

# ADDRESS CHANGE

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

Old Address: \_\_\_\_\_

New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

PLEASE FILL OUT (Print) AND FAX OR MAIL TO:



2270 Smithville Road • Green Bay, WI 54313

**Fax: 920.429.9943**

## DIRECT DEPOSIT APPLICATION

Take this completed form to your employer's payroll department to request direct deposit of your payroll check.

\_\_\_\_\_  
Customer Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP

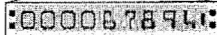
Please have my payroll check automatically deposited into the following account:

Circle your choice    Checking  
Savings

\_\_\_\_\_  
Account Number



\_\_\_\_\_  
Bank's Routing Number



I authorize \_\_\_\_\_  
Name of Business

and JPMorgan Chase Bank, N.A. to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**ATTACH VOIDED CHECK**

## WHY DIRECT DEPOSIT?

**It's banking that fits your lifestyle.**

**It's convenient and it saves time.**

- Your check is automatically deposited into your account.
- It eliminates a trip to the bank.
- Your money is available in your account on payday.

**It's safe and secure.**

- No more lost or misplaced checks.
- Confirm your deposit in three ways: by phone, looking at account details online or creating personalized alerts.

Return this form **along** with a blank, voided check to:

DP Processing, LLC  
2270 Smithville Road  
Green Bay, WI 54313

Please allow 2 weeks for the bank to enter and confirm your information.

**CHASE** 



**IMPORTANT!**

Please read all directions before completing Form Number 1 and Form Number 2 on this page. Also, please fill out sections 1 and 2 on Form Number 3. **Please print clearly**

Remember to **sign at** **X** **on all three forms before returning.**

**Form Number 1**

**W-4 Form**

FORM W-4 (Rev. July 1970)  
Department of the Treasury  
Internal Revenue Service

**Employee's Withholding Exemption Certificate**

Type or print full name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**EMPLOYEE:**  
File this form with your employer. Otherwise, he must withhold U.S. Income tax from your wages without exemption.  
**EMPLOYER:**  
Keep this certificate with your records. If you believe the employee claimed too many exemptions advise your District Director

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. IF SINGLE (or if married and wish withholding as single person), write "1." If you claim no exemptions, write "0" \_\_\_\_\_
2. IF MARRIED, one exemption each is allowable for husband and wife if not claimed on another certificate.  
(a) If you claim both of these exemptions, write "2"; (b) If you claim one of these exemptions, write "1";  
(c) If you claim neither of these exemptions, write "0" \_\_\_\_\_
3. Exemptions for age and blindness (applicable only to you and your wife but not to dependents):  
(a) If you or your wife will be 65 years of age or older at the end of the year, and you claim this exemption, write "1";  
If both will be 65 or older, and you claim both of these exemptions, write "2" \_\_\_\_\_  
(b) If you or your wife are blind, and you claim this exemption, write "1"; If both are blind, and you claim both of these exemptions, write "2" \_\_\_\_\_
4. If you claim exemptions for one or more dependents, write the number of such exemptions. (Do not claim exemption for a dependent unless you are qualified under instruction 4 on other side.) \_\_\_\_\_
5. If you claim additional withholding allowances for itemized deductions attach Schedule A (Form W-4) and enter the number of allowances claimed (if claimed you must file a new Form W-4 each year) \_\_\_\_\_
6. Add the exemptions and allowances (if any) which you have claimed above and enter total **Enter Total Exemptions Here \***  \_\_\_\_\_
7. Additional withholding per pay period under agreement with employer. (See Instruction 1.) \_\_\_\_\_ \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of withholding exemptions and allowances claimed on this certificate does not exceed the number to which I am entitled.

(Date) \_\_\_\_\_ 20 \_\_\_\_\_

(Signed) **X** \_\_\_\_\_

**Form Number 2**

**4 Percent Authorization Form**

Please read carefully and sign form before returning.

Your Phone Number \_\_\_\_\_  
Area Code \_\_\_\_\_

1. I understand that DP Processing, LLC **is not my employer and is not acting as my employer** but only as a source for dispersing payment to me for my services.
2. I also understand that DP Processing, LLC will withhold all necessary taxes and withholdings and forward this information and monies to the proper agencies for me.
3. I hereby authorize DP Processing, LLC to deduct and forward to the International Alliance of Theatrical Stage Employees Local #251, 4% (4 percent) of my gross wages as a agency fee for **ALL** work that I shall do through them and through DP Processing, LLC.

**X**

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

Date: month / day / year \_\_\_\_\_

Please provide Email Address on line above (**PRINT CLEARLY**)

# Form Number 3

## U.S. Department of Justice

Immigration and Naturalization Service

## Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CAN-NOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

### Section 1. Employee information and Verification. To be completed and signed by employee at the time employment begins.

PRINT NAME: Last	First	Middle Initial	Maiden Name
Address (Street name and number)		Apt. #	Date of Birth (Month/Day/Year)
City	State	Zip Code	Social Security Number

I am aware that federal law provides for imprisonment and / or fines for false statements or use of false documents in connection with the completion of this form.	I attest, under penalty or perjury that I am (check one of the following) :
	r A citizen of the United States r A Lawful permanent Resident (Alien #) _____ r A alien authorized to work until: ____/____/____ Alien # or Admission #: _____

Employee's Signature: X	Date: (month/day/year)
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**Preparer and/or Translator Certification:** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's / Translator's Signature: _____	Print Name: _____
Address (Street Name and number, City, State, Zip Code) _____	Date (month/day/year) _____

### Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A, OR examine one document from List B and one from List C as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document # _____		_____		_____
Expiration Date (if any) ____/____/____		____/____/____		____/____/____
Document # _____				
Expiration Date (if any) ____/____/____				

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_/\_\_\_\_/\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

#### ALL JOB STEWARDS: REMEMBER TO SIGN HERE AND DATE

Signature of Employer or Authorized Representative X	Print Name	Title
Business or Organization Name DP Processing, LLC	Address (Street name and number, City, State, Zip Code) 2270 Smithville Road, Green Bay, WI 54313-5376	Date (month/day/year) ↓

### Section 3. Updating and Reverification. To be completed by employer.

A. New Name (if applicable) _____	B. Date of rehire (month/day/year) (if applicable) _____	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document # _____	Expiration Date (if any) ____/____/____

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

Signature of Employer or Authorized Representative	Date (month/day/year)
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# Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

## Employee's Section

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

### FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

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

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

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

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

### EMPLOYEE INSTRUCTIONS:

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

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

## Employer's Section

Employer's Name DP Processing, LLC		Federal Employer ID Number 30-0518415	
Employer's payroll address (number and street) 2270 Smithville Road	City Green Bay	State WI	Zip Code 54313

### EMPLOYER INSTRUCTIONS for Department of Revenue:

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

### EMPLOYER INSTRUCTIONS for New Hire Reporting:

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