

Direct Deposit Application & Change Form

New Application

Change

No Changes (sign and return)

I authorize my employer to deposit my paycheck each payday directly into the account named below. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If ever an incorrect amount should be entered into my account, I authorize my bank to make the appropriate adjustment (s).

Name (Please Print)		

Home Address		

City	State	Zip Code
_____	_____	_____

Social Security No.

Home Phone

Signature

This authorize will remain in full force and effect until Payroll receives thirty (30) days prior written notification from me of change or termination.

Complete this section for deposit your pay in a Savings or Checking Account

Bank*	

Branch Address	

Account Number	

<input type="checkbox"/> Savings	<input type="checkbox"/> Checking

ABA NUMBER (first nine digits only)
Your ABA number appears at the bottom of your checks between the markings indicated above.

Please attach the following, depending on the type of account involved:
For existing checking account: A personal check with the word "VOID" written in large letters in ink across the face of it. Do not sign the check.
For existing savings account: A deposit slip from your bank.

***The bank you specify must be a member of the National Automated Clearing House Association.**

Attach VOIDED Check here

New applications and changes in banks used for current deposits will require a 30 day Pre-note period through the clearing house. During the Pre-note period you will receive a check for two semi-monthly pay periods before the direct deposit takes effect.

Date Completed by Payroll Dept.:



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last Name, First Name, Middle Initial)		SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	
STREET ADDRESS (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER BUSINESS NAME (Use Federal ID Name)		EMPLOYER FEIN <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough or Township)			
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100%; height: 20px; display: flex; justify-content: space-between;"> </div>		WORK LOCATION NON-RESIDENT EIT RATE

CERTIFICATION	
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.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com

Form W-4 (2017)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G	<u> </u>
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, complete all worksheets that apply. {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

}

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	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. Note: If married, but legally separated , or spouse is a nonresident alien, check the "Single" box.
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 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 <u> </u>
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)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

LOCAL SERVICES TAX – EXEMPTION CERTIFICATE

Tax Year

APPLICATION FOR EXEMPTION FROM LOCAL SERVICES TAX

- A copy of this application for exemption from the Local Services Tax (LST), and all necessary supporting documents, must be completed and presented to your employer AND to the political subdivision levying the Local Services Tax where you are principally employed.
- This application for exemption from the Local Services Tax must be signed and dated.
- **No exemption will be approved until proper documentation has been received.**

Name: _____

Soc Sec #: _____

Address: _____

Phone #: _____

City/State: _____

Zip: _____

REASON FOR EXEMPTION

1. _____ MULTIPLE EMPLOYERS: Attach a copy of a current pay statement from your principal employer that shows the name of the employer, the length of the payroll period and the amount of Local Services Tax withheld. List all employers on the reverse side of this form. **You must notify your other employers of a change in principal place of employment within two weeks of the change.**

2. _____ EXPECTED TOTAL EARNED INCOME AND NET PROFITS FROM ALL SOURCES WITHIN _____ (municipality or school district) WILL BE LESS THAN \$ _____: Attach copies of your last pay statements or your W-2 for the year prior.

If you are self-employed, please attach a copy of your PA Schedule C, F, or RK-1 for the prior year.

3. _____ ACTIVE DUTY MILITARY EXEMPTION: Please attach a copy of your orders directing you to active duty status. Annual training is not eligible for exemption. You are required to advise the tax office when you are discharged from active duty status.

4. _____ MILITARY DISABILITY EXEMPTION: Please attach copy of your discharge orders and a statement from the United States Veterans Administrator documenting your disability. Only 100% permanent disabilities are recognized for this exemption.

EMPLOYER: Once you receive this Exemption Certificate, you shall not withhold the Local Services Tax for the portion of the calendar year for which this certificate applies, unless you are otherwise notified or instructed by the tax collector to withhold the tax.

Tax Office: _____

Address: _____

City/State: _____

Phone #: _____

Zip: _____

IMPORTANT NOTE TO EMPLOYERS

1. The municipality is required by law to exempt from the LST employees whose earned income from all sources (employers and self-employment) in their municipality is less than \$12,000 when the levied rate exceeds \$10.00.
2. The school district for the municipality in which your worksite(s) is located may or may not levy an LST. If it does, the income exemption provided may differ from the municipality and can be anywhere from \$0 to \$11,999.
3. Contact the tax office where your business worksites are located to obtain this information.

King's College Guidelines for Employees for Interaction with Minors

(A child or minor is defined as a person under the age of eighteen. This includes students seventeen years of age and younger.)

As King's employees, it is our duty to model and maintain appropriate professional relationships with children and minors. Even though our employment at the College may not bring us into routine or direct contact with children, some contact may still occur as part of our work at King's. For example, many first-year students are minors by legal definition during their first year at King's. Residence life staff and coaches, for example, encounter students under the age of eighteen in locker rooms and living quarters. Faculty members who teach dual enrollment courses are in regular contact with minors. Numerous events sponsored by the College itself (Open Houses, Athletic and Fine Arts events, etc.), or outside groups often bring children to our campus.

The following guidelines provide basic information about interacting with minors up to and including children who are seventeen years of age. These guidelines apply both on and off campus while representing King's College. While some of the guidelines presented here might not pertain directly to your employment at the College, it is important to be aware of these guidelines so that together we can exercise our common responsibility to protect the safety and welfare of children. Maintaining appropriate professional boundaries can help to identify and prevent child abuse. King's College maintains separate policies that outline employee reporting responsibilities, as well as clearance, training and education requirements: "[Protection of Children Policy](#)" and "Clearance, Education, Mandatory Disclosure, and Training Requirements for King's College Employees, Students, Vendors and Volunteers." These guidelines are intended to provide an additional resource to promote the safety of minors and the development of healthy, professional and appropriate relationships.

Guidelines

- 1) When organizing a College activity involving children not enrolled at the College, the person in charge of the event should consult the College's Child Safety Protection Officer to ensure that appropriate levels of supervision are present.
- 2) Children not enrolled at the College must have parental permission for the child's participation in the activity.
- 3) When facilitating programs for children, the program supervisors must ensure that each child's whereabouts can be accounted for at all times and that activities are conducted in open areas with appropriate levels of supervision whenever possible.

- 4) With the exception of medical or other emergencies, employees should not be alone with a child, particularly in an isolated or private setting. Follow the “rule of three.” Always have at least two adults or one adult and two children present. This provides safety for the children in the event of an injury or other emergency and is most protective of the employee and the program. Professors and professional staff may meet privately in college offices with students enrolled at the College on matters related to their common work.
- 5) During sports camps and other organized activities involving young children, safety requires adult supervision in locker rooms, restrooms, and changing areas. When supervising showers or changing areas, or any circumstance in which a child may be dressing or undressing, two adult supervisors should be present nearby. Supervisors are always to respect the privacy of the child. In addition, supervisors should not undress in front of or shower with minors.
- 6) If the program involves overnight accommodations, never sleep in the same bed or share sleeping accommodations (e.g. hotel rooms, bedrooms, tents) with a child.
- 7) Whenever possible, require children to use the buddy system (each child is assigned to another child as a companion) when participating in an off-campus program. Children should not be permitted to leave the group by himself or herself.
- 8) Do not hit or strike a child in any manner. Do not use any form of physical discipline or verbally abuse a child. Regarding verbal abuse, for example, do not ridicule, demean, bully, threaten, or scream at a child.
- 9) Always respect a child’s physical boundaries and use good judgment about physical contact. Physical contact is not always necessary or appropriate in conveying concern. When physical contact seems appropriate the least intrusive form that communicates concern and support ought to be chosen. While it may seem perfectly natural, at times, to initiate an appropriate form of physical contact (e.g. placing your hand on the shoulder of a crying child), remember that not all children are comfortable with physical contact; children have the right to reject displays of affection. Hugs, initiated by the child, are permissible, but ought not to be prolonged. Respecting the child’s physical boundaries while remaining supportive is key.
- 10) Do not engage in any form of inappropriate contact, for example, holding a school-aged child on your lap for an extended period of time, or slapping a child on the buttocks. Do not engage in physical “play” (e.g. tickling or wrestling) with children.

- 11) Treat all children consistently and fairly and avoid displaying favoritism.
- 12) Use age-appropriate language. Do not curse and do not discuss sensitive personal matters, especially anything sexual in nature. If a child initiates a conversation that leads you to suspect child abuse, follow the guidelines in # 17.
- 13) Do not use alcohol or drugs or encourage the use of alcohol or other drugs with or in front of children.
- 14) Do not give gifts to children without the permission of the child's parents or guardians. If a child gives you a gift valued at \$25 or more acknowledge receipt of the gift to the child's parent or guardian.
- 15) As a general rule, do not exchange any personal information such as phone numbers or e-mail addresses, and do not respond to or initiate any relationships with children outside of the program (e.g., do not "friend" children on Facebook, engage in other social media, exchange texts, or initiate any face-to-face meetings). Contacting students enrolled in one's courses or programs on matters related to the common work engaged is, of course, permissible, but it should be through official King's College email accounts. Any contact with minors through personal email, telephone, or social media must be with parental knowledge and permission.
- 16) If a child is initiating contact outside of the program setting, especially multiple times, inform your supervisor or department chairperson.
- 17) If you have reasonable cause to suspect child abuse, or a child discloses abuse to you, follow the protocols established in the College's "Protection of Children Policy." If a child is in immediate danger call 911. If the danger is not immediate contact the PA ChildLine hotline (800-932-0312) and the Executive Director of Campus Safety and Security.
- 18) Employees who have questions about appropriate boundaries should speak with their supervisors, department chairs, program director, the College's Child Safety Protection Officer, or the Executive Director of Safety and Security.

I, hereby, attest that I have read the attached guidelines, understand the contents of this document, and I will follow these guidelines in my interactions with children.

(Name: printed)

(Signature)

(Date)

Returning PT Faculty Paperwork Checklist

- Direct Deposit Form (mandatory)
- Residency Certification Form
*<http://munstatspa.dced.state.pa.us/Registers.aspx-for> assistance with PSD code
- W4
- Local Tax Exemption Certificate- **if applicable** ,
*please review reasons for exemption listed on the form.
- Employee Guidelines for Interaction with Children

Please note we will need all of the above forms to be filled out before we can begin to process your first pay.