

Instructions for IRS Form W-4 related to Overtime Payments

The **W-4 form** is a form used by the Internal Revenue Service. This form is required to ensure that Public Partnerships (PPL) is withholding the correct amount of federal taxes from your paycheck.

PPL is required to withhold federal taxes from the paycheck that you receive for Overtime payments. If you want the number of federal tax allowances applied to your Overtime payment to be different than 0 (zero) then you must complete the W-4 form that looks like this:

***** USE THIS FORM for DSHS - ODDS OVERTIME (OT) PAYMENTS *****			
Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate <small>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</small>	
		OMB No. 1545-0074 2017	
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. <small>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>	
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>	
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6	Additional amount, if any, you want withheld from each paycheck	6	\$
7	I claim exemption from withholding for 2017, 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, write "Exempt" here		7
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.			
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶	
8	Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)
For Privacy Act and Paperwork Reduction Act Notice, see page 2.		Cat. No. 10220Q	Form W-4 (2017)

You can find this form on the PPL OR FMAS web page at:

<http://www.publicpartnerships.com/programs/oregon/fmas/index.html>

If you would prefer to have a copy of the form mailed to you, please call PPL Customer Service at:

1-888-419-7705

You can also send us an e-mail at PPLORFMAS-CS@pcgus.com

1-888-419-7720 – Español

También nos puede enviar un correo electrónico a PPLORFMAS-CS@pcgus.com.

1-888-419-7724 - Русский

Вы также можете отправить нам сообщение по электронной почте по