

Social Sec# _____ Date of Birth _____

Last Name: _____ First _____ MI: _____

Address: _____

City, State: _____ Zip: _____

Home Phone: _____ Mess. Phone: _____ Email: _____

Emergency Contact Name: _____ Phone#: _____

Position: _____ Minimum Payment \$ _____

Shifts Available: Day _____ Swing _____ Graveyard _____

Days Available: Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Transportation: Car _____ Motorcycle _____ Bus _____ Ride _____ Bike _____

Have you ever Convicted a Felony: NO _____ YES _____ Explain: _____

EDUCATION

| From | To | Name of School | City, State | Degree |
|------|----|----------------|-------------|--------|
| | | | | |
| | | | | |
| | | | | |

I hereby give authorization to contact and also authorize each former employer and person, firm or corporation given as a reference to answer, to all your questions that may be asked and to give all information that may be sought in connection with application or concerning me in my work, habits, character, or skills on my actions in any transactions, and state I am over 18 of age. I understand, if employed, I will be a temporary capacity only for such time as my service is required. I understand that this temporary employment does not entitle me to any special consideration for permanent employment. Not or here after, I agree that such employment may be terminated by you at any time but you at any time with out liability to me for wages or salary expected such as may have been earned at the date of such termination. If employed, I agree that if any time I shall make claims against the company for personal injuries, upon written request I will submit myself to examinations by a physicians of the company's selection as often as may be requested. I certify that the information in this application is true and correct to the best of my knowledge and understand that falsification of this information is grounds for refusal to hire, or if hired, dismissal. I acknowledge that I have read and understand the above mentioned and understand that this application will remain active for more than 3 months from date it is made.

In consideration for my employment, and my being consider for employment by your company, I agree to conform to the rules and regulations of your company and its customers

Signature: _____ Date: _____

Premier

Staffing

Solutions

702-735-4100

1555 E. Flamingo Rd #111

Las Vegas, NV 89119

| | | |
|---|--|---|
| Industrial <input type="checkbox"/> Electronic <input type="checkbox"/> Mechanical <input type="checkbox"/> Soldering <input type="checkbox"/> PC Board <input type="checkbox"/> Wire Harnessing <input type="checkbox"/> Cabling <input type="checkbox"/> Blue Print <input type="checkbox"/> Quality Control Factory <input type="checkbox"/> Production <input type="checkbox"/> Packaging <input type="checkbox"/> Order Pulling <input type="checkbox"/> Shipping <input type="checkbox"/> Receiving <input type="checkbox"/> Machine Operator <input type="checkbox"/> Other Warehouse <input type="checkbox"/> Inventory <input type="checkbox"/> Loading <input type="checkbox"/> Unloading <input type="checkbox"/> Sit Down Forklift <input type="checkbox"/> Cherry Picker <input type="checkbox"/> Reach Truck <input type="checkbox"/> Pallet Jack <input type="checkbox"/> Stockperson <input type="checkbox"/> Fed Ex/UPS Machine Operator <input type="checkbox"/> CNC Operator <input type="checkbox"/> CNC Set-up <input type="checkbox"/> Drill Press <input type="checkbox"/> Lathe <input type="checkbox"/> Press Brake <input type="checkbox"/> Punch Press <input type="checkbox"/> Saw <input type="checkbox"/> Welder <input type="checkbox"/> ARC <input type="checkbox"/> MIG <input type="checkbox"/> TIG <input type="checkbox"/> Bindery Machine <input type="checkbox"/> Screen Printing <input type="checkbox"/> Box Marking | Clerical <input type="checkbox"/> Secretary <input type="checkbox"/> Legal Secretary <input type="checkbox"/> Executive Assistant <input type="checkbox"/> Casino Secretary <input type="checkbox"/> Office Manager <input type="checkbox"/> 1 Person Office <input type="checkbox"/> Medical Secretary <input type="checkbox"/> Financial Secretary Accounting <input type="checkbox"/> HR Secretary <input type="checkbox"/> Account Payable <input type="checkbox"/> Account Receivable <input type="checkbox"/> Accounting Manager <input type="checkbox"/> Accounting Clerk <input type="checkbox"/> Accounting Supervisor <input type="checkbox"/> Bookkeeper <input type="checkbox"/> Collector <input type="checkbox"/> Controller <input type="checkbox"/> Cost Accountant <input type="checkbox"/> Credit <input type="checkbox"/> Payroll General Office Work <input type="checkbox"/> Proofreading <input type="checkbox"/> Sales Assistant <input type="checkbox"/> Shorthand <input type="checkbox"/> Begging Clerical <input type="checkbox"/> Photocopier <input type="checkbox"/> Receptionist 1-5 lines <input type="checkbox"/> Receptionist 5-10 lines <input type="checkbox"/> Receptionist 10 + lines <input type="checkbox"/> Customer Service <input type="checkbox"/> Data Entry <input type="checkbox"/> Alpha _____ KPH <input type="checkbox"/> Numeric _____ KPH <input type="checkbox"/> Type _____ WPM <input type="checkbox"/> Spreadsheet <input type="checkbox"/> Account Representative <input type="checkbox"/> File Clerk <input type="checkbox"/> Ten Key <input type="checkbox"/> Fax Machine <input type="checkbox"/> Scan <input type="checkbox"/> Mailroom Clerk <input type="checkbox"/> PBX System <input type="checkbox"/> other _____ | Clerical Software <input type="checkbox"/> Microsoft Word <input type="checkbox"/> Microsoft Excel <input type="checkbox"/> Microsoft PowerPoint <input type="checkbox"/> Microsoft Access <input type="checkbox"/> Windows XP <input type="checkbox"/> Windows Vista <input type="checkbox"/> Window 98 <input type="checkbox"/> Peachtree <input type="checkbox"/> QuickBooks <input type="checkbox"/> AS 400 <input type="checkbox"/> WordPerfect <input type="checkbox"/> Adobe Acrobat <input type="checkbox"/> Great plains <input type="checkbox"/> Internet Miscellaneous Skills <input type="checkbox"/> CDL Class A <input type="checkbox"/> CDL Class B <input type="checkbox"/> Regular Drivers License <input type="checkbox"/> Endorsements <input type="checkbox"/> Wait Staff <input type="checkbox"/> Health Card <input type="checkbox"/> Tam Card <input type="checkbox"/> Other <input type="checkbox"/> Cashier <input type="checkbox"/> Janitorial <input type="checkbox"/> Hostess <input type="checkbox"/> Waitress <input type="checkbox"/> Convention <input type="checkbox"/> Bartending <input type="checkbox"/> Bar Back <input type="checkbox"/> Food Preparation <input type="checkbox"/> Cook <input type="checkbox"/> Baker <input type="checkbox"/> Pantry Worker <input type="checkbox"/> Beverage Runner Languages <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> French <input type="checkbox"/> German <input type="checkbox"/> Hindi <input type="checkbox"/> Italian <input type="checkbox"/> Japanese <input type="checkbox"/> Polish <input type="checkbox"/> Portuguese <input type="checkbox"/> Spanish <input type="checkbox"/> Russia |
|---|--|---|

APPLICANT QUESTIONNAIRE

Name: _____

1. Are you telephone accessible?
 Yes No

2. Do you have reliable transportation?
 Yes No

- 2A If the assignment you're applying for involves driving a motor vehicle: Will you release your driving record (MVR) to us for review?
 Yes No
- 2B (If for a driving assignment) Do you have your own vehicle?
 Yes No
- 2C (If the answer to #2B is yes). Will you provide us your personal automobile insurance policy identification card ?
 Yes No

3. Do you have your I-9 (work status) information?
 Yes No

4. What job(s) are you applying for?

5. What areas are you willing to work?

6. For what pay rate?

7. Do you have current, valid credentials, licenses, and permits (as necessary) to fill the positions for which you are applying (Question 4)?
 Yes No
- #7A. (If answer to #7 is yes) Will you authorize us to verify your credentials with the appropriate authorities?
 Yes No

8. Are you willing to take a drug test according to our policy?
 Yes No

9. Will you release your background information inclusive of criminal records?
 Yes No

Applicant's Signature: _____ Date: _____

If completed on-line; Applicant click on this block to apply your digital signature and verification that forms completed by you, and is correct.

DRUG SCREEN AUTHORIZATION AND CONSENT

I hereby authorize and give full permission to have this **staffing company** and/or their medical company physician send a specimen of my urine and/or blood to a laboratory for screening test using Substance Abuse & Mental Health Services Administration (S.A.M.H.S.A.) (www.samhsa.gov) standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for any alleged harm to me or interfering with my obtaining a job or continuing employment due to not submitting to the tests or as a result of the report of the tests. This includes, but not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in a language I understand and told if I have any questions they will be answered about the test. I understand this is a legal and binding document, which is binding because this **staffing company** is sending me for the examinations and paying for it.

I UNDERSTAND THIS STAFFING COMPANY WILL REQUIRE A DRUG SCREEN TEST WHENEVER AN ON THE JOB ACCIDENT OR INJURY IS REPORTED IN ACCORDING WITH THIS STAFFING COMPANY POLICY AND THIS AUTHORIZATION AND CONSENT. MY REFUSAL TO SUBMIT TO DRUG TESTING WILL BE GROUNDS FOR TERMINATION.

Signature _____

Date _____

Print Name _____

RELEASE OF CRIMINAL RECORDS

I, the undersigned, do hereby authorize this staffing company to examine any and all criminal records and arrests on file in the counties in the State of _____ or any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.

Date of Release

Signature

Print Applicant's Name

Driver's License Number

Social Security Number

Street Address

City

State

Zip

**Form I-9, Employment
Eligibility Verification**

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-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have 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 # |

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 of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

| | |
|----------------------|-----------------------|
| Employee's Signature | Date (month/day/year) |
|----------------------|-----------------------|

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 authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

| | | |
|---|------------|-----------------------|
| Signature of Employer or Authorized Representative | Print Name | Title |
| Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) | | Date (month/day/year) |

Section 3. Updating and Reverification (To be completed and signed 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 authorization.

Document Title: _____ Document #: _____ Expiration Date (if any): _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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) |
|--|-----------------------|

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

| | | |
|---|---|---|
| 1. U.S. Passport or U.S. Passport Card | 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | 1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address | 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | 3. School ID card with a photograph | 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| | 4. Voter's registration card | |
| 5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form | 5. U.S. Military card or draft record | 5. Native American tribal document |
| | 6. Military dependent's ID card | |
| | 7. U.S. Coast Guard Merchant Mariner Card | |
| | 8. Native American tribal document | |
| | 9. Driver's license issued by a Canadian government authority | |
| 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI | For persons under age 18 who are unable to present a document listed above: | 6. U.S. Citizen ID Card (Form I-197) |
| | 10. School record or report card | 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | 11. Clinic, doctor, or hospital record | |
| | 12. Day-care or nursery school record | |
| | | 8. Employment authorization document issued by the Department of Homeland Security |

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

| | | |
|----------|--|----------------|
| A | Enter "1" for yourself if no one else can claim you as a dependent | A _____ |
| B | Enter "1" if: { • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } | B _____ |
| 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 _____ |
| D | Enter number of dependents (other than your spouse or yourself) you will claim on your tax return | D _____ |
| E | Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) | E _____ |
| F | Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit | F _____ |
| G | Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children | G _____ |
| 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.) 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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. | H _____ |

----- Cut 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 | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold;">2011</div> |
| 1 Type or print 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 _____ | | |
| 6 Additional amount, if any, you want withheld from each paycheck | | 6 \$ _____ | | |
| 7 I claim exemption from withholding for 2011, 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 _____ | | |
| 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 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions | 1 | \$ _____ |
| 2 | Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ | 2 | \$ _____ |
| 3 | Subtract line 2 from line 1. If zero or less, enter “-0-” | 3 | \$ _____ |
| 4 | Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919) | 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 2011 Form W-4 Worksheet</i> in Pub. 919.) | 5 | \$ _____ |
| 6 | Enter an estimate of your 2011 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 \$3,700 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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 - \$5,000 - | 0 | \$0 - \$8,000 - | 0 | \$0 - \$65,000 | \$560 | \$0 - \$35,000 | \$560 |
| 5,001 - 12,000 - | 1 | 8,001 - 15,000 - | 1 | 65,001 - 125,000 | 930 | 35,001 - 90,000 | 930 |
| 12,001 - 22,000 - | 2 | 15,001 - 25,000 - | 2 | 125,001 - 185,000 | 1,040 | 90,001 - 165,000 | 1,040 |
| 22,001 - 25,000 - | 3 | 25,001 - 30,000 - | 3 | 185,001 - 335,000 | 1,220 | 165,001 - 370,000 | 1,220 |
| 25,001 - 30,000 - | 4 | 30,001 - 40,000 - | 4 | 335,001 and over | 1,300 | 370,001 and over | 1,300 |
| 30,001 - 40,000 - | 5 | 40,001 - 50,000 - | 5 | | | | |
| 40,001 - 48,000 - | 6 | 50,001 - 65,000 - | 6 | | | | |
| 48,001 - 55,000 - | 7 | 65,001 - 80,000 - | 7 | | | | |
| 55,001 - 65,000 - | 8 | 80,001 - 95,000 - | 8 | | | | |
| 65,001 - 72,000 - | 9 | 95,001 -120,000 - | 9 | | | | |
| 72,001 - 85,000 - | 10 | 120,001 and over | 10 | | | | |
| 85,001 - 97,000 - | 11 | | | | | | |
| 97,001 -110,000 - | 12 | | | | | | |
| 110,001 -120,000 - | 13 | | | | | | |
| 120,001 -135,000 - | 14 | | | | | | |
| 135,001 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.