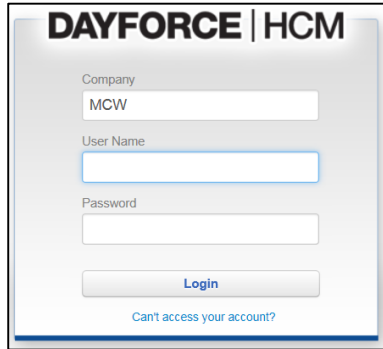


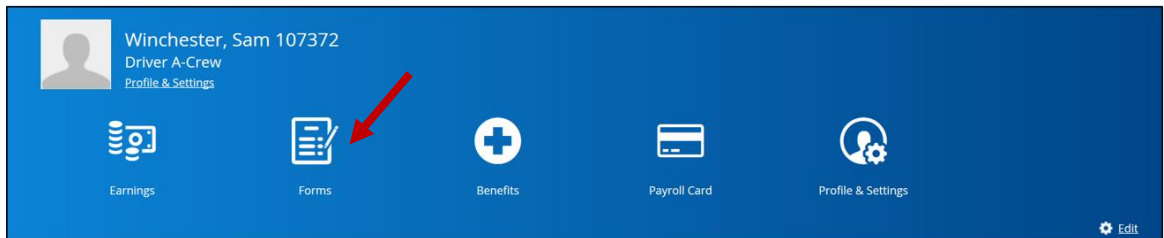
To update your State Tax Form login to the DayForce website.

1. Login to your personal file.

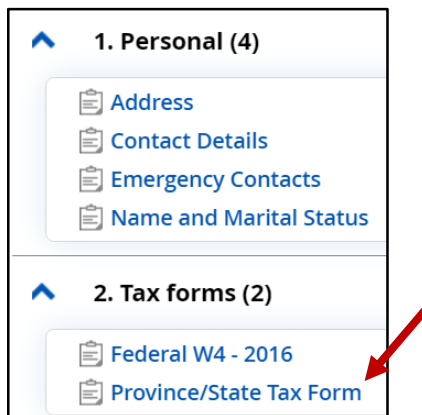


The image shows a login form for DayForce HCM. At the top, it says "DAYFORCE | HCM". Below that, there are three input fields: "Company" with "MCW" entered, "User Name", and "Password". A "Login" button is at the bottom, and a link "Can't access your account?" is below the button.

2. You will be directed to your Home page. Click on Forms.



3. From the Forms page, select Province/State Tax Forms (under the Tax Forms category).



- The Province/State Tax Form screen will appear and allow you to make changes to the information. Be sure to use the scroll bar on the far right of the screen to scroll up and down to access all information. Once you have completed it, click on Submit.

Province/State Tax Form

Centralized Employee Registry Reporting Form

To be completed by the employer within 15 days of hire. Please print or type.

Submit this information online at
www.iowachildsupport.gov
 or fax to 1-800-759-5881 or mail to Centralized
 Employee Registry, PO Box 10322, Des Moines IA
 50306-0322.

EMPLOYER INFORMATION

FEIN Required: Employer Phone Number:

FEIN plus last 3-digit suffix used when filing Iowa withholding tax.

Name:

Address:

City: State: ZIP:

Questions: For A through D below, please see instructions on back for definitions and clarification.

A. Is dependent health care coverage available? Yes No

B. Approximate date this employee qualifies for coverage (MM/DD/YY):

C. Employee start date (MM/DD/YY): 12 30 2014

D. Address where income withholding and garnishment orders should be sent, if different from address above.
 Address:
 City: State: ZIP:

EMPLOYEE INFORMATION

Employee Date of Birth: 06 18 1986 Employee Social Security Number: 4 8 3 1 7 7 3 7 2

Last Name: Winchester First name: Sam Middle Initial: M

Address: 123 Mister Way
 City: Marion State: IA ZIP: 52302

Province/State Tax Form

Iowa Department of Revenue
<https://tax.iowa.gov>

2016 IA W-4
Employee Withholding Allowance Certificate
 To be completed by the employee

Marital Status: Single (if married but legally separated, check Single) Married

Print your full name: Sam M Winchester Social Security Number: 483177372

Home Address: 123 Mister Way City: Marion State: IA ZIP: 52302

EXEMPTION FROM WITHHOLDING

If you do not expect to owe any Iowa income tax this year, and expect to have a right to a full refund of ALL income tax withheld, enter "EXEMPT" here: and the year effective here: Nonresidents may not claim this exemption.

Check this box if you are claiming an exemption from Iowa tax based on the Military Spouses Residency Relief Act of 2009.

If claiming the military spouse exemption, enter your state of domicile here:

IF YOU ARE NOT EXEMPT, COMPLETE THE FOLLOWING:

1. Personal allowances 1.
2. Allowances for dependents 2.
3. Allowances for itemized deductions 3.
4. Allowances for adjustments to income 4.
5. Allowances for child and dependent care credit 5.
6. **Total allowances. Add lines 1 through 5** 6.
7. Additional amount, if any, you want deducted each pay period 7.

Employee: I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming an exemption from withholding, that I am entitled to claim the exempt status.

Employers: Detach this part and keep in your records. However, if the employee is claiming more than 22 withholding allowances or an exemption from withholding when wages are expected to exceed \$200 per week, complete the section below and send it to the Iowa Department of Revenue.