

Application for Employment

I-9 Tax Status _____ Entered by: _____ Date: _____

Do you need an accommodation by our staff to complete this application? Yes No

Social Security No. _____

Name Last _____ First _____ Initial _____

Address _____

City _____ State _____ Zip _____

Telephone _____ Alternate Phone: _____

(family member or friend not living with)

How did you hear about IQ Industrial Group? (check one): Mailing Newspaper Radio Referred

Walked In Posting TV Job Fair Job Service Fliers Yellow Pages

Payrate desired: _____ Shift: 1st 2nd 3rd Over 18? Yes No

Have you been convicted of misdemeanor or a felony in the last seven years? Yes No

(A conviction does not necessarily bar you from employment with IQ Industrial Group.)

Have you been drug tested in the last six months? Yes No Results Pass Fail

Are you willing to work at a company that does not allow smoking on premises? Yes No

What is the maximum distance willing to commute? _____

EDUCATION

HIGH SCHOOL

School Name _____

Address _____

Graduated: Yes No GED or HSED

COLLEGE

School Name _____

Address _____ Primary Studies _____

Graduated: Yes No Degree Earned _____

OTHER

School Name _____

Address _____ Primary Studies _____

Graduated: Yes No Degree Earned _____

Please check any of the following areas in which you have experience or are applicable to you.

EXPERIENCE	<input type="checkbox"/> Assembly	EXPERIENCE	<input type="checkbox"/> Inspector	EXPERIENCE	<input type="checkbox"/> Ship/Receiving	EQUIPMENT	<input type="checkbox"/> Gloves: Work
	<input type="checkbox"/> Automotive		<input type="checkbox"/> Janitor		<input type="checkbox"/> Set up		<input type="checkbox"/> Hard hat
	<input type="checkbox"/> Brake Press		<input type="checkbox"/> Lathe Op		<input type="checkbox"/> Solder		<input type="checkbox"/> Shoes: Steel Toed
	<input type="checkbox"/> CNC Operator		<input type="checkbox"/> Mach. Op./Gen.		<input type="checkbox"/> Spray Painter		<input type="checkbox"/> Shoes: Work
	<input type="checkbox"/> Deburrer		<input type="checkbox"/> Maint. Worker		<input type="checkbox"/> Supervisor		<input type="checkbox"/> Welding Helmet
	<input type="checkbox"/> Delivery Helper		<input type="checkbox"/> Mechanic		<input type="checkbox"/> Tool/Die Maker		<input type="checkbox"/> Lift: 25lbs
	<input type="checkbox"/> Die Casting		<input type="checkbox"/> Packaging		<input type="checkbox"/> Warehouse		<input type="checkbox"/> Lift: 50 lbs
	<input type="checkbox"/> Drill Press		<input type="checkbox"/> Paint Hanger		<input type="checkbox"/> Flux Welder		<input type="checkbox"/> Lift: 75 lbs
	<input type="checkbox"/> Driver		<input type="checkbox"/> Paper Converting		<input type="checkbox"/> MIG Welding		
	<input type="checkbox"/> Fabrication		<input type="checkbox"/> Plater		<input type="checkbox"/> Spot Welding		
	<input type="checkbox"/> Forklift Oper.		<input type="checkbox"/> Print Shop		<input type="checkbox"/> TIG Welding		<input type="checkbox"/> English
	<input type="checkbox"/> Food Production		<input type="checkbox"/> Pnch Press Op		<input type="checkbox"/> Wire Welding		<input type="checkbox"/> Spanish
	<input type="checkbox"/> Foundry		<input type="checkbox"/> Quality Assurance		<input type="checkbox"/> Wood Shop		
	<input type="checkbox"/> General Labor		<input type="checkbox"/> Quality Control				<input type="checkbox"/> Bus
<input type="checkbox"/> Inject. Molding	<input type="checkbox"/> Racker		<input type="checkbox"/> Car				
			<input type="checkbox"/> Ride				

TEMPORARY EMPLOYMENT HISTORY

	Company Name & Address	From	To	Payrate	Supervisor Name/Phone	Duties	Reason for leaving
1	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
2	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
3	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

EMPLOYMENT HISTORY

1	Company Name & Address	Dates of Employment	Supervisor Name/Phone
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
	Job Description	Payrate/Reason for leaving	
	<hr/> <hr/>	<hr/> <hr/>	
2	Company Name & Address	Dates of Employment	Supervisor Name/Phone
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
	Job Description	Payrate/Reason for leaving	
	<hr/> <hr/>	<hr/> <hr/>	
3	Company Name & Address	Dates of Employment	Supervisor Name/Phone
	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
	Job Description	Payrate/Reason for leaving	
	<hr/> <hr/>	<hr/> <hr/>	



RELEASE OF CRIMINAL RECORDS

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

I understand the IQ Industrial Group does not discriminate in employment opportunities based on conviction records. The Wisconsin Fair Employment Law prohibits an employer from refusing to employ a person with a criminal record unless the circumstances of the conviction substantially relate to the circumstances of the particular job. We take seriously our responsibilities under that law to protect our applicants, employees, clients and the public at large.

Date of Release

Signature

Printed Name

Drivers License Number

Social Security Number



SUBSTANCE ABUSE POLICY

IQ Industrial Group does not permit the illegal use, sale or possession of illegal or controlled substances on or off of the job. Being under the influence, in the possession of or involved in the sale of alcohol is not permitted at your job site. You may be asked at any time for any reason to submit to a drug or alcohol test. In the case of a positive result, IQ Industrial Group reserves the right to discharge you from your employment. A refusal to submit to a drug or alcohol test at the time requested will be viewed as a positive result; therefore, this behavior will also be grounds for termination from employment with IQ Industrial Group Solutions.

As a condition of my employment, I agree that upon accepting an assignment with IQ Industrial Group I affirm that I have not used illegal substances in the past 30 days.

Signed: _____

Date: _____



CONTROL OF HAZARDOUS ENERGY **(LOCKOUT/TAGOUT)**

The Control of Hazardous Energy (Lockout/Tagout) Law, implemented by OSHA, attempts to insure that all production machinery is de-energized when an employee is performing services. This overview of (Lockout/Tagout) procedures is given to you for your safety and the safety of others. Review it carefully and always ask your job site supervisor for specific instructions regarding Lockout/Tagout. De-energizing a piece of production equipment should take place when the following occur;

- Removing or Bypassing machine guards or other safety devices, resulting in exposure to hazards at the point of operation;
- Placing any part of his or her body in contact with the point of operation of the operational machine or piece of equipment; or
- Placing any part or his or her body into a danger zone associated with a machine operating cycle.

Lockout/Tagout is always performed before the above actions are taking place. In addition Lockout/Tagout procedures should be followed when activities such as servicing, lubricating, cleaning, or un-jamming a machine or production equipment. Again we ask that you question your job site supervisor for specific procedures at your place of work.

To signify that you have read and understand the above information please sign and date below.

Signed _____ Date ____/____/____

Hazard Communication/Right to Know

The Hazard Communication Law, implemented by OSHA, attempts to provide a tool for assuring a safe and healthy workplace for all employees. The intent is to make available, all pertinent information regarding the use of Hazardous Chemicals, to all employees who may use them in the workplace.

When you start an assignment at one of IQ Industrial Group's client companies, ask your supervisor if you will be dealing with hazardous chemicals and for a copy of their Material Safety Data Sheet (MSDS). He/she will inform you about their company's required safety policies.

We are providing you with a sample MSDS, so that you may familiarize yourself with this document. Review it carefully and please pay special attention to sections 6 and 7. These two sections will explain the necessary precautions, protective clothing and first aid procedures to take when using a hazardous chemical.

Material Safety Data Sheet

Material Safety Data Sheet		Quick Identifier (In Plant Common Name)	
Manufacturer's Name	Emergency Telephone No.		
Address	Other Information Calls		
Signature of Person Responsible for Preparation	Date Prepared		
SECTION 1 - IDENTITY			
Common Name (used on label)	Cas No.		
Chemical Name	Chemical Family		
Formula			
SECTION 2 - HAZARDOUS INGREDIENTS			
Principal Hazardous Component(s)			
Chemical & Common Name (s)	%	Threshold Limit Value (units)	
SECTION 3 - PHYSICAL & CHEMICAL CHARACTERISTICS (Fire & Explosion)			
Boiling Point	Specific Gravity (H ₂ O=1)	Pressure (mm HG)	Vapor
Percent Volatile by Volume (%)	Vapor Density (Air=1)	Evaporation Rate	(_____ =1)
Solubility in Water	Reactivity in Water		
Appearance and Odor			
Flash Point	Extinguisher Media	Auto-Ignition Temperature	
Special Fire Fighting Procedures			
Unusual Fire and Explosion Hazards			
SECTION 4 - PHYSICAL HAZARDS			
Stability	Unstable _____ Stable	Conditions to Avoid	
Incompatibility (Materials to Avoid)			
Hazardous Decomposition Products			
Hazardous Polymerization-	May Occur _____ Will Not Occur	Conditions to Avoid	

SECTION 5 - HEALTH HAZARDS			
Threshold Limit Value			
Signs and Symptoms of Exposure	1. Acute Overexposure		
2. Chronic Overexposure			
Medical Conditions Generally Aggravated by Exposure			
Chemical Listed as Carcinogen or Potential Carcinogen	National Toxicology Program	OSHA	Yes No
I.A.R.C. Monographs	Yes _____ No		Yes No
OSHA Permissible Exposure Limit	ACGIH Threshold Limit Value	Other Exposure Limit Used	
Emergency and First Aid Procedures			
SECTION 6 - SPECIAL PROTECTION INFORMATION			
Respiratory Protection (Specify Type)			
Ventilation	Local Exhaust	Mechanical (General)	Special Other
Protective Gloves		Eye Protection	
Other Protective Clothing or Equipment			
SECTION 7 - SPECIAL PRECAUTIONS AND SPILL/LEAK PROCEDURES			
Precautions to be Taken in Handling and Storage			
Other Precautions			
Steps to be Taken in Case Material is Released or Spilled			
Waste Disposal Methods			
IMPORTANT			
Do not leave any blank spaces. If required information is unavailable, unknown, or does not apply, so indicate.			

It is your responsibility to wear all safety equipment and to follow all safety rules required by our client companies while on assignment for IQ Industrial Group. Failure to follow these safety policies will lead to disciplinary actions. To signify that you have read and understand the above information please sign and date below:

Signed _____ Date ____/____/____

NEW EMPLOYEE ORIENTATION CHECKLIST



LAST NAME

FIRST NAME

SOCIAL SECURITY NUMBER

DATE SIGNED

_____ I understand that I am expected to complete any job assignment I accept. If I do not complete the assignment then IQ Industrial Group can assume I have voluntarily quit.

_____ Report to assignments in a timely manner. You must notify your Recruiter immediately, upon termination of your assignment. Failure to make contact by phone or in person will indicate that you have quit. (“When an employee is given notice that an assignment will be available and...fails to report for an assignment, the employee is considered to have voluntarily terminated the employment,” and “A temporary help employee who fails to contact the employer at the end of an assignment voluntarily terminates the employment relationship.” State of Wisconsin, DILHR, Unemployment Compensation Directive December 27, 1994).

_____ IQ Industrial Group contends that a drug/alcohol-free work environment is vital to the well being of all its employees. By my initials at the left, I acknowledge that I have not used any illegal substances in the past 30 days and I will not use such substances while I am a IQ Industrial Group employee.

_____ If for some unexpected reason, such as an emergency or illness, I cannot make it to work or will be late, I will contact IQ Industrial Group as soon as possible so you can call the client and/or find a replacement. My failure to do so may be grounds for dismissal and/or indicate that I have quit.

_____ If I sustain an injury on the job, I will inform the client and IQ Industrial Group immediately after the accident and my Recruiter will coordinate with the client and myself the proper procedure for treatment and reporting of the accident.

_____ I understand and will comply with IQ Industrial Group safety rules and regulations and hazardous communication program explained to me in IQ Industrial Group orientation.

_____ I have read and fully understand the above statements regarding IQ Industrial Group Solutions policies and procedures and agree to the same. I understand that failure to comply with these policies and procedures could lead to my termination and may jeopardize my benefits.

I certify that I have read and understand and will abide by the above listed policies and procedures. Failure to do so may be grounds for termination and may disqualify my benefits.

Employee: _____

Recruiter: _____

UNEMPLOYMENT INSURANCE

IQ Industrial Group follows all provisions of the Unemployment Insurance Law and the policies the Department of Workforce Development has put in place to administer the Unemployment Insurance Law. IQ Industrial Group does not make decisions that determine your eligibility for Unemployment Insurance; the State of Wisconsin UI Division decides those matters. IQ Industrial Group will strive to keep you continuously employed should your assignment come to an end. Please note that IQ Industrial Group will consider you to have voluntarily quit if you do one of the following:

1. Fail to complete an assignment
2. No call no show on an assignment (notification of absence should be made one (1) hour prior to the start of the shift)
3. Fail to immediately notify IQ Industrial Group of the end of your assignment.
4. Accept a job with one of our client companies
5. Fail to keep contact with your representative at IQ Industrial Group during periods of absence (personal reasons, family emergencies, car problems, etc)

WORKER'S COMPENSATION REPORTING

1. Report work related injuries to your job site supervisor immediately: and to the IQ Industrial Group office on the same day of the injury.
2. Within 24 hours of the injury you are required to fill out a IQ Industrial Group accident report. Also, bring all paperwork given to you by the medical provider to IQ Industrial Group Solutions.
3. You are required to take a drug test at the time of first treatment
4. Your failure to take the test will be considered a voluntary quit. Also a positive result on the drug test will be grounds for termination. When taking the drug test be sure to notify the medical provider that you are a IQ Industrial Group employee of the company you are assigned.
5. IQ Industrial Group will make every effort to continue your employment during your healing process. IQ Industrial Group has a variety of work settings that will meet your light duty restrictions. We will make every effort to accommodate your medical restrictions.
6. Submissions of a false Worker's Compensation claim or prolonging a Worker's Compensation claim after it has healed is punishable under Wisconsin Criminal Statute, Sec. 943.35 with up to three (3) years imprisonment and or fines not to exceed \$10,000.

I understand that I must give a 1-week notice if I am unable to complete an assignment and that if I fail to give this notice I will be paid at the minimum wage. I also understand that IQ Industrial Group may assign me to a client that requires a background check, a pre-employment physical, psychological testing, drug screening and random drug screening while employed. I agree to and authorize all such checking and testing and I understand that unsatisfactory results from, refusal to cooperate with or any attempt to affect the results of these tests and checks will result in ineligibility for employment. I have read the above policies and agree to abide by them. I certify that all of the information provided by me on this application and any other accompanying documents is true and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts will be cause for ineligibility for, or termination of employment. I authorize IQ Industrial Group to contact references and employers and I authorize any schools, employers, references or government bodies to provide information they may possess.

Signature: _____ Date: _____

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filling Out the Form I-9

Section 1, Employee: This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer: For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors.

Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

Section 3, Updating and Reverification: Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:

1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C);
2. Record the document title, document number and expiration date (if any) in Block C, and
3. Complete the signature block.

What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at **www.uscis.gov**.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, and completing the form, 9 minutes; **2)** assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Please 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 eligible 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 #

<p>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.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____</p> <p>(Alien # or Admission #) _____</p>
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Employee's Signature	Date (month/day/year)
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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 eligible 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)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR		AND
1. U.S. Passport (unexpired or expired)	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. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
9. Driver's license issued by a Canadian government authority		
	For persons under age 18 who are unable to present a document listed above:	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

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

Form W-4 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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-earner/multiple job 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 the Instructions for Form 8233 before completing this Form W-4.

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 2009. 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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • 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	_____
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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 \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____			
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)						
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 \$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.) ▶	H	_____			
For accuracy, complete all worksheets that apply. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • 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 (\$25,000 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. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>				{	<ul style="list-style-type: none"> • 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 (\$25,000 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. 	}
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----- 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	<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 <div style="font-size: 2em; font-weight: bold; margin: 0;">2009</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 2009, 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 (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, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 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. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter “-0-” 3 \$ _____

4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ _____

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ _____

6 Enter an estimate of your 2009 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 \$3,500 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 \$50,000 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 4–9 below to calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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 using it 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.