

## **Onboarding State & Local Withholding Elections – Job Aid**

From Home Page;

- 1) Click on Inbox icon or card.
- 2) Click on "Complete State and Local Withholding Elections" task.

Actions	(2)	Archive
Viewing: All	~	Sort By: Newest 🗸

3) The form to be completed will appear on the right-hand side of your screen.

Actions (2) Archive	Complete St	ate and Local Wi	thholding Election
Viewing: All v Sort By: Newest v	0 minute (c) and Dec 02	101/0010 56	
Complete State and Local Withholding Elections	9 minute(s) ago - Due 02,	/01/2019, Effective 01/28/2019	
9 minute(s) ago - Due 02/01/2019; Effective 🛱 01/28/2019	Worker	Isabella Vergara	
Change Benefits for Life Event	Company	× Northampton County Area Community College	=
9 minute(s) ago - Due 02/01/2019; Effective 🏠 01/28/2019	Effective Date	01/28/2019	
	State	* × Pennsylvania	:=
	Withholding Form Type	* × Residency Certification	=

- 4) Review the information populated into the form.
  - If any information needs to be corrected, provide correct information in fields.
- 5) Once all information reflects accurately, Click OK button at the bottom of the screen



6) Another form will appear in the right-hand side of screen "Complete State and Local Withholding Elections"

Company	Northampton County Area Community College
Effective Date	01/28/2019
Name	Isabella Vergara
State	Pennsylvania
Social Security Number	123456789
Address	610 Centre St.
Denneukurzia	Laston, FA 1904-9 United States of America
Pennsylvania View Blank F	Residency Certification Form Data
Pennsylvania View Blank f School District	Residency Certification Form Data Form (empty)
Pennsylvania View Blank f School District Resident County	Residency Certification Form Data Form (empty) *
Pennsylvania View Blank f School District Resident County Resident Municipalit	Residency Certification Form Data Form (empty) *
Pennsylvania View Blank f School District Resident County Resident Municipalit Work County	Residency Certification Form Data Form (empty) *  := ty *  := *  :=
Pennsylvania View Blank f School District Resident County Resident Municipalit Work County Work Municipality	Residency Certification Form Data Form (empty) *

LEGAL NOTICE	Your Name and Password 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 "I Agree" checkbox, you are certifying that:
	<ol> <li>Under penalties of perjury, you declare that you have examined this certificate and to the best of your knowledge and belief, it is true correct, and complete.</li> </ol>
	<ol><li>You understand that your payroll tax withholding election is a legal and binding transaction.</li></ol>
	3. You understand that all submissions are contingent upon acceptance by your Payroll representative.
	If you do not wish to use the electronic signature option, please contact your Payroll Department for a paper copy of the form.
	The form is not valid without a signature.
	Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and
	statements and to the best of my (our) belief, they are true, correct and complete.
l Agree	
you have chec	ked the bey indicating your agreement. Click <b>Submit</b> button at bettom

7) Once you have checked the box indicating your agreement, Click **Submit** button at bottom of screen.

Submit	Save for Later	Close