



## **VMO APPLICATION CHECKLIST**

**The following are the required documents that must be completed in order for your Application to be reviewed by the Hiring Manager:**

- Application for Employment (with references and or references letters)
- Affidavit of Good Moral Character
- Background Check Acknowledgement Form
- Background Screening Process\*
- Local Law Enforcement Background Check (Visit Volusia County Sherriff Department in DeLand, FL )
- Drug Testing Consent Form
- Employee Handbook and At-Will Employee Status Acknowledgement
- I-9
- Receipt of Employee Handbook
- VISION-HR ASO Toolkit
- W4

### **Background Screening Process\***

**Complete the following background screening and provide documentation.**

#### **Livescan Criminal History Record Check**

##### **1. Make an appointment with Safron Morphotrust**

- Telephone 1-800-528-1358
- Pay by Phone: \$35.45 (or specified fee)
- Website: [www.L1enrollment](http://www.L1enrollment)

##### **2. Provide requested information including, but not limited to:**

- ORI #: FL921781Z
- OCA#: 04640911Z
- Organization: Vision Ministries Outreach, Inc. (VMO)
- Address: 547 Walker Avenue, Daytona Beach, FL 32114
- Telephone Number for VMO: 386-316-9877



## APPLICATION FOR EMPLOYMENT

Our policy is to provide equal employment opportunity to all qualified persons without regard to race, creed, color, gender, age, national origin, ancestry, veteran status, etc.

Date \_\_\_\_\_

Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Social Security # \_\_\_\_\_

Position applied for \_\_\_\_\_

How did you hear of this opening? \_\_\_\_\_

When can you start? \_\_\_\_\_

Are you a U.S. citizen or otherwise authorized to work in the U.S. on an unrestricted basis?  
(You may be required to provide documentation.)  Yes  No

Are you looking for full-time employment?  Yes  No

If no, what hours are you available? \_\_\_\_\_

Are you willing to work swing shift?  Yes  No

Are you willing to work graveyard?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please describe conditions. \_\_\_\_\_

### Education

School Name and Location	Year	Major	Degree
High school			
College			
College			
Post-College			
Other Training			

**In addition to your work history, are there other skills, qualifications, or experience that we should consider?**

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**Employment History (Start with most recent employer)**

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

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Reason for leaving \_\_\_\_\_

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**Company Name** \_\_\_\_\_

Address \_\_\_\_\_ Telephone \_\_\_\_\_

Date Started \_\_\_\_\_ Starting Wage \_\_\_\_\_ Starting Position \_\_\_\_\_

Date Ended \_\_\_\_\_ Ending Wage \_\_\_\_\_ Ending Position \_\_\_\_\_

Name of Supervisor \_\_\_\_\_

May we contact?  Yes  No

Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**REFERENCES**

(Please provide names, telephone numbers and addresses for two character references and one professional reference [if employment at previous company was less than 2 yrs, two professional references are needed]. To assist in the process, you may provide reference letters/recommendation letters to support your character reference and professional reference.

**Character Reference (1)**

Full Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Character Reference (2)**

Full Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Professional Reference (1)**

Full Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Professional Reference (2)**

Full Name of Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**Attach additional information if necessary.**

I certify that the facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. This company is hereby authorized to make any investigations of my prior educational and employment history.

I understand that employment at this company is "at will," which means that either I or this company can terminate the employment relationship at any time, with or without prior notice, and for any reason not prohibited by statute. All employment is continued on that basis. I understand that no supervisor, manager, or executive of this company, other than the president, has any authority to alter the foregoing.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# AFFIDAVIT OF GOOD MORAL CHARACTER

State of Florida

County of \_\_\_\_\_

Before me this day personally appeared \_\_\_\_\_ who, being duly sworn, deposes and says:  
(Applicant's/Employee's Name)

As an applicant for employment with, an employee of, a volunteer for, or an applicant to volunteer with \_\_\_\_\_, I affirm and attest under penalty of perjury that I meet the moral character requirements for employment, as required by the Florida Statutes and rules, in that:

I have not been arrested with disposition pending or found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to or have been adjudicated delinquent and the record has not been sealed or expunged for, any offense prohibited under any of the following provisions of the Florida Statutes or under any similar statute of another jurisdiction for any of the offenses listed below:

Relating to:

- Section 393.135 sexual misconduct with certain developmentally disabled clients and reporting of such sexual misconduct
- Section 394.4593 sexual misconduct with certain mental health patients and reporting of such sexual misconduct
- Section 415.111 adult abuse, neglect, or exploitation of aged persons or disabled adults or failure to report of such abuse
- Section 741.28 criminal offenses that constitute domestic violence, whether committed in Florida or another jurisdiction
- Section 782.04 murder
- Section 782.07 manslaughter, aggravated manslaughter of an elderly person or disabled adult, or aggravated manslaughter of a child
- Section 782.071 vehicular homicide
- Section 782.09 killing an unborn quick child by injury to the mother
- Chapter 784 assault, battery, and culpable negligence, if the offense was a felony
- Section 784.011 assault, if the victim of offense was a minor
- Section 784.03 battery, if the victim of offense was a minor
- Section 787.01 kidnapping
- Section 787.02 false imprisonment
- Section 787.025 luring or enticing a child
- Section 787.04(2) taking, enticing, or removing a child beyond the state limits with criminal intent pending custody proceeding
- Section 787.04(3) carrying a child beyond the state lines with criminal intent to avoid producing a child at a custody hearing or delivering the child to the designated person
- Section 790.115(1) exhibiting firearms or weapons within 1,000 feet of a school
- Section 790.115(2) (b) possessing an electric weapon or device, destructive device, or other weapon on school property
- Section 794.011 sexual battery
- Former Section 794.041 prohibited acts of persons in familial or custodial authority
- Section 794.05 unlawful sexual activity with certain minors
- Chapter 796 prostitution
- Section 798.02 lewd and lascivious behavior
- Chapter 800 lewdness and indecent exposure
- Section 806.01 arson
- Section 810.02 burglary
- Section 810.14 voyeurism, if the offense is a felony
- Section 810.145 video voyeurism, if the offense is a felony
- Chapter 812 theft and/or robbery and related crimes, if a felony offense
- Section 817.563 fraudulent sale of controlled substances, if the offense was a felony
- Section 825.102 abuse, aggravated abuse, or neglect of an elderly person or disabled adult
- Section 825.1025 lewd or lascivious offenses committed upon or in the presence of an elderly person or disabled adult
- Section 825.103 exploitation of disabled adults or elderly persons, if the offense was a felony
- Section 826.04 incest
- Section 827.03 child abuse, aggravated child abuse, or neglect of a child
- Section 827.04 contributing to the delinquency or dependency of a child
- Former Section 827.05 negligent treatment of children
- Section 827.071 sexual performance by a child
- Section 843.01 resisting arrest with violence

**CONTINUED ON NEXT PAGE**

Section 843.025	depriving a law enforcement, correctional, or correctional probation officer means of protection or communication
Section 843.12	aiding in an escape
Section 843.13	aiding in the escape of juvenile inmates in correctional institution
Chapter 847	obscene literature
Section 874.05(1)	encouraging or recruiting another to join a criminal gang
Chapter 893	drug abuse prevention and control only if the offense was a felony or if any other person involved in the offense was a minor
Section 916.1075	sexual misconduct with certain forensic clients and reporting of such sexual conduct
Section 944.35(3)	inflicting cruel or inhuman treatment on an inmate resulting in great bodily harm
Section 944.40	escape
Section 944.46	harboring, concealing, or aiding an escaped prisoner
Section 944.47	introduction of contraband into a correctional facility
Section 985.701	sexual misconduct in juvenile justice programs
Section 985.711	contraband introduced into detention facilities

**THE FOLLOWING APPLIES ONLY TO THOSE APPLICANTS FOR MENTAL HEALTH POSITIONS**

In addition to the Chapter 435, F.S., listed offenses, the following offenses are also applicable for "Mental Health Personnel" screened pursuant to section 394.4572, F.S., defined as program directors, professional clinicians, staff members, or volunteers working in a public or private mental health program or facility who have direct contact with individuals held for examination or admitted for mental health treatment. **The additional offenses apply only to "Mental Health Personnel" as determined pursuant to Section 408.809, F.S. as listed below:**

	<u>Relating to:</u>
Chapter 408	felony offenses contained in Chapter 408
Section 408.8065(3)	offers service or skilled service without valid license when licensure is required, or knowingly files a false or misleading license or license renewal application, or submits false or misleading information related to application
Section 409.920	Medicaid provider fraud
Section 409.9201	Medicaid fraud
Section 817.034	fraudulent acts through mail, wire, radio, electromagnetic, photoelectronic, or photooptical systems
Section 817.234	false and fraudulent insurance claims
Section 817.505	patient brokering
Section 817.568	criminal use of personal identification information
Section 817.60	obtaining a credit card through fraudulent means
Section 817.61	fraudulent use of credit cards, if the offense was a felony
Section 831.01	forgery
Section 831.02	uttering forged instruments
Section 831.07	forging bank bills, checks, drafts or promissory notes
Section 831.09	uttering forged bank bills, checks, drafts, or promissory notes
Section 831.30	fraud in obtaining medicinal drugs
Section 831.31	the sale, manufacture, delivery, or possession with the intent to sell, manufacture, deliver any counterfeit controlled substance, if the offense was a felony.

I also affirm that I have not been designated as a sexual predator pursuant to s. 775.21; a career offender pursuant to s. 775.261; or a sexual offender pursuant to s. 943.0435, unless the requirement to register as a sexual offender has been removed pursuant to s. 943.04354.

I understand that I must acknowledge the existence of any applicable criminal record relating to the above lists of offenses including those under any similar statute of another jurisdiction, regardless of whether or not those records have been sealed or expunged. Further, I understand that, while employed or volunteering at \_\_\_\_\_ in any position that requires background screening as a condition of employment, I must immediately notify my supervisor/employer of any arrest and any changes in my criminal record involving any of the above listed provisions of Florida Statutes or similar statutes of another jurisdiction whether a misdemeanor or felony. This notice must be made within one business day of such arrest or charge. Failure to do so could be grounds for termination.

**CONTINUED ON NEXT PAGE**

I attest that I have read the above carefully and state that my attestation here is true and correct that **my record does not contain any of the above listed offenses.** I understand, under penalty of perjury, all employees in such positions of trust or responsibility shall attest to meeting the requirements for qualifying for employment and agreeing to inform the employer immediately if arrested for any of the disqualifying offenses. I also understand that it is my responsibility to obtain clarification on anything contained in this affidavit which I do not understand prior to signing. I am aware that any omissions, falsifications, misstatements or misrepresentations may disqualify me from employment consideration and, if I am hired, may be grounds for termination or denial of an exemption at a later date.

SIGNATURE OF AFFIANT: \_\_\_\_\_

### Sign Above OR Below, DO NOT Sign Both Lines

To the best of my knowledge and belief, **my record contains one or more of the applicable disqualifying acts or offenses listed above. I have placed a check mark by the offense(s) contained in my record.** (If you have previously been granted an exemption for this disqualifying offense, please attach a copy of the letter granting such exemption.) (Please circle the number which corresponds to the offense(s) contained in your record.)

SIGNATURE OF AFFIANT: \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC, STATE OF FLORIDA

\_\_\_\_\_  
(Print, Type, or Stamp Commissioned Name of Notary Public)

(Check one)

Affiant personally known to notary

OR

Affiant produced identification

Type of identification produced: \_\_\_\_\_





## **BACKGROUND CHECK ACKNOWLEDGMENT FORM**

I hereby authorize Vision Ministries Outreach, INC and/or any of its officers, employees, or agents to investigate my background, references, character, education, past employment, and/or criminal records in order to confirm my qualifications for employment as represented on my résumé and/or employment application, and/or in my employment interview.

By signing below, I release Vision Ministries Outreach, INC and/or its officers, employees, and/or agents, as well as any person or entity providing information on my background pursuant to this acknowledgment form, from any and all liability in relation to the information obtained from any and all of the above referenced sources used.

Applicant's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Applicant's Full Legal Name: \_\_\_\_\_

Applicant's Current Address: \_\_\_\_\_

How long at this address?: \_\_\_\_\_

Driver's License No.: \_\_\_\_\_

State of Issue: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_



## DRUG TESTING CONSENT FORM

As a condition for my application being considered, I understand and agree to undergo a drug test. I understand that if my test results are positive, I shall not be considered further by Vision Ministries Outreach, INC for employment.

I hereby authorize any medical professional to conduct such testing and to provide the results to Vision Ministries Outreach, INC. I release Vision Ministries Outreach, INC and the person and organization conducting the testing from liability therefore.

Applicant's Name: \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**EMPLOYEE HANDBOOK AND AT-WILL EMPLOYEE STATUS**  
**ACKNOWLEDGMENT**

I, the undersigned employee, hereby acknowledge that I have received and read a copy of Vision Ministries Outreach, INC's Employee Handbook.

I further understand and agree that:

1. Additional information and policies may be implemented from time to time by Vision Ministries Outreach, INC, and I will also be required to read and understand them.
2. The employee handbook is not an employment agreement or guarantee of employment of any length or duration.
3. I am an "at-will" employee, which means either myself or Vision Ministries Outreach, INC may terminate the employment relationship, for any reason or for no reason, at any time.
4. My status as an at-will employee can only be changed through a written agreement duly authorized and executed by Pre. Milton Manzueta of Vision Ministries Outreach, INC and the employee.
5. There have been no statements, agreements, promises, representations, or understandings made by any officer, employee, or agent of Vision Ministries Outreach, INC inconsistent with this acknowledgment form.

Signature of Employee: \_\_\_\_\_

Printed Name of Employee: \_\_\_\_\_

Date: \_\_\_\_\_

Signature of HR Representative: \_\_\_\_\_

Printed Name of HR Representative: \_\_\_\_\_



## ACKNOWLEDGMENT OF RECEIPT OF EMPLOYEE HANDBOOK

The Employee Handbook describes important information about **Vision Ministries Outreach, INC**, and I understand that I should consult the Human Resources Department regarding any questions not answered in the Employee Handbook.

Since the information, policies, and benefits described here are necessarily subject to change, I acknowledge that revisions to the Employee Handbook may occur. All such changes will be communicated through official notices. I understand that revised information may supersede, modify, or eliminate existing policies.

Furthermore, I acknowledge that this Employee Handbook is neither a contract of employment nor a legal document. I have received the Employee Handbook and I understand that it is my responsibility to read and comply with the policies contained in this Employee Handbook and any revisions made to it.

Employee's Name (printed): \_\_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Vision Ministries Outreach, Inc.

## *New Hire Checklist*

EMPLOYEE: \_\_\_\_\_

Please check off ALL REQUIRED documents before submitting to Vision HR.

### **WORKSITE SUPERVISOR**

- Employee Data Card
- W-4
- State Withholding (if applicable)
- Direct Deposit Authorization
- Deduction Authorization (if applicable)

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*SIGNATURE*

### **VISION HR PAYROLL**

- Employee Data Card
- W-4
- State Withholding (if applicable)
- Direct Deposit Authorization
- Deduction Authorization (if applicable)

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*SIGNATURE*

# Vision Ministries Outreach, Inc.

## Employee Data Card

### Employee Complete:

SOCIAL SECURITY NUMBER:	_____		
	### - ## - ####		
NAME:	_____		
	Last,	First,	M.I.
ADDRESS:	_____		
	Street	City,	State Zip
BIRTH DATE:	_____	PHONE #:	_____
	MM / DD / YY		(###) ### - ####
In the event of an emergency, please notify:	_____	PHONE #:	_____
			(###) ### - ####
EMPLOYEE SIGNATURE:	_____		DATE: _____

### Management Complete:

ORIGINAL DOH: _____	EEO-1 (check one):
EE CLASS/DEPT: _____	____ Officials/Managers
JOB TITLE: _____	____ Professional
W/C CODE: _____	____ Technician
PAY RATE: \$ _____	____ Sales Worker
PAY PER: Hourly Commission Salary/Year	____ Office and Clerical
FREQUENCY: W Bi S M	____ Craft Worker
GENDER: Male Female	____ Operative
STATUS: Full-Time Part-Time Temporary	____ Laborer
	____ Service Worker
	Race (check one):
	____ Caucasian
	____ Native American
	____ Black
	____ Asian
	____ Hispanic
	____ Other
SUPERVISOR SIGNATURE: _____	DATE: _____

# Vision Ministries Outreach, Inc.

## *Direct Deposit Authorization*

I hereby authorize Vision H.R. and the bank listed below to initiate credit entries into the account named below. If funds to which I am not entitled are credited into my account, I authorize Vision H.R. and the bank to initiate debit entries into my account to return said funds. I understand that it is my responsibility to verify funds have been credited and that the funds are available before I draw upon them. Vision H.R. is not liable for the availability of funds, NSF fees, or any charges associated with my bank and account. If I change banks or accounts, I must notify Vision H.R.'s payroll department a minimum of two weeks prior to the effective date. Deposit scheduling may be affected by changes of accounts, changes of bank's routing/transit number, changing of banks, and observed holidays. This authorization shall remain in effect until Vision H.R. has received written notification from me. **The first check will "pre-note"**. *Pre-note* means a *trial* transaction will occur to verify proper bank routing/transit numbers. In order to participate in Direct Deposit, you **MUST attach a VOIDED CHECK, not deposit slip.**

P L E A S E   P R I N T

BANK NAME: \_\_\_\_\_

CITY, ST ZIP: \_\_\_\_\_

ACCOUNT HOLDER: \_\_\_\_\_  
(Employee)

9-DIGIT  
BANK ROUTING/  
TRANSIT #:

ACCOUNT NUMBER: \_\_\_\_\_

TYPE OF ACCOUNT: CHECKING or SAVINGS

PERCENT DEPOSITED: \_\_\_\_\_%    FLAT DOLLAR DEPOSITED: \$ \_\_\_\_\_

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**In order to participate in Direct Deposit, you MUST attach a VOIDED CHECK, not deposit slip.**

*Attach* **VOIDED CHECK** *Here*

# Vision Ministries Outreach, Inc.

## *Deduction Authorization*

EMPLOYEE NAME: \_\_\_\_\_

Description of Deduction	Amount Per Pay Period	Balance (If Applicable)
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
<b>Total</b>	\$	\$

I hereby authorize Vision Ministries Outreach, Inc. and Vision H.R., Inc. to deduct the above from my check *each pay period.* I understand that the funds deducted will be returned to my on-site employer for payment to the appropriate party and I will not hold Vision H.R., Inc. responsible if said party is not paid. I also authorize Vision Ministries Outreach, Inc. and Vision H.R. to hold from my last check any funds due said party until amount is paid in full.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_



# Vision Ministries Outreach, Inc.

## Action Notice

Effective date of Change/Separation: \_\_\_\_\_  Rehire  Change  Separation

Employee's Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Last First M.I.

### Employee Changes:

Personal	<input type="checkbox"/> Address Change to: (see below)
Job	<input type="checkbox"/> Reclassified to: _____ <input type="checkbox"/> Transferred to: _____ <input type="checkbox"/> Promoted to: _____ <input type="checkbox"/> Change status to: <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time <input type="checkbox"/> Temporary
Salary/Wage Change:	From: \$ _____ per _____ To: \$ _____ per _____
Reason:	<input type="checkbox"/> Merit Increase <input type="checkbox"/> Length of Service Increase <input type="checkbox"/> Promotion <input type="checkbox"/> Other (See Comments)
Employment	<input type="checkbox"/> Resignation <input type="checkbox"/> Termination <input type="checkbox"/> Retirement <input type="checkbox"/> End of Probationary Period <input type="checkbox"/> Other (See Comments)

Last Day Worked: \_\_\_/\_\_\_/\_\_\_ Paid Through: \_\_\_/\_\_\_/\_\_\_  
Accumulated vacation/sick pay: \$ \_\_\_\_\_ Other Pay included in last check: \$ \_\_\_\_\_

Reason for separation of employment: \_\_\_\_\_  
\_\_\_\_\_

Special Instructions regarding last check: \_\_\_\_\_  
\_\_\_\_\_

Comments/Changes: \_\_\_\_\_  
\_\_\_\_\_

Employee given a copy of this completed form?  Yes  No

SUPERVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

# Form W-4 (2011)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>        </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>B</b>	<u>        </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	<u>        </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>        </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>        </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>        </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• 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" <b>additional</b> if you have six or more eligible children . . . . .</li> </ul>	<b>G</b>	<u>        </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>        </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span>		

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2011</span>
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. <b>Note.</b> 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)	6 Additional amount, if any, you want withheld from each paycheck	5 <u>        </u> 6 \$ <u>        </u>
7 I claim exemption from withholding for 2011, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>        </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

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

<b>1</b>	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

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

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

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

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