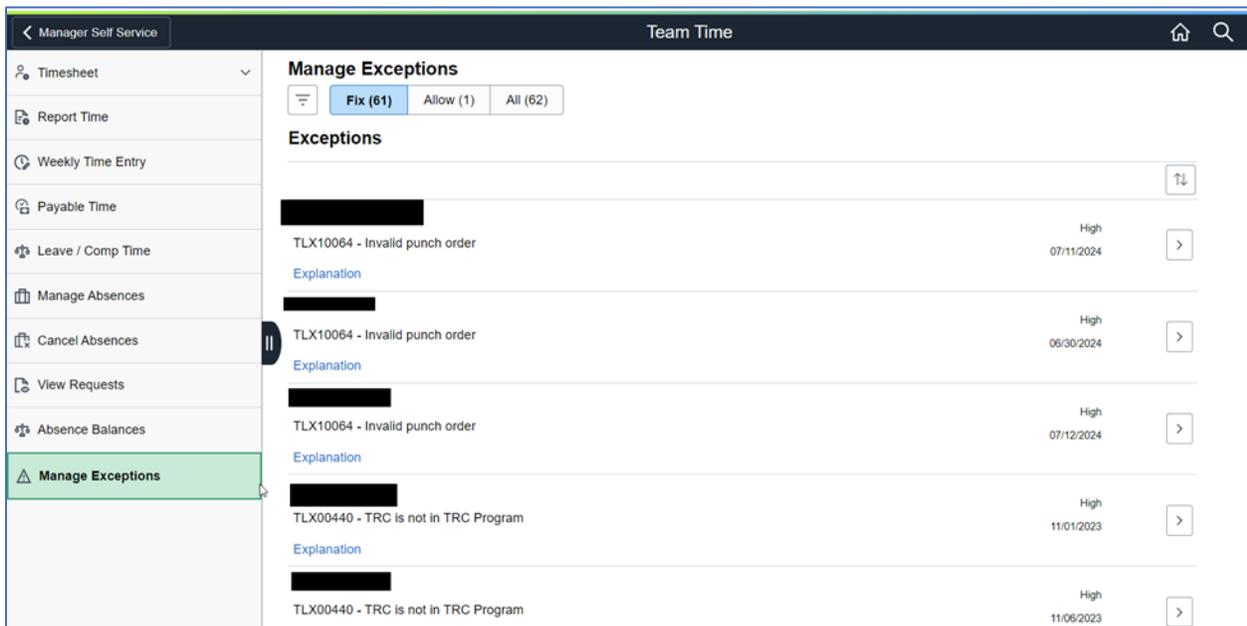


Image: Manage Exceptions after Image 49 is applied.



## QRG

### 9.2 MSS Manage Exceptions (Fluid)

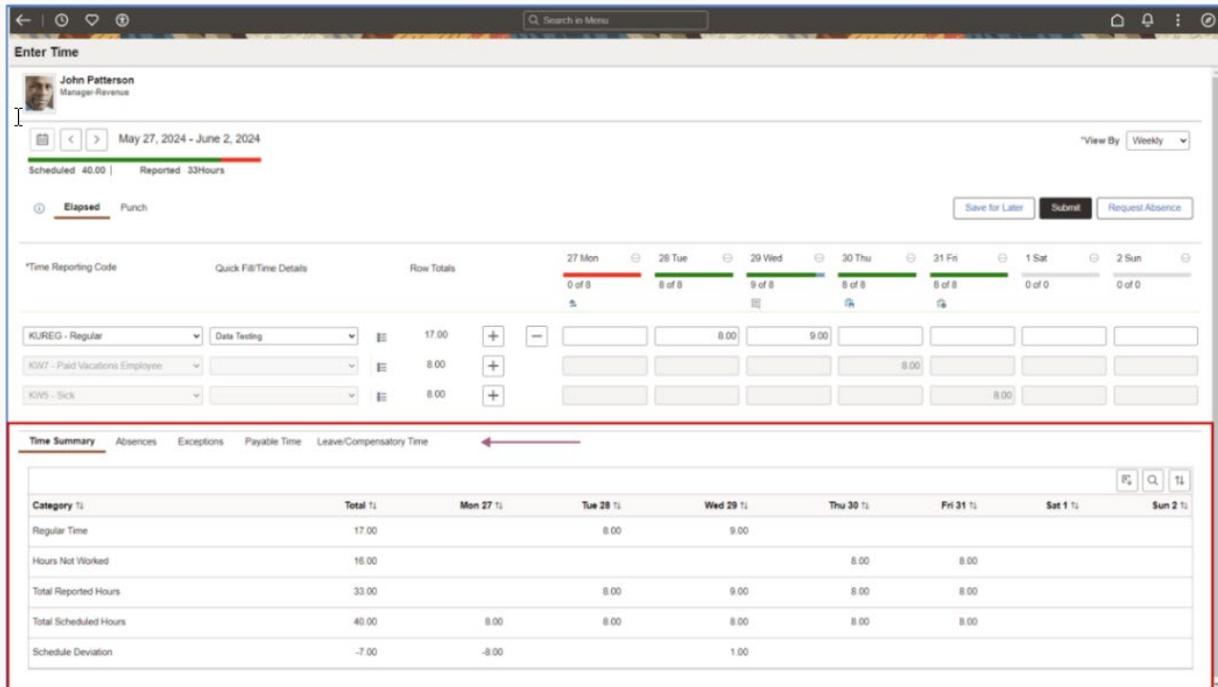
## Enhanced Configurable Time Summary Feature

The configurable time summary feature has been enhanced to make it easier to navigate between different sections in the Timesheet such as Time Summary, Payable Time, Leave/ Compensatory Time, Exceptions, and Absences.

### Navigation

Manager Self Service > Team Time (tile) > Enter Time

Image: Enter Time – viewing Time Summary below employee’s timesheet.



## QRG

### 9.2 MSS Enter Time (Fluid)

# Employee Self Service

## Name Change

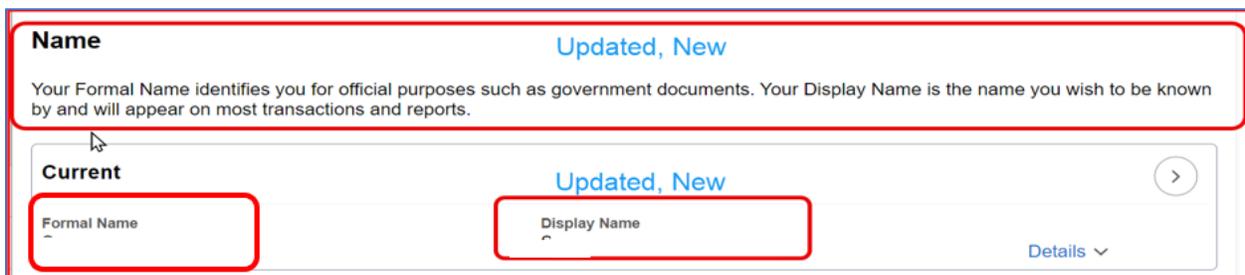
Image 49 delivers via a system update with additional wording on the self-service name function, as well as displays their Formal Name and Display Name (preferred) on the main page.

- Functionality to update names via ESS remains the same

## Navigation

HCM Employee Self Service (Homepage) > Personal Details (Tile) > Name(Tile)

Image: Update Showing Displayed Name(Preferred) and Wording About Name Types



## Absence Request Captures Begin Time & End Time

Image 49 delivers the ability for users to capture Begin Time and End Time for the partial day absence entry.

#### Key Benefits of Displaying Absence Times:

- **Improved Accuracy:** By seeing the exact begin and end times of an absence, managers can more accurately assess the impact on operations and ensure proper coverage.
- **Enhanced Planning:** This detailed information helps in planning and redistributing workloads more effectively, minimizing disruptions caused by partial absences.
- **Increased Transparency:** Employees and managers alike benefit from greater transparency in how absences are recorded and managed, fostering trust and accountability.

#### Navigation

HCM Employee Self Service (Homepage) > Time (Tile) > Manage Absences (Tile)

#### Image: Absence Request, Partial Days = “Start and End Days”

**Partial Days**

Partial Days: Start and End Days

Start Date: 01/04/2024

Start Day is Half Day: Yes

Begin Time: 10:00 AM

End Time: 02:00 PM

End Date: 02/04/2024

End Day is Half Day: Yes

Begin Time: 08:00 AM

End Time: 12:00 PM

#### QRG

[Absence Request \(Fluid\)](#)

#### Arizona Form A-4 PDF

Arizona Form A-4 has been updated to 2024.

#### Navigation

Employee Self Service > Payroll Tile > Tax Withholding

Image: Arizona A-4 PDF Form

<b>Arizona Form A-4</b>	<b>Employee's Arizona Withholding Election</b>	<b>2024</b>
Type or print your Full Name ████████████████████		Your Social Security Number XXX-XX-████
Home Address – number and street or rural route ████████████████████		
City or Town ██████████	State AZ	ZIP Code ██████████
<p><b>Choose either box 1 or box 2:</b></p> <p><input checked="" type="checkbox"/> <b>1</b> Withhold from gross taxable wages at the percentage checked (<b>check only one percentage</b>):</p> <p style="margin-left: 20px;"> <input type="checkbox"/> 0.5%                <input type="checkbox"/> 1.0%                <input type="checkbox"/> 1.5%                <input type="checkbox"/> 2.0%                <input type="checkbox"/> 2.5%                <input type="checkbox"/> 3.0%                <input type="checkbox"/> 3.5%         </p> <p style="margin-left: 20px;"><input type="checkbox"/> Check this box and enter an extra amount to be withheld from each paycheck ..... \$ <input type="text"/></p> <p><input checked="" type="checkbox"/> <b>2</b> I elect an Arizona withholding percentage of zero, and I certify that I expect to have no Arizona tax liability for the current taxable year.</p>		
I certify that I have made the election marked above.		
_____ SIGNATURE		_____ DATE
<b>Employee's Instructions</b>		<b>Submit</b>
<p>Arizona law requires your employer to withhold Arizona income tax from your wages for work done in Arizona. The amount withheld is applied to your Arizona income tax due when you file your tax return. The amount withheld is a percentage of your gross taxable wages from every paycheck. You may also have your employer withhold an extra amount from each paycheck. Complete this form to select a percentage and any extra amount to be withheld from each paycheck.</p> <p><b>What are my "Gross Taxable Wages"?</b></p> <p>For withholding purposes, your "gross taxable wages" are the wages that will generally be in box 1 of your federal Form W-2. It is your gross wages less any pretax deductions, such as your share of health insurance premiums.</p> <p><b>New Employees</b></p> <p>Complete this form within the first five days of your employment to select an Arizona withholding percentage. You may also have your employer withhold an extra amount from each paycheck. If you do not give this form to your employer the department requires your employer to withhold 2.0% of your gross taxable wages.</p> <p><b>Current Employees</b></p> <p>If you want to change your current amount withheld, you must file this form to change the Arizona withholding percentage or to change the extra amount withheld.</p> <p><b>What Should I do With Form A-4?</b></p> <p>Give your completed Form A-4 to your employer.</p>	<p><b>Electing a Withholding Percentage of Zero</b></p> <p>You may elect an Arizona withholding percentage of zero if you expect to have no Arizona income tax liability for the current year. Arizona tax liability is gross tax liability less any tax credits, such as the family tax credit, school tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date you file the form. To keep this election for the next calendar year, you must give your employer an updated Form A-4. If you do not, your employer may withhold Arizona income tax from your wages and salary until you submit an updated Form A-4.</p> <p>Zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. If you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should promptly file a new Form A-4 and choose a withholding percentage that applies to you.</p> <p><b>Voluntary Withholding Election by Certain Nonresident Employees</b></p> <p>Compensation earned by nonresidents while physically working in Arizona for temporary periods is subject to Arizona income tax. However, under Arizona law, compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine if they should elect to have Arizona income taxes withheld from their Arizona source compensation. Nonresident employees may request that their employer withhold Arizona income taxes by completing this form to elect Arizona income tax withholding.</p>	
ADOR 10121 (23)		

QRG

[9.2 ESS W-4 Withholding](#)

# California Form DE 4 PDF

California Form DE 4 has been updated to 2024 (Rev. 53).

## Navigation

Employee Self Service > Payroll Tile > Tax Withholding

## Image: California DE 4 PDF Form

		<input type="button" value="Submit"/>
<b>Employee's Withholding Allowance Certificate</b>		
Complete this form so that your employer can withhold the correct California state income tax from your paycheck.		
<b>Enter Personal Information</b>		
First, Middle, Last Name [REDACTED]	Social Security Number [REDACTED]	
Address [REDACTED]	Filing Status <input type="checkbox"/> Single or Married (with two or more incomes) <input type="checkbox"/> Married (one income) <input type="checkbox"/> Head of Household	
City [REDACTED]	State	ZIP Code
1. Use Worksheet A for Regular Withholding allowances. Use other worksheets on the following pages as applicable. 1a. Number of Regular Withholding Allowances (Worksheet A) 0 1b. Number of allowances from the Estimated Deductions (Worksheet B, if applicable.) 0 1c. Total Number of Allowances you are claiming 0 2. Additional amount, if any, you want withheld each pay period (if employer agrees), (Worksheet C) [REDACTED] OR <b>Exemption from Withholding</b> 3. I claim exemption from withholding for 2024, and I certify I meet both of the conditions for exemption. (Check box here) <input type="checkbox"/> OR 4. I certify under penalty of perjury that I am <b>not</b> 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 and the Veterans Benefits and Transition Act of 2018. (Check box here) <input type="checkbox"/>		
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.		
Employee's Signature [REDACTED]	Date [REDACTED]	
<b>Employer's Section:</b> Employer's Name and Address [REDACTED]	California Employer Payroll Tax Account Number [REDACTED]	
<p><b>Purpose:</b> The <i>Employee's Withholding Allowance Certificate</i> (DE 4) is for California Personal Income Tax (PIT) withholding purposes only. The DE 4 is used to compute the amount of taxes to be withheld from your wages, by your employer, to accurately reflect your state tax withholding obligation.</p> <p>Beginning January 1, 2020, <i>Employee's Withholding Allowance Certificate</i> (Form W-4) from the Internal Revenue Service (IRS) will be used for federal income tax withholding only. You must file the state form DE 4 to determine the appropriate California PIT withholding.</p> <p>If you do not provide your employer with a DE 4, the employer must use Single with Zero withholding allowance.</p> <p><b>Check Your Withholding:</b> After your DE 4 takes effect, compare the state income tax withheld with your estimated total annual tax. For state withholding, use the worksheets on this form.</p> <p><b>Exemption From Withholding:</b> If you wish to claim exempt, complete the federal Form W-4 and the state DE 4. You may claim exempt from withholding California income tax if you meet both of the following conditions for exemption:</p> <ol style="list-style-type: none"><li>1. You did not owe any federal/state income tax last year, and</li><li>2. You do not expect to owe any federal/state income tax this year. The exemption is good for one year.</li></ol> <p>If you continue to qualify for the exempt filing status, a new DE 4 designating exempt must be submitted by February 15 each year to continue your exemption. If you are not having federal/state income tax withheld this year but expect to have a tax liability next year, you are required to give your employer a new DE 4 by December 1.</p> <p><b>Member Service Civil Relief Act:</b> Under this act, as provided by the Military Spouses Residency Relief Act and the Veterans Benefits and Transition Act of 2018, you may be exempt from California income tax withholding on your wages if</p> <ol style="list-style-type: none"><li>(i) Your spouse is a member of the armed forces present in California in compliance with military orders;</li><li>(ii) You are present in California solely to be with your spouse; and</li><li>(iii) You maintain your domicile in another state.</li></ol> <p>If you claim exemption under this act, check the box on Line 4. You may be required to provide proof of exemption upon request.</p>		
DE 4 Rev. 53 (12-23)(INTERNET) <span style="float: right;">Page 1 of 4 CU</span>		

## **QRG**

[9.2 ESS W-4 Withholding](#)

## **Georgia Form G-4 PDF**

Georgia Form G-4 has been updated to revision 12/27/23.

## **Navigation**

Employee Self Service > Payroll Tile > Tax Withholding

Image: Georgia G-4 PDF Form

Form G-4 (Rev. 12/27/23)

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**STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE**

1a. YOUR FULL NAME [REDACTED]	1b. YOUR SOCIAL SECURITY NUMBER [REDACTED]
2a. HOME ADDRESS (Number, Street, or Rural Route) [REDACTED]	2b. CITY, STATE AND ZIP CODE [REDACTED]

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 – 8

**3. MARITAL STATUS**  
Enter letter below on Line 7.

A. Single

B. Married Filing Separate or Married Filing Joint, both spouses working

C. Married Filing Joint, one spouse working

D. Head of Household

**4. DEPENDENT ALLOWANCES**

**5. GEORGIA ADJUSTMENTS ALLOWANCE** [ 0 ]  
(See instructions for details. Worksheet below must be completed)

**6. ADDITIONAL WITHHOLDING** \$ [REDACTED]

**WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES**  
(Must be completed for step 5)

A. Federal Estimated Itemized Deductions (If Itemizing Deductions).....\$ [REDACTED]

B. Georgia Standard Deduction (enter one): \$ 0

Single/Head of Household .....\$12,000

Married Filing Joint .....\$24,000

Married Filing Separate .....\$12,000

C. Subtract Line B from Line A (If zero or less, enter zero) .....\$ 0

D. Allowable Georgia Adjustments to Federal Adjusted Gross Income .....\$ 0

E. Add the Amounts on Lines C and D .....\$ 0

F. Estimate of Taxable Income not Subject to Withholding .....\$ 0

G. Subtract Line F from Line E (if zero or less, stop here).....\$ 0

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above ..... 0

(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) None TOTAL ALLOWANCES (Total of Lines 4 - 5) 0  
(Employer: The letter indicates the tax tables in Employer's Tax Guide)

**8. EXEMPT: (Do not complete Lines 4 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.**

a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here

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 [REDACTED]. My spouse's (servicemember) state of residence is [REDACTED]. The states of residence must be the same to be exempt. Check here

I 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 [REDACTED] Date [REDACTED]

**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: [REDACTED]

EMPLOYER'S WH#: [REDACTED]

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.

Submit

QRG

[9.2 ESS W-4 Withholding](#)

# Idaho Form ID W-4 PDF

Idaho Form ID W-4 has been updated to revision 12-18-23.

## Navigation

Employee Self Service > Payroll Tile > Tax Withholding

## Image: Idaho W-4 PDF Form

	<b>Form ID W-4 Employee's Withholding Allowance Certificate</b>	
<p>Complete Form ID W-4 so your employer can withhold the correct amount of state income tax from your paycheck. Sign the form and give it to your employer. <b>Use the information on the back</b> to calculate your Idaho allowances and any additional amount you need withheld from each paycheck. If you plan to itemize deductions, use the worksheet at <a href="http://tax.idaho.gov/w4">tax.idaho.gov/w4</a>.</p>		
<b>Withholding Status</b>		
Check the "A" box (Single) if you're:		
<ul style="list-style-type: none"><li>• Single with one job or single with multiple jobs</li><li>• Filing as head of household</li></ul>		
Check the "B" box (Married) if you're:		
<ul style="list-style-type: none"><li>• Married filing jointly with one job and your spouse doesn't work</li><li>• A qualifying widow(er)</li></ul>		
Check the "C" box (Married, but withhold at Single rate) if you're:		
<ul style="list-style-type: none"><li>• Married filing jointly and both people work (or you have multiple jobs)</li><li>• Married filing separately</li></ul>		
✂		
	<b>Form ID W-4 Employee's Withholding Allowance Certificate</b>	
<b>WITHHOLDING STATUS</b> (see information above)		
A <input type="checkbox"/> (Single)    B <input type="checkbox"/> (Married)    C <input type="checkbox"/> (Married, but withhold at Single rate)		
1. Total number of Idaho allowances you're claiming ..... 0		
2. Additional amount (if any) you need withheld from each paycheck (Enter whole dollars) .....		
Your Social Security number (required) XXX-XX-XXXX		
Your first name and initial	Last name	
Current mailing address		
City	State	ZIP Code
Under penalties of perjury, I declare that to the best of my knowledge and belief I can claim the number of withholding allowances on line 1 above.		
Your signature	Date	
EFO00307 12-18-2023		
Page 1 of 2		
<b>Submit</b>		

## QRG

### [9.2 ESS W-4 Withholding](#)

## Iowa Form W-4 PDF

The employee self-service PDF version of Iowa Form IA W-4 (Employee Withholding Allowance Certificate) has been updated to 11/28/2023 revision. Modifications have been made to permit an employee to claim Personal Allowances = \$0 on Line 1, as specified in the Iowa Form IA W-4 instructions. In addition, Line 1 is now completed by selecting a value from a drop-down list of eight valid values (\$0, \$40, \$60, \$80, \$100, \$120, \$140, or \$160), and edits are added to prevent values from being entered for Lines 2 through 5 when Line 1 = \$0.

### Navigation

Employee Self Service > Payroll Tile > Tax Withholding

Each employee must file this Iowa W-4 with their employer. Do not claim more in allowances than necessary or you will not have enough tax withheld. If the amount of allowances you are eligible to claim increases, you may file a new W-4 at any time. If the amount of allowances you are eligible to claim decreases, you must file a new W-4 within 10 days.

Penalties apply for willfully supplying false information or for willful failure to supply information. If you file as exempt from withholding and you incur an income tax liability, you may be subject to a penalty for underpayment of estimated tax.

Marital Status: Other [ ] Head of Household [ ] Married filing jointly [ ] If so, does your spouse also have earned income? Yes [ ] No [ ]

Print your full name: [redacted] Social Security Number: [redacted]

Home address: [redacted]

City: [redacted] State: IA ZIP: [redacted]

Exemption from withholding

If you do not expect to owe any Iowa income tax and have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here [Not Applicable] and the year effective here [ ]

Nonresidents may not claim this exemption.

Check this box if you are claiming an exemption from Iowa income tax as a military spouse based on the Military Spouses Residency Relief Act of 2009 or the Veterans Benefits and Transition Act of 2018 [ ]

If claiming the military spouse exemption, enter your state of domicile or residence here [ ]

If you are not exempt, complete the following:

- 1. Personal allowances. See instructions [1 \$ 0]
2. Allowances for dependents. You may claim \$40 for each dependent you claim on your Iowa income tax return [2 \$]
3. Allowances for itemized deductions. See instructions [3 \$]
4. Allowances for adjustments to income. Estimate allowable adjustments to income for payments such as an IRA, Keogh, or SEP; penalty on early withdrawal of savings; and student loan interest, which are reflected on the IA 1040. Divide this amount by 15, round to the nearest whole dollar, and enter on line 4 [4 \$]
5. Allowances for child and dependent care credit. See instructions [5 \$]
6. Total allowances. Add lines 1 through 5 [6 \$ 0]
7. Additional amount, if any, you want deducted each pay period [7 \$ 0.00]

I, the undersigned, declare under penalties of perjury or false certificate, that I have examined this claim, and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee signature: [redacted] Date: 08/08/2024

Employers: The employer must maintain records of the W-4s. If the employee is claiming exemption from withholding when wages are expected to exceed \$200 per week, complete the information below and within 90 days send a copy to: Compliance Services, Iowa Department of Revenue, PO Box 10456, Des Moines, Iowa 50306-0456.

Employer name: [redacted] Community College

Federal Employer Identification Number (FEIN): [redacted]

Employer address: [redacted]

City: [redacted] State: WA ZIP: [redacted]

Questions about Iowa taxes: Call Taxpayer Services at 515-281-3114 or 800-367-3388 or email idr@iowa.gov.

Submit

44-019a (11/28/2023)

## **QRG**

[9.2 ESS W-4 Withholding](#)

## **Montana Form MW-4 PDF**

Montana Form MW-4 PDF has been updated to V4 (10/2023).

## **Navigation**

Employee Self Service > Payroll Tile > Tax Withholding

Image: Montana MW-4 PDF Form

		<b>Montana Employee's Withholding and Exemption Certificate</b>		MW-4 V4 10/2023	
Employee's first name and middle initial		Last name		Social Security Number	
Physical address					
City				State	ZIP Code

Complete Form MW-4 so that your employer can withhold the correct Montana income tax from your pay. See **Employee Instructions** on the back of this form before completing this form.

**1. Federal filing status**

a. Single or married filing separately (If you have multiple jobs, complete the Multiple Jobs Worksheet.)

b. Married filing jointly or qualifying widower (If you and your spouse have multiple jobs, see line 2.)

c. Head of household

**2.  Married Filing Jointly with Both Spouses Working.** If you are married and you and your spouse are both working and earn similar incomes, mark the box. If you and your spouse have multiple jobs, and your spouse earns significantly more or less than you, do not mark this box. Instead, mark box 1b, then complete the Multiple Jobs Worksheet on page 2 and enter the result on line 3.

**3. Extra withholding.** Enter any additional tax you want withheld from each pay period, including any amount you want withheld from retirement distributions. 3.

**4. Reduced withholding.** If you expect to report large federal adjustments, federal itemized deductions, Montana subtractions, and/or Montana tax credits, you can direct your employer to withhold the amount you report on this line. (*Caution:* Requesting a reduced amount of withholding may result in a tax due when you file your tax return.) 4.

**5. Exemptions for Tax Year 2024**

You may be entitled to claim an exemption from Montana income tax withholding if your income is exempt from Montana income tax. Mark the box to indicate the reason you believe you are exempt from Montana income tax.

a. I am exempt because I am an enrolled member of a registered tribe, I live on the reservation of that tribe, and I earn wages from work performed on that reservation. (You must complete line 1 or 2.)

b. I am exempt because I am a member of the Reserve or National Guard and my compensation is earned under U.S.C. Title 10. (You must complete line 1 or 2.)

c. I am exempt because I am a North Dakota resident.

d. I am exempt because I am a resident of another state living in Montana solely to be with my spouse, who is a resident of the same state and a member of the U.S. armed forces assigned to a military location in Montana.

**Under penalty of false swearing, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. (This form is not valid unless you sign it.)**

\_\_\_\_\_  \_\_\_\_\_  
Employee's Signature Date

**Employer Information**

Name		Federal Employer Identification Number	
Mailing Address		MT Withholding Account ID	
City	State	ZIP Code	

Montana Employee's Withholding and Exemption Certificate Page 1 of 6

## **QRG**

[9.2 ESS W-4 Withholding](#)

## **North Carolina Form NC-4 PDF**

North Carolina Form NC-4 has been updated to rev. 10-23.

## **Navigation**

Employee Self Service > Payroll Tile > Tax Withholding

Image: North Carolina NC-4 PDF Form



Web  
10-23

## NC-4

### Employee's Withholding Allowance Certificate

**PURPOSE** - Complete Form NC-4 so that your employer can withhold the correct amount of State income tax from your pay. **If you do not submit Form NC-4 to your employer, your employer must withhold as if your filing status is "Single" with no allowances.**

**FORM NC-4EZ** - You may use Form NC-4EZ if you plan to claim either the N.C. Standard Deduction or the N.C. Child Deduction Amount (but no other N.C. deductions), and you do not plan to claim any N.C. tax credits.

**FORM NC-4 NRA** - If you are a nonresident alien, you must use Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)

**FORM NC-4 BASIC INSTRUCTIONS** - Complete the **NC-4 Allowance Worksheet**. The worksheet will help you determine your withholding allowances based on federal and State adjustments to gross income including the N.C. Child Deduction Amount, N.C. itemized deductions, and N.C. tax credits. However, you may claim fewer allowances than you are entitled to if you wish to increase the State income tax withheld during the tax year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. **Exception:** When an individual ceases to be "Head of Household" after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

**TWO OR MORE JOBS** - If you have more than one job, determine the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the "Multiple Jobs Table" to determine the additional amount to be withheld on Form NC-4, Line 2 (See page 4).

**NONWAGE INCOME** - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated

income tax payments using Form NC-40, Individual Estimated Income Tax, to avoid interest on the underpayment of estimated income tax. Form NC-40 is available on the Department's website at [www.ncdor.gov](http://www.ncdor.gov).

**HEAD OF HOUSEHOLD** - Generally, you may 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.

**SURVIVING SPOUSE** - Generally, you may claim "Surviving Spouse" filing status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild whom you can claim as a dependent; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

**MARRIED TAXPAYERS** - For married taxpayers, both spouses must agree as to whether they will complete the NC-4 Allowance Worksheet based on the filing status, "Married Filing Jointly" or "Married Filing Separately."

- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Jointly" should consider the sum of both spouses' income, federal and State adjustments to income, and State tax credits to determine the number of allowances.
- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Separately" should consider only his or her portion of income, federal and State adjustments to income, and State tax credits to determine the number of allowances.

**All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.**

**CAUTION:** If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and give this certificate to your employer. Keep the top portion for your records.

---



Web  
10-17

## NC-4

### Employee's Withholding Allowance Certificate

1. Total number of allowances you are claiming  
*(Enter zero (0), or the number of allowances from Page 2, Line 17 of the NC-4 Allowance Worksheet)*
2. Additional amount, if any, withheld from each pay period *(Enter whole dollars)*

Social Security Number Filing Status

Single or Married Filing Separately  Head of Household  Married Filing Jointly or Surviving Spouse

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) M.I. Last Name

Address County (Enter first five letters)

City State Zip Code (5 Digit) Country (If not U.S.)

NC

Employee's Signature Date

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on Line 1 above.

**Submit**

QRG

9.2 ESS W-4 Withholding

# Oregon Form OR-W-4 PDF

Oregon Form OR-W-4 has been updated to 2024.

## Navigation

Employee Self Service > Payroll Tile > Tax Withholding

## Image: Oregon OR-W-4 PDF Form

<b>2024 Form OR-W-4</b>		Oregon Department of Revenue		19612401010000		Office use only	
Page 1 of 1, 150-101-402 (Rev. 08-18-23, ver. 01)							
<b>Oregon Withholding Statement and Exemption Certificate</b>							
First name		Initial	Last name		Social Security number (SSN)		<input type="checkbox"/> Redetermination
[REDACTED]		[REDACTED]	[REDACTED]		XXX-XX [REDACTED]		
Address				City	State	ZIP code	
[REDACTED]				[REDACTED]	OR	[REDACTED]	
<b>Note:</b> Your eligibility to claim a certain number of allowances or an exemption from withholding may be subject to review by the Oregon Department of Revenue. Your employer may be required to send a copy of this form to the department for review.							
1. <b>Select one:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at the higher single rate. <b>Note:</b> Select "Single" if you're married but legally separated or your spouse is a non-U.S. citizen without permanent resident status.							
2. <b>Allowances.</b> Total number of allowances you're claiming on line A4, B15, or C5. <b>See worksheets in the instructions.</b> If you skip the worksheets and aren't exempt, enter 0..... 2. <input type="text"/>							
3. <b>Additional amount,</b> if any, you want withheld from each paycheck..... 3. <input type="text"/>							
4. <b>Exemption from withholding.</b> I certify my wages are exempt from withholding and I meet the conditions for exemption as stated on page 2 of the instructions. Complete <b>both</b> lines below: • Enter your exemption code. (See instructions) ..... 4a. <input type="text"/> • Write "Exempt" ..... 4b. <input type="text" value="Not Applicable"/>							
<b>Sign here.</b> Under penalty of false swearing, I declare the information provided is true, correct, and complete.							
Employee signature (This form isn't valid unless signed.)					Date		
[REDACTED]					[REDACTED]		
<b>Employer use only.</b>							
Employer name				Federal employer identification number (FEIN)			
[REDACTED]				[REDACTED]			
Employer address				City	State	ZIP code	
[REDACTED]				[REDACTED]	[REDACTED]	[REDACTED]	
						<input type="button" value="Submit"/>	
—Submit this form to your employer—							

## QRG

[9.2 ESS W-4 Withholding](#)

# South Carolina Form SC W-4 PDF

South Carolina Form SC W-4 has been updated to 2024.

## Navigation

Employee Self Service > Payroll Tile > Tax Withholding

Image: South Carolina SC W-4 PDF Form

1350	 <p>STATE OF SOUTH CAROLINA DEPARTMENT OF REVENUE</p> <p><b>SOUTH CAROLINA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE</b></p>	<p><b>SC W-4</b> (Rev. 11/30/23) 3527 <b>2024</b></p>
<p><a href="http://dor.sc.gov">dor.sc.gov</a></p>		
<p><b>Give this form to your employer. Keep the worksheets for your records. The SCDOR may review any allowances and exemptions claimed. Your employer may be required to send a copy of this form to the SCDOR.</b></p>		
<p><b>Part I: Employee Information</b></p>		
<p>1 First name and middle initial [REDACTED]</p>	<p>Last name [REDACTED]</p>	<p>2 Social Security Number [REDACTED]</p>
<p>Address [REDACTED]</p>		<p>3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate* *Check if married but filing separately.</p>
<p>City [REDACTED]</p>	<p>State [REDACTED]</p>	<p>ZIP [REDACTED]</p>
<p>4 Check if your last name is different on your Social Security card. <input type="checkbox"/> For a replacement card, contact the Social Security Admin at 1-800-772-1213.</p>		
<p>5 Total number of allowances (from the applicable worksheet on page 3) . . . . .</p>		<p>5 [REDACTED]</p>
<p>6 Additional amount, if any, to withhold from each paycheck . . . . .</p>		<p>6 \$ [REDACTED]</p>
<p>7 I claim exemption from withholding for 2024. Check the box for the exemption reason and write <b>Exempt</b> on line 7.</p> <p><input type="checkbox"/> For tax year 2023, I had a right to a refund of all South Carolina Income Tax withheld because I had no tax liability, and for tax year 2024 I expect a refund of all South Carolina Income Tax withheld because I expect to have no tax liability.</p> <p><input type="checkbox"/> I elect to use the same state of residence for tax purposes as my military servicemember spouse. I have provided my employer with a copy of my current military ID card and a copy of my spouse's latest Leave and Earning Statement (LES). State of domicile: [REDACTED]</p>		<p>7 Not Applicat. [REDACTED]</p>
<p>Under penalty of law, I certify that this information is correct, true, and complete to the best of my knowledge.</p>		
<p>Employee's signature (required) [REDACTED]</p>		<p>Date [REDACTED]</p>
<p><b>Part II: Employer Information</b></p>		
<p>Complete box 8 and box 10 if sending to the SCDOR. Complete box 8, box 9, and box 10 if sending to the State Directory of New Hires.</p>		
<p>8 Employer's name and address [REDACTED]</p>		<p>9 First date of employment [REDACTED]</p>
		<p>10 FEIN [REDACTED]</p>
<p><b>INSTRUCTIONS</b></p>		
		<p><a href="#">Submit</a></p>
<p><b>Employee instructions</b></p> <p>Complete the SC W-4 so your employer can withhold the correct South Carolina Income Tax from your pay. If you have too much tax withheld, you will receive a refund when you file your South Carolina Individual Income 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.</p> <p>Determine the number of withholding allowances you should claim for withholding for 2024 and any additional amount of tax to be withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.</p> <p>Consider completing a new SC W-4 each year and when your personal or financial situation changes. This keeps your withholding accurate and helps you avoid surprises when you file your South Carolina Individual Income Tax return.</p> <p>For the latest information about South Carolina Withholding Tax and the SC W-4, visit <a href="http://dor.sc.gov/withholding">dor.sc.gov/withholding</a>.</p> <p><b>Exemptions:</b> You may claim exemption from South Carolina withholding for 2024 for one of the following reasons:</p> <ul style="list-style-type: none"> <li>• For tax year 2023, you had a right to a refund of <b>all</b> South Carolina Income Tax withheld because you had <b>no</b> tax liability, <b>and</b> for tax year 2024 you expect a refund of <b>all</b> South Carolina Income Tax withheld because you expect to have <b>no</b> tax liability.</li> <li>• Under the Servicemembers Civil Relief Act, you are claiming the same state of residence for tax purposes as your military servicemember spouse. You are only in South Carolina, or a bordering state, to be with your military spouse who is serving in the state in compliance with military orders. Provide your employer with a copy of your current military ID card and a copy of your spouse's latest Leave and Earnings Statement (LES). Your military ID card must have been issued within the last four years. The assignment location on the LES must be in South Carolina or a bordering state. Enter your spouse's state of domicile on the line provided.</li> </ul> <p>If you are exempt, complete <b>only</b> line 1 through line 4 and line 7. Check the box for the reason you are claiming an exemption and write <b>Exempt</b> on line 7. Your exemption for 2024 expires February 15, 2025. If you are a military spouse and you no longer qualify for the exemption, you have 10 days to update your SC W-4 with your employer.</p> <p><b>Filers with multiple jobs or working spouses:</b> You will need to file an SC W-4 for each employer. If you have more than one job, or if you are married filing jointly and your spouse is also working, you may want to consider only claiming allowances on the SC W-4 for the highest earning job and/or adding additional withholding on line 6 to ensure you are having enough withheld.</p>		

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[9.2 ESS W-4 Withholding](#)

[Wisconsin Form WT-4 PDF](#)

Wisconsin Form WT-4 has been updated to rev. 8-23.

**Navigation**

Employee Self Service > Payroll Tile > Tax Withholding

Image: Wisconsin WT-4 PDF Form

Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting				WT-4
<b>Employee's Section (Print clearly)</b>				
Employee's legal name (first name, middle initial, last name)		Social security number		<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, check the Single box.
Employee's address (number and street)		Date of birth		
City	State	Zip code	Date of hire	
	WI			
<b>FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW</b>				
Complete Lines 1 through 3				
1. (a) Exemption for yourself – enter 1			0	
(b) Exemption for your spouse – enter 1			0	
(c) Exemption(s) for dependent(s) – you are entitled to claim an exemption for each dependent			0	
(d) Total – add lines (a) through (c)			0	
2. Additional amount per pay period you want deducted (if your employer agrees)			Not Applicable	
3. I claim complete exemption from withholding (see instructions). Enter "Exempt"			Not Applicable	
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		<b>Submit</b>	
<b>EMPLOYEE INSTRUCTIONS:</b>				
<p><b>• WHO MUST COMPLETE:</b>                      Effective on or after January 1, 2020, every newly-hired employee is required to provide a completed Form WT-4 to each of their employers. Form WT-4 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 provided to employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.                      You must complete and provide your employer a new Form WT-4 within 10 days if the number of exemptions previously claimed DECREASES.                      You may complete and provide to your employer a new Form WT-4 at any time if the number of your exemptions INCREASES.                      Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.</p> <p><b>• UNDER WITHHOLDING:</b>                      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.</p> <p><b>• OVER WITHHOLDING:</b>                      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.</p> <p><b>WT-4 Instructions – Provide your information in the employee section.</b></p> <p><b>• LINE 1:</b>                      (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.</p> <p><b>• LINE 2:</b>                      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.</p> <p><b>• LINE 3:</b>                      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 expect to 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 expect to incur income tax liability for the year or (2) on or before December 1 if you expect to incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must complete and provide a new Form WT-4 to your employer showing the number of withholding exemptions 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 completed and provided to your employer before that date.</p>				
<b>Employer's Section</b>				
Employer's name		City		Federal Employer ID Number
Employer's payroll address (number and street)		State	Zip code	
Completed by	Title	Phone number	Email	
		( )		
<p><b>EMPLOYER INSTRUCTIONS for Department of Revenue:</b></p> <ul style="list-style-type: none"> <li>If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.</li> <li>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 they are entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, PO Box 8906, Madison WI 53708 or fax (608) 267-0834.</li> <li>Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-2772 or (608) 266-2776.</li> </ul> <p><b>EMPLOYER INSTRUCTIONS for New Hire Reporting:</b></p> <ul style="list-style-type: none"> <li>This report contains the required information for reporting a New Hire to Wisconsin. If you are reporting new hires electronically, you do not need to forward a copy of this report to the Department of Workforce Development. Visit <a href="https://dwd.wi.gov/uinh/">https://dwd.wi.gov/uinh/</a> to report new hires.</li> <li>If you do not report new hires electronically, 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.</li> <li>If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473). Visit <a href="https://dwd.wi.gov/uinh/">dwd.wi.gov/uinh/</a> for more information.</li> </ul>				
W-204 (R. 8-23)		Wisconsin Department of Revenue		

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9.2 ESS W-4 Withholding





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Washington State Board for Community and Technical Colleges