



EMPLOYMENT APPLICATION

APPLICANT INFORMATION

NAME: _____ SOCIAL SECURITY # _____ DATE OF BIRTH: _____

ADDRESS : _____ APT/LOT#: _____

CITY: _____ STATE: _____ ZIP CODE: _____ EMAIL: _____

DRIVERS LICENSE #: _____ MAIN PHONE: _____

ID CARD #: _____ ALT. PHONE: _____

RACE: _____ MARITAL STATUS: _____ U.S. CITIZEN? YES NO

DISABILITIES: _____ MILITARY? YES NO

KNOWN ALLERGIES: _____ IF YES: ACTIVE RESERVE VETERAN

APPLICANT SIGNATURE: _____ DATE: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ PHONE NUMBER: _____

FOR SUPERVISOR USE ONLY

HIRE DATE: _____ PAY RATE: _____ FULL TIME PART TIME OTHER _____

TITLE/POSITION: _____ CREW: _____

ROW CLEARING REMOVALS HOURLY OTHER: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

FOR OFFICE USE ONLY

WORKERS COMP CODE: _____	<input type="checkbox"/> APPLICATION	<input type="checkbox"/> ID COPIES	<input type="checkbox"/> DRUG SCREEN
CSI CODE: _____	<input type="checkbox"/> W-4	<input type="checkbox"/> I-9	<input type="checkbox"/> DIRECT DEPOSIT
LABOR CODE: _____	<input type="checkbox"/> STATE W/H	<input type="checkbox"/> INSURANCE	<input type="checkbox"/> BACKGROUND CHECK

NEW HIRE CHECKLIST MVR SAFETY PPE ISSUED SAFETY MANUAL SIGNED INSURANCE PACKET

MS NEW HIRE EMP. NAV. QB INSURANCE ACCEPTANCE/DECLINATION RECEIVED

REMARKS: _____

ENTERED BY: _____ DATE ENTERED: _____

EMPLOYEE INFORMATION CHANGE- FOR SUPERVISOR USE ONLY

<input type="checkbox"/> PAY RAISE	JOB CHANGE	PERSONAL CHANGE	TIME OFF
FROM: \$ _____ TO \$ _____	<input type="checkbox"/> TITLE/POSITION	<input type="checkbox"/> NAME	<input type="checkbox"/> BEREAVEMENT
ENTERED BY: _____	<input type="checkbox"/> TRANSFER	<input type="checkbox"/> PHONE #	<input type="checkbox"/> PERSONAL LEAVE
DATE ENTERED: _____	<input type="checkbox"/> WORK TYPE	<input type="checkbox"/> ADDRESS	<input type="checkbox"/> VACATION
	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER	<input type="checkbox"/> OTHER

DETAILS: _____

SUPERVISOR SIGNATURE: _____ DATE: _____

EMPLOYMENT AVAILABILITY

POSITION APPLIED FOR: _____ FULL TIME PART TIME OTHER

DAYS AVAILABLE FOR WORK: SUN / MON / TUE / WED / THU / FRI / SAT

HOURS AVAILABLE FOR WORK: _____ START DATE: _____ DESIRED WAGE: _____

HAVE YOU WORKED FOR US BEFORE? YES NO IF YES, WHEN? _____ POSITION? _____

REASON FOR LEAVING? _____

EDUCATION

<u>HIGH SCHOOL:</u>	<u>DATES ATTENDED:</u>	<u>DEGREE/SUBJECT:</u>	<u>GRADUATED:</u>

<u>COLLEGE/UNIVERSITY:</u>	<u>DATES ATTENDED:</u>	<u>DEGREE/SUBJECT:</u>	<u>GRADUATED:</u>

<u>TRADE SCHOOL:</u>	<u>DATES ATTENDED:</u>	<u>DEGREE/SUBJECT:</u>	<u>GRADUATED:</u>

EMPLOYMENT HISTORY

COMPANY NAME: _____ SUPERVISOR NAME: _____
ADDRESS: _____ PHONE NUMBER: _____
CITY: _____ STATE: _____ MAY WE CONTACT? YES NO
POSITION: _____ DATES EMPLOYED: _____
REASON FOR LEAVING: _____

COMPANY NAME: _____ SUPERVISOR NAME: _____
ADDRESS: _____ PHONE NUMBER: _____
CITY: _____ STATE: _____ MAY WE CONTACT? YES NO
POSITION: _____ DATES EMPLOYED: _____
REASON FOR LEAVING: _____

COMPANY NAME: _____ SUPERVISOR NAME: _____
ADDRESS: _____ PHONE NUMBER: _____
CITY: _____ STATE: _____ MAY WE CONTACT? YES NO
POSITION: _____ DATES EMPLOYED: _____
REASON FOR LEAVING: _____

REFERENCES (NO FORMER EMPLOYEES OR RELATIVES)

NAME: _____ RELATIONSHIP: _____
PHONE NUMBER: _____ YEARS KNOWN: _____

NAME: _____ RELATIONSHIP: _____
PHONE NUMBER: _____ YEARS KNOWN: _____

NAME: _____ RELATIONSHIP: _____
PHONE NUMBER: _____ YEARS KNOWN: _____

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____ DATE: _____

ADDITIONAL INFORMATION

ARE YOU AUTHORIZED TO WORK IN THE UNITED STATES?

YES NO

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB WITHOUT REASONABLE ACCOMMODATIONS?

YES NO

DO YOU USE ILLEGAL DRUGS?

YES NO

HAVE YOU EVER SERVED IN THE MILITARY?

YES NO

IF YES, BRANCH: _____

IF YES, RANK AT DISCHARGE: _____

AT WILL EMPLOYMENT AGREEMENT

I acknowledge that employment with the company is voluntarily entered into, and the employee is free to resign at will at any time, with or without cause, as similarly the company may terminate the employment at will at any time, with or without notice or cause so long as there is not violation of applicable Federal or State laws.

I hereby declare the information provided by me in this application is true and complete, and I understand that falsification of any such information is grounds for refusal to hire, or if hired, for termination.

In consideration for my employment with the company, I agree to conform to the rules and regulations of the company as set forth in the company employee handbook and acknowledge that these rules may be changed, interpreted, withdrawn, or added to by the employer at any time at the sole option of the company and without any prior notice to me.

I understand that no representative of the company has the authority to enter into any agreement for employment for any specified period of time or to assure any benefits or items and conditions of employment other than those set forth in the company handbook either prior to commencement of employment or after I have become employed.

I understand that the company is a Drug Free Workplace employer and I consent to a drug screen test prior to commencement of employment with the company.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

DIRECT DEPOSIT AUTHORIZATION FORM FOR EMPLOYEES

This form authorizes Looks Great Services of MS, Inc. to send credit entries (and appropriate debit and adjustment entries) electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account".) This authorizes the financial institution holding the account to post all such entries.

ACCOUNT #1

ACCOUNT TYPE CHECKINGS SAVINGS
DEPOSIT AMOUNT (\$ OR %) _____
BANK NAME _____
ACCOUNT NUMBER _____
BANK ROUTING NUMBER (ABA#) _____

ACCOUNT #2

ACCOUNT TYPE CHECKINGS SAVINGS
DEPOSIT AMOUNT (\$ OR %) _____
BANK NAME _____
ACCOUNT NUMBER _____
BANK ROUTING NUMBER (ABA#) _____

Paystubs are made available electronically. Please provide a valid email address for your paystubs.

EMAIL: _____

This authorization will be in affect until the company receives a written termination notice from myself and has a reasonable opportunity to act on it.

APPLICANT NAME: _____

APPLICANT SSN: _____

APPLICANT SIGNATURE: _____ DATE: _____

ATTACH A VOIDED CHECK OR OFFICIAL BANK DIRECT DEPOSIT FORM. THIS WILL HELP TO VERIFY YOUR ACCOUNT & ROUTING NUMBERS.

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by my employer.

Attach a voided check for each account here

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Looks Great Services of MS, Inc. hereinafter called the company, I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Looks Great Services of MS, Inc., or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President/General Manager of the Company. Both the undersigned and Looks Great Services of MS, Inc. may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigations of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contact.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of sixty (60) days, and further that at any time during the probationary period and thereafter, my employment relation with the Company is terminable at will for any reason by either party.

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sexual orientation, national origin, citizenship, age, and disability. We assure you that your opportunity for the employment with this Company depends solely on your qualifications.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

COMBINED DISCLOSURE NOTICE AND AUTHORIZATION REGARDING

BACKGROUND CONSUMER REPORTS

Important: Please read carefully before signing.

A consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, and motor vehicle record, mode of living and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with Looks Great Services of MS, Inc. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the personnel department of Looks Great Services of MS, Inc and within five (5) days of the request, the name, address and phone number of the reporting agency and the nature and scope of the investigative consumer report will be disclosed to you.

Before any adverse action is taken, based on whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address and telephone number of the reporting agency, and a summary of your rights under the Fair Credit Reporting Act.

You hereby authorize, and request, without any reservation, any present or former employer, school, police department, financial institution, division of motor vehicles, consumer reporting agencies, or other persons or agencies having knowledge about you to furnish Looks Great Services of MS, Inc with any and all background information in their possession regarding you, in order that your employment qualifications may be evaluated.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

LOOKS GREAT SERVICES OF MS, INC. DRUG TESTING POLICY

1. EMPLOYEES SUBJECT TO TESTING

Under Looks Great Services of MS, Inc.'s drug and alcohol testing policy, current and prospective employees who work or would work in high-risk or safety-sensitive positions will be asked to submit to drug and alcohol testing. No prospective employee will be asked to submit to testing unless an offer of employment has been made. An offer of Looks Great Services of MS, Inc, however, is conditioned on the prospective employee testing negative for drug and alcohol.

2. SAFEGUARDS

Looks Great Services of MS, Inc.'s policy is intended to comply with all state laws governing drug and alcohol testing and is designed to safeguard employee privacy rights to the fullest extent of the law.

3. SELECTION

Not all Looks Great Services of MS, Inc. employees will be asked to submit to drug and alcohol testing. Only those employees who [list criteria such as job titles or duties that will require drug testing] are subjected to drug and alcohol testing.

4. TESTED SUBSTANCES

Looks Great Services of MS, Inc.'s drug and alcohol testing program is limited to testing for blood alcohol, specific drugs and drug types. Any other substances that may be tested using the same method used to test for controlled substances will not be tested and, if found will not be reported.

5. WRITTEN NOTICE

Before being asked to submit to a drug and/or alcohol test, the employee will receive written notice of the request or requirements.

6. LICENSED LABORATORIES

Any drug and/or alcohol testing required or requested by Looks Great Services of MS, Inc. will be conducted by a laboratory licensed by the state. The employee may obtain the name and location of the laboratory that will analyze the employee's test sample by calling [Name of collection Lab] [Number of hours] hours before the employee is scheduled to be tested.

7. NOTICE OF RESULTS

If the employee is asked to submit to a drug and alcohol test, Looks Great Services of MS, Inc. will notify the employee of the result within 48 hours after it receives them from the laboratory. To preserve the confidentiality Looks Great Services of MS, Inc. strives to or maintain, the employee will be notified whether the test was negative or confirmed positive and, if confirmed positive, what's the next step is.

8. POSITIVE TEST RESULTS

If the employee receives notice that the employee's test results were confirmed positive, the employee will be given the opportunity to explain the positive result following the employee's receipt of the test result. In addition, the employee may have the same sample retested at a laboratory of the employee's choice.

APPLICANT INITIALS: _____

DATE: _____

9. ADVERSE EMPLOYMENT ACTION

If there is a reason to suspect that the employee is working while under the influence of an illegal drug or alcohol, the employee will be suspended without pay until the results of a drug and alcohol test are made available to Looks Great Services of MS, Inc. by the testing laboratory. Where drug or alcohol testing is part of a routine physical or random screening, there will be no adverse employment action taken until the test results are in.

10. CONFIDENTIALITY

Looks Great Services of MS, Inc. will make every effort to keep the results of the drug and alcohol test confidential. Only persons with a need to know the results will have access to them. The employee will be asked for the employee’s consent before test results are released to anyone else. Be advised, however, that test results may be used in arbitration, administrative hearings and or court cases arising as a result of the employee’s drug testing. Also, the result will be sent to federal agencies as required by federal law. If the employee is to be referred to a treatment facility for evaluation, the employee’s test results will also be made available to the employee’s counselor. The results of drug testing in the workplace will not be used against the employee in any criminal prosecution.

11. COSTS

Looks Great Services of MS, Inc. will pay the cost of any drug and alcohol testing that it requires or requests employees submit to, including retesting to confirmed positive results. Any additional tests that the employee requests will be paid for by the employee.

12. DRUG AND ALCOHOL USE AT WORK PROHIBITED

Looks Great Services of MS, Inc. will not tolerate any use of non-prescribed drugs and alcohol during work hours. If the employee comes to work under the influence of any drug or alcohol or uses drugs or alcohol during work time, the employee will be either sent home without pay or terminated.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

PROHIBITED ACTIVITIES (STANDARDS OF CONDUCT)

Looks Great Services of MS, Inc. wishes to create a work environment that promotes job satisfaction, respect, responsibility, and value for all of our employees, clients, customers, and other stakeholders. Every employee at Looks Great Services of MS, Inc. has a shared responsibility toward improving the quality of the work environment. By agreeing to work at Looks Great Services of MS, Inc. you have agreed to follow the company’s rules and to refrain from conduct which is detrimental to our goals. The prohibited conduct that is listed below is not an inclusive list, as the company cannot, with foresight, determine what inappropriate conduct under every circumstance is. Moreover, the company does not limit its right to discipline or discharge employees to the prohibited conduct listed below. Remember that, while we value our employees, the company maintains the right to terminate its employees at any time and for any reason, with or without notice.

Violation of the prohibited conduct set forth below, or any other conduct deemed inappropriate by management, may subject you to disciplinary action, including oral or written warnings, suspension without pay, transfer or possible termination. IF you have any questions about your personal conduct or that of any fellow employee, immediately consult your supervisor for clarification.

The following list contains examples of conduct considered improper which may result in discipline, including termination. Again, note this is not a complete list and understand that other behaviors may also result in discipline.

1. Possessing, using, selling, negotiating the sale of, or being under the influence of alcohol, drugs, or other controlled substances during working hours, on company property (including company vehicles), in company uniform or on company business.
2. Falsification of the hours worked by you or any other employee.
3. Falsification of any other employment related document including, but not limited to, personnel files, employment review documents, intra-company communication, communications with those outside the company, expense records, etc.
4. Theft or destruction of company property or that of visitors, clients, or fellow employees.
5. Possession of potentially hazardous or dangerous property, such as firearms, weapons, chemicals, etc., without prior permission.
6. Fighting with, or harassment of, any fellow employee or customer.
7. Unauthorized or excessive use of company property or property of any visitors, customers, fellow employees, including but not limited to, vehicles, supplies, telephones, mail and computers.
8. Disclosure of company trade secrets or any other confidential or proprietary information of the company its customers or fellow employees.

APPLICANT INITIALS: _____

DATE: _____

9. Insubordination, including but not limited to, refusal to perform a requested or required job task.
10. Failure to follow, or general neglect of, safety rules and procedures.
11. Excessive tardiness or absences.
12. Smoking in non-designated areas.
13. The taking of unauthorized overtime.
14. Solicitation of fellow employees on the company premises.
15. Failure to dress appropriately.
16. Failure to keep your workplace in a neat and sanitary condition.
17. Use of obscene or otherwise inappropriate language or conduct in the workplace.
18. Failure to provide medical authorization for medical absences in excess of two days.
19. Inappropriate horseplay which is either distracting to fellow employees or which could create dangers to others.
20. Criminal activity at, or outside of, the workplace.
21. Off-duty conduct which can affect the company's credibility or reputation.
22. Outside employment which interferes with your ability to perform your job at this company including, but not limited to, that with a competitor of the company.
23. Gambling on company premises.
24. Sleeping or neglect of job duty.
25. Taking unauthorized gratuities in connection with company business.
26. Lending keys to company property to unauthorized persons or allowing duplicate keys to be made.
27. Being away from the work area without prior authorization.

APPLICANT INITIALS: _____

DATE: _____

28. Harassment of, or discrimination against, an employee, customer, or visitor because of that person's race, religion, color, sex, age, disability or national origin.

29. Bad-mouthing or spreading rumors.

Disciplinary Action

As indicated earlier, violation of company policies or procedures may result in disciplinary action, including but not limited to, demotion, transfer, suspension with or without pay, or termination. The company encourages a system of progressive discipline depending on the type of prohibited conduct. The company is not required to engage in progressive discipline and may discipline or terminate an employee where he or she violates the rules of conduct, or where the quality or value of their work fails to meet expectations. Again, our attempt at progressive discipline does not imply a contract with you or that your employment is anything other than on an "at will" basis. This means that both the company and the employee may terminate the employment relationship at any time, for any reason, or no reason at all.

As part of our progressive discipline system, and based on the nature of the employee violation, management will attempt to provide the employee first with a verbal warning, then one or more written warnings, and if the conduct is not sufficiently altered, eventual demotion, transfer, forced leave or termination. Your supervisor will make every effort possible to allow you to respond to any disciplinary action taken. Understand that the company is not obligated to follow any disciplinary or grievance procedure and that you may be disciplined or terminated without going through any procedure.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

POLICY ON SEXUAL HARASSMENT & SEXUAL MISCONDUCT

Purpose

Looks Great Services of MS, Inc (LGS) is committed to providing a work environment in which all people are treated with respect and dignity. LGS strictly prohibits sexual harassment. All employees are expected to help with this effort.

The principles outlined in this policy apply to both sexual harassment and other forms of illegal harassment against company employees and associates.

Prohibited Conduct

LGS will not tolerate harassment by anyone, including any supervisor, co-worker, vendor, client or customer, whether in the workplace, at assignments outside the workplace, at LGS-sponsored social functions, or elsewhere.

What is sexual harassment?

Sexual harassment is a form of sex discrimination, which is prohibited under both state and federal law. The term "sexual harassment" means any unwelcome sexual advance, request for sexual favors, or other verbal or physical conduct of a sexual nature.

Examples of Sexual Harassment

Behaviors that may constitute sexual harassment include but are not limited to:

- Demanding sexual favors in exchange for an employment benefit such as a position, promotion or raise;
- Withholding an employment benefit because a request for sexual favors is rejected;
- Unwelcome and persistent behavior such as:
 - Requests for dates, sexual propositions, invitations and flirtations made in person or by means of letters, notes, phone calls or email;
 - Suggestive comments, sexually oriented kidding, teasing, or practical jokes;
 - Verbal expressions of a sexual nature including comments about a person's body, attire, appearance, or sexual activities;
 - Jokes about gender-specific traits, sexually suggestive jokes, innuendoes;
 - Foul or obscene body language or gestures, including leering;
 - Use of sexually suggestive objects, articles, tapes, pictures or other materials that are unrelated to work;
 - Anecdotes, questions or comments about one's own or others sexual activities;
 - Inappropriate touching in the forms of hugs, pinching, shoulder rubs, patting, brushing up against another's body, blocking normal movement, restraining, or otherwise physically interfering with the work of another individual;
 - Display of printed or visual material that is foul, obscene, or offensive;
 - Sending or viewing jokes, pictures, or other information by email or the internet, where the information is sexually-explicit, or where it ridicules a person's sexual orientation.

APPLICANT INITIALS: _____

DATE: _____

Sexual Misconduct

Sexual misconduct is conduct of a sexual nature that is not so serious or pervasive that it rises to the level of sexual harassment, but that is unprofessional and inappropriate for worksites. Behaviors that may constitute sexual harassment include but are not limited to:

- Failure to observe the appropriate boundaries of the supervisor/subordinate relationship;
- Repeatedly engaging in sexually oriented conversations, comments or horseplay, for example, telling jokes or anecdotes of sexual nature in the workplace, even if those present do not object to that conduct;
- Gratuitous use of sexually oriented materials not directly related to the subject matter of work, even if those present do not object to the use of material.

Employee Agreement

I hereby certify that I have read or have had read to me the above stated anti-harassment policy and do agree to its terms. I understand that failure to comply with this policy is grounds for immediate termination from Looks Great Services.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

AGREEMENT FOR REPAYMENT OF HIRING AND TRAINING EXPENSES

In the event the undersigned applicant does not maintain fulltime employment (forty hours / week) through 90 consecutive days after the initial hire or training date, applicant agrees to pay all expenses associated with their hire and training, including but not limited to:

1. Drug Screens
2. Physicals
3. Safety Equipment furnished by Employer
4. Tools furnished by Employer
5. Training Fees (CDL, OSHA, CPR, etc.)
6. Administrative Fees

The undersigned consents to having these costs withheld from their final paycheck upon the termination of their employment for any reason. The undersigned acknowledges this consent is given freely and without coercion or undue influence of any kind.

APPLICANT NAME: _____

APPLICANT SIGNATURE: _____

DATE: _____

PRE-EMPLOYMENT QUESTIONNAIRE

(Field Workers Only)

1. What determines how close a bucket operator can work near a power line?

- A. Safety Equipment
- B. Weather
- C. Voltage
- D. Experience

2. What is needed before you move a chip truck?

- A. Emergency flashers
- B. Spotter
- C. Water
- D. Wheel chocks

3. Always lift with your _____.

4. What personal protection equipment is required for operating a chipper?

5. How much experience do you have with tree work or utility work?

6. What type of cut is used when felling a tree?



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 		<ol style="list-style-type: none"> 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 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. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 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 <li style="text-align: center;">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 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the online estimator, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 ▶ \$ _____		
	Add the amounts above and enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ _____ ▶ _____
Employee's signature (This form is not valid unless you sign it.) **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



Mississippi Department of Revenue
P.O. Box 960
Jackson, MS 39205

MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Employee's Name _____ SSN _____

Employee's Residence Address _____
Number and Street City or Town State Zip Code

CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION				
Marital Status	Personal Exemption Allowed	Amount Claimed		
EMPLOYEE: File this form with your employer. Otherwise, you must withhold Mississippi income tax from the full amount of your wages.	1. Single <input type="checkbox"/> Enter \$6,000 as exemption ▶	\$		
	2. Marital Status (Check One) (a) <input type="checkbox"/> Spouse NOT employed: Enter \$12,000 ▶	\$		
	(b) <input type="checkbox"/> Spouse IS employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below .▶	\$		
	3. Head of Family <input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d)below ▶	\$		
EMPLOYER: Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.	4. Dependents <table border="1" style="width: 100px; height: 30px;"><tr><td>Number Claimed</td></tr></table> You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. * A head of family may claim \$1,500 for each dependents excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed... ▶	Number Claimed	\$	
Number Claimed				
	5. Age and Blindness • Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single • Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply the number of blocks checked by \$1,500. Enter the amount claimed ▶ * Note: No exemption allowed for age or blindness for dependents.	\$		
	6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5... ▶	\$		
	7. Additional dollar amount of withholding per pay period if agreed to by your employer ▶	\$		
Military Spouses Residency Relief Act Exemption from Mississippi Withholding	8. If you meet the conditions set forth under the Service Member Civil Relief, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim..▶	_____		

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: _____ Date: _____

INSTRUCTIONS

- The personal exemptions allowed:**

(a) Single Individuals	\$6,000	(d) Dependents	\$1,500
(b) Married Individuals (Jointly)	\$12,000	(e) Age 65 and Over	\$1,500
(c) Head of family	\$9,500	(f) Blindness	\$1,500
- Claiming personal exemptions:**
 - Single Individuals enter \$6,000 on Line 1.
 - Married individuals are allowed a joint exemption of \$12,000.
If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500; or the taxpayer may claim \$8,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).
 - Head of Family
A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).
 - An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but **should not** include themselves or their spouse. Married taxpayers may divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer may claim 3 dependents and the spouse none. Enter the amount of dependent exemption on Line 4.
 - An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the age of 65 before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.
 - An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are blind. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.
- Total Exemption Claimed:**
Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.
- A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.**
- PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION**
- IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION..**
- To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.