

## Updating your Form W-4

From the Employment Details section on the Porches HR Connections page, click on the **Form W-4** link.

The screenshot shows the 'HR Connections' page with a breadcrumb trail 'Porches/ HR Connections'. Under the 'Employment Details' section, there is a list of links: Benefit Focus, Benefits, Direct Deposit, Pay Stub, Job Details, Leave Details, Electronic W-2 Consent, Form W-2, and Form W-4. The 'Form W-4' link is highlighted with a red rectangle.

Click on the **Update Form W-4** link.

The screenshot shows the 'W-4 Employee's Withholding Allowance Certificate' page. At the top, there is a link 'Update Form W-4' highlighted with a red rectangle. Below this, the form displays the following information: Federal Tax As of Date: Oct 30, 2019; Name: Sleeping Beauty; Address: 100 Main Street, Dayton OH 45469; Last Name differs from SSN card: No; Deduction Status: Active; Start Date: Feb 13, 2012; End Date: ; Filing Status: Single; Number of Allowances: 1; Additional Withholding: 50.00. A note at the bottom states: 'Note: Additional amount, if any, you want withheld from each paycheck.' and there is a 'Print' button.

Update applicable fields and click the **Certify Changes** button.

The screenshot shows the 'Update W-4' page. At the top, there is a link 'Update W-4'. Below this, there is a note: 'Access HELP for required information on completing the W-4 and then select Certify Changes. You will be required to certify your changes on the next page. Select Delete, if available, to remove the record. If the Deduction Status is set to Exempt and you are required to enter a value in either the Number of Allowances or Additional Withholding, enter 0. If you are not required to enter a value, leave blank.' Below this, there is a note: '\* - Indicates a required field.' The form displays the following information: Federal Tax Deduction Effective as of: Oct 16, 2019; If your last name differs from that shown on your Social Security Card, check here. [X]; Note: You must contact Social Security Administrator for a replacement card. Effective Date of Change MM/DD/YYYY: 10/16/2019; Note: Effective Date must be after Oct 15, 2019 the date you were last paid. Deduction Status: Active; I claim exemption from withholding for the tax year specified, and I certify that I meet both of the following conditions for exemption. \* Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and \* This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, select "Exempt" in Deduction Status field. Filing Status: Single; Number of Allowances 99 : 1; Additional Withholding 999999.99 : 50.00; Note: Additional amount, if any, you want withheld from each paycheck. At the bottom, there is a 'Certify Changes' button highlighted with a red rectangle and a 'Restore Original Values' button.

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The following Certification Statement will pop-up. Click the **OK** button.

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.

OK

Cancel

You should see the following message confirming your changes have been successfully processed. Click on the **W-4 Employee's Withholding Allowance Certificate** to view your updated W-4.

### W-4 Update Confirmation

The updates you requested were successfully processed.

Please contact the Payroll Office at 937-229-2949 or [payroll@udayton.edu](mailto:payroll@udayton.edu) if you have any questions about the tax implications of your changes.

[W-4 Employee's Withholding Allowance Certificate](#)

Click the **Print** button to view your official Form W-4.

### W-4 Employee's Withholding Allowance Certificate

#### Update Form W-4

##### Federal Tax

As of Date: Oct 30, 2019  
Name: Sleeping Beauty  
Address: 100 Main Street  
Dayton OH 45469

Last Name differs from SSN card: No

Deduction Status: Active  
Start Date: Feb 13, 2012  
End Date:  
Filing Status: Single

Number of Allowances: 1

Additional Withholding: 100.00

Notes: Additional amount, if any, you want withheld from each paycheck.

Print

Printable Form W-4. If you wish to print the form for your personal records, use your browser's print option.

Form <b>W-4</b>		Employee's Withholding Allowance Certificate		2019	
Department of the Treasury Internal Revenue Service					
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 requested to send a copy of this form to IRS.					
1 Your first name and middle initial Sleeping		Last name Beauty		2 Your social security number 111-11-1111	
Home address (number and street or rural route) 100 Main Street		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate"			
City or town, state, and ZIP code Dayton OH 45469		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're claiming (from the applicable worksheet on the following pages)				5	1
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6	\$ 100
7 I claim exemption from withholding for 2019, 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 . . . . .					
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 (This form is not valid unless you sign it.) > Sleeping Beauty				Date > 30-OCT-2019	
8 Employer's name and address ( Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires ) University of Dayton 300 College Park Dayton OH 45469				9 First date of employment	10 Employer identification number (EIN) 310536715