# Workday Job Aid: Tax Withholding Elections

11 Steps <u>View most recent version</u>

Created by Alex Drabik Creation Date Nov 26, 2024

Last Updated Nov 26, 2024

# Navigate to the Home page.

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| ← C ŵ Å https:                | s://impl.wd12.myworkday.com/maryfreebed2/d/home.htmld |
| Implementation - maryfreebed2 |   |
|                               | Q Search  |
|                               |   |
|                               | Let's Get Started                                     |
| $\bigcirc$                    | Awaiting Your Action                                  |

| Implementation - maryfreebed2<br>On behalf of: Angel Hair |   | x<br>Profile On behalf of Angel Heir                   |
|---|---|--|
| Mary Rege Bed   | Q Search  | 🖉 🖉 😓  |
|   |   |  |
|   | Let's Get Started   | It's Tuesday, November 26, 2024                        |
| 0   | Awaiting Your Action  | Announcements 1 of 1 < >                               |
| •   | Change Benefits for Life Event<br>My Tasks - 1 month(s) app<br>DUE 10/26/2024 | Welcome to PolicyTecht If<br>you have questions regard |
|   | Go to My Tasks.(1)  |  |
|   |   | Your Top Apps  |
|   | Timely Suggestions  | Time   |
|   | reere a minere you a ger upuante un your active nettos.                       | Absence  |
|   | Recommended for You   | es Pay   |
|   |   | Custom Reports   |

Click on the Profile icon in the upper right-hand corner.

#### **STEP 3**

## Click "View Profile".



# Click on the Pay Icon.

| Implementation - maryfreebed2<br>On behalf of: Angel Hair   |  |  |                      | × 🔺    |
|---|--|--|----------------------|--------|
| Many Press Bed  |  | Q Search   |                      | 4° 🖉 🖉 |
| E<br>Angel Hair<br>Registered Name, 1148.H<br>Actions   | Location<br>Mary Free Bed Rehabilitation Hospital     Position Title<br>Registered Name_1148.H | Manager     Lise Witton     Sepervisory Organization     Nursing Admin.,6100.2 (Lise Witton) | Upload My Experience |        |
| Teen<br>BE Summery<br>E2 Ad<br>Compensation<br>Teents   |  |  |                      |        |
| Absence     Co     Co |  |  |                      |        |
|   |  |  |                      |        |
|   |  |  |                      |        |

## STEP 5

# Click on the Tax Elections tab.

| MENU Mary Free Bed   |                                      |  |  | Q                       | Search                                 |  |                              |                 |                |                   |   |                   |        |                      |                                  | 4 <mark>0</mark> | ₽ |
|----------------------|--------------------------------------|--|--|-------------------------|--|--|------------------------------|-----------------|----------------|-------------------|---|-------------------|--------|----------------------|----------------------------------|------------------|---|
|                      | Tax Elections                        | Payment E                              | lections Payslips                      |                         |  |  |                              |                 |                |                   |   |                   |        |                      |                                  |                  |   |
| Actions<br>B<br>Team | Worker<br>Company<br>Work State      | Angel Hair<br>Mary Free Be<br>Michigan | kd Rehabilitation Hospital             |                         |  |  |                              |                 |                |                   |   |                   |        |                      |                                  |                  |   |
|                      | Home State<br>Federal<br>Withholding | Michigan<br>1 item                     |  |                         |  |  |                              |                 |                |                   |   |                   |        |                      |                                  | ▼ @ @ c Ⅲ        | E |
| Benefits<br>Absence  | Federal<br>W-4<br>Election           | Effective Date                         | Marital Status                         | Number of<br>Allowances | Extra Withholding                      | Multiple<br>Jobs or<br>Spouse<br>Works | Total<br>Dependent<br>Amount | Other<br>Income | Deductions     | Nonresident Alien | Exempt from<br>NRA Additional<br>Amount | Lock In<br>Letter | Exempt | No<br>Wage/No<br>Tax | Last Updated                     | Last Updated By  | ^ |
| Pay<br>Contact       | ď                                    | 10/24/2024 5                           | Single or Married filing<br>separately | 0                       | 0.00                                   | No                                     | 2,000.00                     | 0.00            | 0.00           | No                | No                                      | No                | No     | No                   | 10/24/2024<br>09:14:38.510<br>AM | Angel Hair       | Ŧ |
|                      | Update                               |  |  |                         |  |  |                              |                 |                |                   |   |                   |        |                      |                                  |                  |   |
|                      | Michigan Wr                          | hholding 1 item                        |  |                         |  |  |                              |                 |                |                   |   |                   |        |                      | × III                            | ≂ ob 🗆 ." 🏾      | E |
|                      | State WH<br>Election                 | Effective Date                         | e Exemptions                           | Additional Amount       | Certificate of Non-<br>Residence Filed | Lock In<br>Letter                      | Exempt                       | MSRR<br>Exempt  | Domicile State | No Wage/No<br>Tax | Last Updated                            | Last Update       | d By   | Print Comp           | leted Form                       |                  | ^ |
|                      | ٩                                    | 10/24/2024                             | 4                                      | 0.00                    | No                                     | No                                     | No                           | No              |                | No                | 10/24/2024<br>09:12:16.004 AM           | Angel Hair        |        | View                 | completed Form                   |                  | ÷ |
|                      | Update                               |  |  |                         |  |  |                              |                 |                |                   |   |                   |        |                      |                                  |                  |   |

Click "Update" on Federal, State or Local depending on the change you would like to make.

| MENU     | Mary Free Bed |                 |                   |                             | Q                       | Search              |                     |                     |       |                |                   |                          |                   |             |                |                | d <sup>e</sup>  | · 🤌   |
|----------|---------------|-----------------|-------------------|-----------------------------|-------------------------|---------------------|---------------------|---------------------|-------|----------------|-------------------|--------------------------|-------------------|-------------|----------------|----------------|-----------------|-------|
|          |               |                 |                   |                             | _                       |                     |                     |                     |       |                |                   |                          |                   |             |                |                | +               | _     |
|          | e             | Tax Election    | s Payment         | Elections Payslips          |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 |       |
| Ang      | el Hair       |                 |                   |                             |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 |       |
|          | tions         |                 |                   |                             |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 |       |
|          |               | Worker          | Angel Hair        |                             |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 |       |
|          | *             | Company         | Mary Free E       | Bed Rehabilitation Hospital |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 |       |
|          | leam          | Work State      | Michigan          |                             |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 |       |
|          |               | Home Stat       | e Michigan        |                             |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 |       |
|          |               | Federal         |                   |                             |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 | _     |
| Compensa | tion          | Withholdin      | g 1 item          |                             |                         |                     |                     |                     |       |                |                   |                          |                   |             |                | × III          | ⇒ @ @ .' [      | JII 🔠 |
| Benefits |               | Federal         |                   |                             |                         |                     | Multiple<br>Jobs or | Total               |       |                |                   | Exempt from              |                   |             | No             |                |                 | ^     |
|          |               | W-4<br>Election | Effective Date    | Marital Status              | Number of<br>Allowances | Extra Withholding   | Spouse<br>Works     | Dependent<br>Amount | Other | Deductions     | Nonresident Alien | NRA Additional<br>Amount | Lock In<br>Letter | Exempt      | Wage/No<br>Tax | Last Updated   | Last Updated By |       |
| 9 Pay    |               | ٩               | 10/24/2024        | Single or Married filing    | 0                       | 0.00                | No                  | 2,000.00            | 0.00  | 0.00           | No                | No                       | No                | No          | No             | 10/24/2024     | Angel Hair      |       |
| Contact  |               |                 |                   | areparatory                 |                         |                     |                     |                     |       |                |                   |                          |                   |             |                | AM             |                 | ÷     |
|          |               |                 |                   |                             |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 |       |
|          |               | Upda            | to                |                             |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 |       |
|          |               | State           |                   |                             |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 |       |
|          |               | Michigan V      | Athholding 1 item | 1                           |                         |                     |                     |                     |       |                |                   |                          |                   |             |                | ×III           | ▼ dk 🗇 🖓 🗍      | III 🖽 |
|          |               | State WH        | Effective Da      | te Exemptions               | Additional Amount       | Certificate of Non- | Lock In             | Farmert             | MSRR  | Domicile State | No Wage/No<br>Tax | Last Undated             | Last Hodate       | 184         | Print Come     | lated Form     |                 | *     |
|          |               | 0               | 10/24/2024        |                             | 0.00                    | No                  | No                  | No                  | No    | pointent orare | No                | 10/24/2024               | Annual Maix       | <i>a oy</i> |                |                | _               |       |
|          |               |                 |                   |                             |                         |                     |                     |                     |       |                |                   | 09:12:16:004 AM          | Proge Than        |             | view           | Jompieted Form |                 | Ŧ     |
|          |               | <u> </u>        |                   |                             |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 |       |
|          |               | Upda            | ite               |                             |                         |                     |                     |                     |       |                |                   |                          |                   |             |                |                |                 |       |

### STEP 7

Verify the information is correct and click "OK".

|              |                                 |   |                   |                                |  |                      |        |                |                |                   |   |                   |       |                      |            | ~~~~            |          |
|--------------|---------------------------------|---|-------------------|--------------------------------|--|----------------------|--------|----------------|----------------|-------------------|---|-------------------|-------|----------------------|------------|-----------------|----------|
|              | Tax Elections                   | Payment El                              | lections Payslips | Comple                         | te Federal Electio   | ns                   |        |                |                | ×                 |   |                   |       |                      |            |                 |          |
|              | Worker<br>Company<br>Work State | Angel Hair<br>Mary Free Ber<br>Michigan |                   | Worker<br>Company<br>Effective | Angel Hair<br>* X Mary Free<br>Rehabilita<br>Date * 11/26/2024 | Bed<br>tion Hospital |        | :              |                |                   |   |                   |       |                      |            |                 |          |
|              | Home State                      | Michigan                                |                   |                                |  |                      | C      | ancel          | 3              |                   |   |                   |       |                      |            |                 | _        |
| Compensation | Withholding 1                   |   |                   |                                |  |                      |        |                |                |                   |   |                   |       |                      |            | ≂ 06 ⊞ .' .     |          |
| Benefits     | Federal<br>W-4<br>Election Eff  | ective Date N                           |                   | Number of<br>Allowances        | M<br>Jk<br>Sg<br>Extra Withholding W                           |                      |        | Other          |                | Nonresident Alien | Exempt from<br>NRA Additional<br>Amount | Lock In<br>Letter |       | No<br>Wage/No<br>Tax |            | Last Updated By | Ŷ        |
| Pay          |                                 |   |                   |                                |  | No                   |        |                |                | No                |   | No                |       | No                   |            |                 |          |
|              | Update                          |   |                   |                                |  |                      |        |                |                |                   |   |                   |       |                      |            |                 |          |
|              | Michigan Withh                  | olding 1 item                           |                   |                                |  |                      |        |                |                |                   |   |                   |       |                      |            | ⊽ 00 ⊡ .' 🖩     | <b>•</b> |
|              | State WH<br>Election            | Effective Date                          |                   |                                | Certificate of Non-<br>Residence Filed                         |                      | Exempt | MSRR<br>Exempt | Domicile State | No Wage/No<br>Tax |   |                   | rd By |                      | leted Form |                 | *        |
|              |                                 |   | 4                 |                                |  |                      | No     |                |                |                   |   |                   |       | View                 |            |                 |          |
|              | Update                          |   |                   |                                |  |                      |        |                |                |                   |   |                   |       |                      |            |                 |          |

Select the Marital Status from the drop-down options.

| W-4 Employee   | s Withholding Certificate 👷  |
|--|--|
|  |  |
| Company  | Mary Free Bed Rehabilitation Hospital  |
| Effective Date   | 11/26/2024   |
| Name   | Angel Har  |
| Social Security Number   | 2005/05/2002   |
| Address  | 122 Patat Luie<br>Grand Radid, Mi 4955<br>United States of America   |
| Step 1:<br>Marital Status * Se<br>Complete Steps 2-4<br>Step 2:  | anh  |
| Multiple Jobs or Spou  | se Works   |
| Complete this step if you<br>Do only one of the followi<br>(a) Use the estimator at w<br>(b) Use the Multiple Jobs<br>(c) if there are only two jo | (1) old money bit at time, or (2) are minimed files grantly and your spoke allow sorks. The connect sensated transmitted withholding depends on innonce earmed from all of these jobs.<br>Norman and Wedge for most scenario and sensate files and the sensate files and t |

## STEP 9

Fill out the appropriate information for withholding steps two through five. In this example, we are designating \$100 to the 'Extra Withholding' field.

| ounce proprietation                                  |   |  |
|--|---|--|
| If your total income will be \$200,000 or less (\$40 | 000 or tess if married filing jointly):   |  |
| Number of Qualifying Children Under Age              | 17 0  |  |
|  |   |  |
| Total Amount for Qualifying Children                 |   |  |
| Number of Other Dependents                           | 0   |  |
| Total Amount for Other Dependents                    | 0.00  |  |
| Calculated Total Dependent Amount                    | 0.09  |  |
| Override Total Dependent Amount                      | 0.00  |  |
| Step 4 (optional):                                   |   |  |
| Other Adjustments                                    |   |  |
| Other Income (not from jobs): If you want tax with   | held for other income you expect this year that worthave withholding, enter the amount of other income here. This may include interest, dividends, and retirement income. |  |
|  |   |  |
| (a) Other Income (not from jobs)                     |   |  |
| Deductions: If you expect to claim deductions of     | er than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.                                     |  |
| (b) Deductions 0.00                                  |   |  |
|  |   |  |
| Extra Withholding: Enter any additional tax you w    | rt withheld each pay pariod.  |  |
| (c) Extra Withholding 100.00                         |   |  |
| Example Very had no finderal income tax liability in |   |  |
| Exempt, not not no reveral income tax liability in   | aad me par tapen is meer to reduce income tas in care. How, by uncluding we been go and par how meeting,  |  |
| Exempt   |   |  |
| Nonresident Alien: If you're a nonresident alien, s  | e Notice 1392; Bugelemental Form W-4 Instructions for Norresident Aliena, before completing this form.  |  |
| Nonresident Alien                                    |   |  |
| Step 5:  |   |  |
|  |   |  |
|  |   |  |

Verify information is correct and click checkbox for "I Agree".

| Calculated Total Depender        | 1 Amount 0.00   |  |
|----------------------------------|---|--|
| Override Total Dependent         | knownt 0.00   |  |
| Step 4 (optional):               |   |  |
| Other Adjustments                |   |  |
| Other Income (not from jobs): I  | you want tax withheld for other income you report this year that worth have withholding enter the amount of other income here. This may include interest, dividends, and enterement income.   |  |
| (a) Other Income (not from       | (obs) 0.00  |  |
| Deductions: If you expect to cla | in deductions other than the standard deduction and want to reduce your withholding, use the Deductions Workaheet on page 3 and enter the result here.  |  |
| (b) Deductions 0.00              |   |  |
| Extra Withholding: Enter any ad  | filtered tax you watt withhed such pay period.  |  |
| (c) Extra Withholding            | 00.00   |  |
| Exempt: You had no federal inc   | men tas balatify in 2222 and you expert to here to finderial income tas in 2024. None By checking the Exempt too you will have no finderial tases withheld.   |  |
| Exempt                           |   |  |
| Nonresident Alien: If you're a n | Aversident slien, see Notice 1392, Supplemental Form W4 Instructions for Noversident Aliens, before completing this form.   |  |
| Nonresident Alien                |   |  |
| Step 5:                          |   |  |
| Legal Notice Your                | Hame and Plassword are considered as your "Directionic Eignature" and will serve as your confirmation of the information being submitted. When you click in the "Lagree" checkbox, you are certifying that:   |  |
| 1. Un<br>2. Yo<br>3. Yo          | Are penalities of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.<br>Junderstand that all some synoli Tax withholding declares and belief, is true, correct, and complete.<br>Junderstand that all some synolic some true on constgence by our Payrol representative. |  |
| If you<br>The f                  | do not width to use the electronic signature option, print a paper copy of the form.<br>orm is not valid without a signature.   |  |
| I Agree                          |   |  |
| <u> </u>                         | *   |  |

#### STEP 11

When finished, click "OK". This will submit the election change to payroll to approve.

| event is large with the second se            | Calculated Total Dependent Amount                      | 0.00   |  |
|--|--|--|--|
| Bit per specified   Dot required   I be income for the rule with a field the income pue uper the instantion gue the the income for the income income inco  | Override Total Dependent Amount                        | 0.00   |  |
| Bet relations   Constraints  | Step 4 (optional):                                     |  |  |
| be bounder jour bound bo | Other Adjustments                                      |  |  |
| (a) of the norm 0.0   Lectors: 0.0   (b) boxed.org 0.0   (c) the norm 0.0   (c) boxed.org 0.0   (c) the norm 0.0   (c) the no  | Other Income (not from jobs): If you want to           | withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income.  |  |
| becketors: provident of the standard deduction and watt to indee you without dee or you get 2 and enter the result the.   becketors: provident of the standard deduction and watt to indee you without dee or you get 2 and enter the result the.   becketors: provident of the standard deduction and watt to indee you without dee or you get 2 and enter the result the.   becketors: provident of the standard deduction and watt to indee you without dee or you with the result dee to result the standard deduction and watt to indee you without the provident table without the result the.   becketors: provident of the indee income tas lately to a toget to here the form the income tas in 2014. Note: the  | (a) Other Income (not from jobs)                       | 100  |  |
| (a) broketing   (b) broketing   (c) broketing  | Deductions: If you expect to claim deduction           | s other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here.   |  |
| In the Witholding there w additional targets used with a statistic and targets and the statistic and targets             | (b) Deductions 0.00                                    |  |  |
| I ot but Withold III     I ot but Withold III    I ot but Withold III   I ot but Withold III    I ot but Withold III   I ot but IIII    I ot but IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII  | Extra Withholding: Enter any additional tax            | su want withheld each pay period.  |  |
| Every:       Image: Constraint deleteral iscores task likelity in 2023 and yoe expects to have not before allows you will have not before allows without.         Every:       Image: Constraint deleteral iscores task likelity in 2023 and yoe expects to have not before allows you will have not before allows.         Every:       Image: Constraint deleteral iscores task likelity in 2023 and yoe expects to have not before allows.         Nonescient Allow:       Paulera is nonescient alies, yee Note: 1025, Superimental Form VM haveschoss for Monescient Allows, before completing this task.         Nonescient Allow:       Image: Constraint deleteral is nonescient alies, yee Note: 1025, Superimental Form VM haveschoss for Monescient Allows, before completing this nonescient.         Step 5:       Image: Constraint deleteral is nonescient and is nonescient alies of the property Lidentera that this confliction to the best of my honological and belief is thus, connect, and complete.         1. Under ponsities:       1. Under ponsities: 0 property: Lidentera that this confliction to the best of my honological provision.         2. You understand that you: ponsities tag is not property: Lidentera that the confliction to the best of my honological provision.         1. You: does not alie honoras the alie: confliction to the best of my honological provision.         1. You understand that you: ponsities align that the pone copy of the form:         Term form sone valid without a signature.         Form sone valid without a signature.   | (c) Extra Withholding 100.00                           |  |  |
| Event  | Exempt: You had no federal income tax liab             | lty in 2023 and you expect to have no federal income tax in 2024. Note: By checking the Exempt box you will have no federal taxes withheld.  |  |
| Nonseigher Jack is pair is nonseigher along year kotten 1352, Supplemental From 194 hamoutons for knowsider Alema, before completing this hom.  Koresider Alema  Koresider Alema | Exempt   |  |  |
| Noresident Alian   | Nonresident Alien: If you're a nonresident a           | m, see Notice 1999, Supplemental Form W44 Instructions for Nonvesident Allema, before completing this form.  |  |
| Step 5     You Name and Pulsaword are considered as your "Dischools: Biguitum" and will serve as your confirmation of the accuracy of the information being submitted. When you click in the "Lagree" checkbox, you are certifying that:       1. Under penalties of projecy: Lidence that this certificate to the best of my honologia and ballet, is true, comet, and complete.       2. You understand that your paped list a withholding election is a logial and ballet prosentation.       3. You understand that a domainsian are completed, your Dynall prosentation.       4. You understand that advacting election is playar and ballet prosentation.       To sounderstand that advacting election is playar and ballet prosentation.       To sounderstand that advacting election is playar and ballet prosentation.       There   | Nonresident Alien                                      |  |  |
| Legal Notice Your Name and Plassword are considered as your "Electronic Eignature" and will sarve as your confermation of the accuracy of the information being submitted. When you click in the "Agree" checkbox, you are contributed that: 1. Londor purposes that this contributes to the best of my knowledge and belief, is true, correct, and complete. 2. You understand that all submissions are contingent upon acceptance by your Payrol regresentative. 3. You understand that all submissions are contingent upon acceptance by your Payrol regresentative. 3. You do not which to use the electronic signature option, print a paper copy of the form. The form is not valid without a signature. 3. Agreent control of the control of th | Step 5:  |  |  |
| 1. Under promises of pryryc, is decider that this contributes to the best of my knowledge and belief, is true, cornect, and complete.     2. You understand that all submissions are contingent upon acceptance by your Payroll representative.     If you do not wish to use the electronic signature option, print a paper copy of the form.     If form in not valid without a signature.   | Legal Notice Your Name and                             | assword are considered as your "Electronic Signature" and will serve as your confirmation of the accuracy of the information being submitted. When you click in the "Agree" checkbox, you are certifying that:   |  |
| If you do not which to use the electronic signature option, print a paper copy of the form.<br>The form is not valid without a signature.<br>I Agree   | 1. Under penalti<br>2. You understa<br>3. You understa | s of periory: i declare that this centralization to the best of my inconveloping and belief, is true, correct, and complete.<br>d that your payroll tax withholding elections is a legal and bending transaction.<br>the all as dismissions are contingent your perior presentative. |  |
| LAgree (R)   | If you do not wi<br>The form is not                    | In to use the electronic signature option, print a paper copy of the form.<br>alid without a signature.  |  |
| -  | I Agree  |  |  |
|  | Ŭ  |  |  |