



# FOREMOST RESPONSE, INC.

3070 I-70 B BLDG. B4  
 GRAND JUNCTION, COLORADO 81504  
 970-434-4141 OFFICE / 970-523-4147 FAX

## Employment Application

APPLICANT INFORMATION			
Last Name		First	M.I.      Date
Street Address			Apartment/Unit #
City		State	ZIP
Phone		E-mail Address	
Date Available	Are you at least 18 years of age?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Position Applied for			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?    YES <input type="checkbox"/>
			NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been convicted of a Criminal Offense?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain
EDUCATION			
High School		Address	
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
College		Address	
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
Other		Address	
	Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree	
REFERENCES			
<i>Please list three professional references.</i>			
Full Name		Relationship	
Company		Phone (    )	
Address			
Full Name		Relationship	
Company		Phone (    )	
Address			
Full Name		Relationship	
Company		Phone (    )	
Address			

Colorado CCW                      Yes     /     No

Have you completed a NRA Personal Protection course?     Yes     /     No

Do you own your own hand gun?                      Yes     /     No

Weapon Type: \_\_\_\_\_

OC Spray Certified                      Yes     /     No

Handcuff Certified                      Yes     /     No

PPCT Certified                      Yes     /     No

Baton Certified                      yes     /     No

EMT Certified                      Yes     /     No

Do you have reliable transportation to multiple locations?     Yes     /     No

Security related Schooling or training within the last five (5) years:

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Languages spoken other than English (please circle all that apply):

Spanish      French      Italian      Chinese      Korean      Arabic  
German      Russian      Japanese      Other: \_\_\_\_\_

Do you own a black or dark business suit that fits and is business appropriate?      Yes      /      No

Emergency Information:

Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone #: \_\_\_\_\_ Cell#: \_\_\_\_\_

<b>MILITARY SERVICE</b>	
Branch	From      To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

**How did you hear about this position?**

- Newspaper       Company Employee       Professional Publication
- Job Fair       Placement Office       Web Site
- Other \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

**Required Documents:**

Current Motor Vehicle Record

Local Criminal Check

**DISCLAIMER AND SIGNATURE**

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I also understand that My employment with Foremost Response, Inc. is at will and is **NOT** a contract.

Signature

Date

## **EMPLOYEE NON-DISCLOSURE AND CONFIDENTIALITY AGREEMENT**

FOR GOOD AND VALUABLE CONSIDERATION, receipt of which is hereby acknowledged by Foremost Response, Inc. (Company), the undersigned employee hereby agrees and acknowledges:

That during the course of my employ there may be disclosed to me certain of Company's trade secrets consisting but not limited to: technical information including methods, processes, formulae, compositions, systems, techniques, inventions, machines, computer programs and research projects, and business information including customer lists, pricing data, sources of supply, financial data and marketing, production, or merchandising systems or plans.

I agree that I shall not during, or at any time after the termination of my employment with the Company, disclose or divulge to others including future employers, any trade secrets, confidential information, or any other proprietary data of the Company in violation of this agreement.

That upon the termination of my employment from the Company: I shall return to the Company all documents and property of the Company, including but not necessarily limited to: drawings, blueprints, reports, manuals, correspondence, customer lists, computer programs, and all other materials and all copies thereof relating in any way to the Company's business, or in any way obtained by me during the course of employ.

I further agree that I shall not retain copies, notes or abstracts of the foregoing.

The Company may notify any future or prospective employer or third party of the existence of this agreement, and shall be entitled to full injunctive relief, and any other legal remedies available for any breach.

This agreement shall be binding upon me and my personal representatives and successors in interest, and shall inure to the benefit of the Company, its successors and assigns.

Signed this \_\_\_\_\_ day of \_\_\_\_\_,

Signature: \_\_\_\_\_

# Vehicle Indemnification Agreement

(Consent for Release of Information)

**Foremost Response, Inc.** ("Foremost") hereby agrees to allow \_\_\_\_\_ (the "Driver") to use certain vehicle(s) (the "Vehicle") owned, leased or insured by Foremost Response, Inc.

The position you are applying for or currently hold requires being allowed to drive the Vehicle and you must have the ability to obtain a valid Colorado drivers license to establish insurability through Foremost's company vehicle insurance policy. Driver's signature is required in order to drive any vehicle owned, leased, or insured by Foremost.

The Driver will complete vehicle inspection sheets before each shift begins or their need to drive a Vehicle. Fluid checks, observation and reporting of maintenance requirements, damages previous to their use of the vehicle are all required to be documented. Driver agrees that, in the event that there is damage to the Vehicle as a result of negligent or intentional conduct by Driver or by any person who uses the Vehicle with Driver's consent, Driver shall indemnify and hold Foremost Response harmless from and against all liability, claim, loss, damage, or expense including lost time, and reasonable attorneys' fees, incurred or required to be paid by Foremost by reason of any such negligence or intentional conduct. **Driver shall have no liability for non-negligent or unintentional conduct.**

The determination of whether Driver was negligent or acted intentionally shall be made in the sole, but reasonable, discretion of Foremost Response, Inc..

Driver further agrees that their license is in good standing and active. That any changes to this will be reported immediately to Foremost management. Foremost may ask at any time for an updated DMV driver's record and Driver must produce this as requested within 72hrs. Any violations of speed or traffic laws are the responsibility of the Driver and not Foremost. Changes to the Driver's status may result in increased insurance premiums to the company and the company at its sole discretion may revoke the driver's privileges to drive a company vehicle. Driver will not allow non-listed employees or other individuals to drive said vehicle and assumes all liability for such actions in the event that this occurs while the vehicle is in their charge.

Only under specific circumstances and with prior approval will a vehicle be allowed to be used during non work related hours and a violation of this internal rule may result in Driver's privileges being suspended. Violation or misuse of company fueling protocols will not only result in lost driving privileges but may also result in termination and prosecution to the full extent of the law.

Driver's signature signifies they have read, understood, and agreed to comply with this agreement in full. Driver furthermore and hereby gives consent for release of information to have a Motor Vehicle Record check to insure they are insurable as a driver of company vehicles.

\_\_\_\_\_  
Date: \_\_\_\_\_ DL # : \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Printed Name: "Driver" Foremost Response, Inc.

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

\_\_\_\_\_  
Signature - Driver

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

Printed Name: Supervisor/Manager; Foremost Response, Inc.

\_\_\_\_\_  
Signature – Foremost Supervisor/Manager

**Privileges Awarded:** \_\_\_\_\_  
**Approved By:** \_\_\_\_\_

**\* Place in Driver's personnel File**

Created 10/22/2008 - JJS

**FOREMOST RESPONSE, INC.**  
**3070 I-70 B BLDG. B4**  
**GRAND JUNCTION, COLORADO 81504**  
**970-434-4141**

**CONSENT TO DRUG AND ALCOHOL TESTING**

Foremost Response, Inc. is committed to providing a safe work environment for all employees. When employees are impaired due to the use of drugs or alcohol, they become a safety hazard to themselves and others in the workplace. Therefore, Foremost Response, Inc. provides a drug and alcohol testing policy in support of a drug free workplace.

***Applicant/Employee shall place their initials on the line beside each paragraph below.***

- \_\_\_\_\_ 1. I understand that any offer of employment to me by Foremost Response, Inc. is conditional upon my successful completion of a drug test to confirm that there are no illegal or unauthorized substances in my system. I hereby voluntarily agree, upon a request made under the Foremost Response, Inc. drug/alcohol testing policy, to submit to a drug or alcohol test and to furnish a sample of my urine, breath, and/or blood for analysis.
- \_\_\_\_\_ 2. The Company may ask a Contractor / Employee to submit a drug test at any time it feels that the Contractor / Employee may be under the influence of drugs or alcohol, including but not limited to, the following circumstances: evidence of drugs or alcohol on or about the Contractor's / Employee's person or in their vicinity, unusual conduct on the Contractor's / Employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- \_\_\_\_\_ 3. The appointing authority may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I must provide such proof within 72 hours.
- \_\_\_\_\_ 4. I further consent to a drug test whenever I am involved in an accident causing an injury to anyone or damage to property owned by others or Foremost Response, Inc. and reasonable suspicion exists that drug or alcohol use might be a factor. Contractors / Employees may be selected at random for drug testing at any interval determined by the Company.
- \_\_\_\_\_ 5. I understand and agree that if I at any time refuse to submit to a drug or alcohol test under Foremost Response, Inc. policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate rejection as an applicant or termination as an employee.
- \_\_\_\_\_ 6. I authorize Foremost Response, Inc. to disclose any documentation relating to such test to any governmental entity involved in a legal proceeding or investigation connected with the test.
- \_\_\_\_\_ 7. In consideration of Foremost Response, Inc. review of my application for employment, and/or continued employment with Foremost Response, Inc., I hereby hold harmless and release Foremost Response, Inc., its Board of Regents, employees, and agents from all claims or liabilities that might arise from the drug test or the disclosure of its results, including claims under any federal, state, or local civil rights law and any claims for defamation or invasion of privacy.
- \_\_\_\_\_ 8. This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

\_\_\_\_\_  
*Applicant/Employee Signature*

\_\_\_\_\_  
Date

\_\_\_\_\_  
*Applicant/Employee Name - Printed*

Confidential  
Office Use Only

APPLICANT INFORMATION
Candidate
Position Applied for
Department
Interviewer

HIRING RECOMMENDATION
Hire <input type="checkbox"/> Not Hire <input type="checkbox"/>

CANDIDATE EVALUATION	Poor	Fair	Satisfactory	Good	Excellent
Knowledge of Specific Job Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related Job Experience	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Related Education or Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Communication/Listening Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Interest in Company/Position	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
STRENGTHS					
WEAKNESSES					
ADDITIONAL COMMENTS					



# Form W-4 (2010)

**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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

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

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-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 2010. 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> _____			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <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> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table> . . . . .	{	<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>	}	<b>B</b> _____
{	<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>	}			
<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> _____			
<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> _____			
<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> _____			
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____			
<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> _____			
<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> _____			
	For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or 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 \$18,000 (\$32,000 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> </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or 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 \$18,000 (\$32,000 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>	}	
{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or 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 \$18,000 (\$32,000 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>	}			

----- 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  <div style="font-size: 2em; font-weight: bold; margin: 0;">2010</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <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 \$	
7 I claim exemption from withholding for 2010, 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
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

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

- 1 Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . . **1** \$ \_\_\_\_\_
- 2 Enter: 

{	\$11,400 if married filing jointly or qualifying widow(er)	}	. . . . .	<b>2</b>	\$	_____
	\$8,400 if head of household					
	\$5,700 if single or married filing separately					
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . **4** \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) . . . . . **5** \$ \_\_\_\_\_
- 6 Enter an estimate of your 2010 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . **7** \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,650 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** \_\_\_\_\_

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

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

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

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

- 4 Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <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 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - 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 using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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