

Dear Potential Advantage Labor Employee,

Here is the application that you have requested. We greatly look forward to working with you to find employment. However, we will need all the information below back to find the best job suited for you.

There are 10 pages in this document along with a W9 form and I-9 form attached. Should you not receive them all please contact us.

Please mark off the following that you have filled them out and have included them with your application submission:

- Application
- W-4
- Direct Deposit Form
- Supplemental Policies & Procedures
- Safety Contract
- Accident Injuries Procedure
- Copy of Driver License
- Copy of Social Security Card
- Resume
- Copies of any certifications you hold (IE: TWIC, basic plus, etc... if applicable)
- Copy of a voided check or letter from bank with printed routing number and bank account number

Again, thank you for taking the time to fill out all the pages to the application. We look forward to assisting you in your search for employment. Should you have any questions or need help filling out the application please call 281-395-4064.

Employment Application

APPLICANT INFORMATION

Last Name		First Name	Middle Name	Date	
Street Address		Apartment Unit #	City	State	ZIP Code
Phone		Email		Date Available	
Social Security No.	Date of Birth	Applied for		Desired Pay Rate	
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever worked for this company? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, when?					
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain:					
Driver's License #		State		Expiration	

EDUCATION

High School		Address			
From	To	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	
College		Address			
From	To	Did you graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Degree	
Other		Address			

REFERENCES

1. Full Name		Relationship	Company
Phone	Address		
2. Full Name		Relationship	Company
Phone	Address		
3. Full Name		Relationship	Company
Phone	Address		

(Please list three professional references)

PREVIOUS EMPLOYMENT

Company	Phone	Address	
Supervisor	Job Title	Starting Pay Rate	Ending Pay Rate
Responsibilities		From	To
Reason for leaving	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Phone	Address	
Supervisor	Job Title	Starting Pay Rate	Ending Pay Rate
Responsibilities		From	To
Reason for leaving	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Company	Phone	Address	
Supervisor	Job Title	Starting Pay Rate	Ending Pay Rate
Responsibilities		From	To
Reason for leaving	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

SPECIAL SKILLS AND CERTIFICATIONS

Please list any special skills, training and/or certifications you may have:

DISCLAIMER AND SIGNATURE

*I certify that my answers are true and complete to the best of my knowledge.
 I give permission to perform pre-employment screening and drug testing.
 I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" a nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.
 I agree that if this application leads to temporary employment, I will contact Advantage Labor, Inc. within 24 hours after each assignment ends, regardless of the reason of separation, with notification of availability. Failure to contact Advantage may result in forfeiture of unemployment benefits.
 If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

Signature: _____

Date: _____



WAGE DEDUCTION AUTHORIZATION AGREEMENT

I understand and agree that my employer, Advantage Labor, Inc. (the Company), may deduct money from my pay from time to time for reasons that fall into the following categories:

1. my share of the premiums for the Company's group medical/dental plan;
2. any contributions I may make into a retirement or pension plan sponsored, controlled, or managed by the Company;
3. installment payments on loans or wage advances given to me by the Company, and if there is a balance remaining when I leave the Company, the balance of such loans or advances;
4. if I receive an overpayment of wages for any reason, repayment to the Company of such overpayments (the deduction for such a repayment will equal the entire amount of the overpayment, unless the Company and I agree in writing to a series of smaller deductions in specified amounts);
5. if I receive a per diem advance, repayment to the Company of such a per diem advance in the event I do not show up for the job or if I abandon the job;
6. the cost of repairing or replacing any Company supplies, materials, equipment, money, or other property that I may damage (other than normal wear and tear), lose, fail to return, or take without appropriate authorization from the Company during my employment (except in the case of misappropriation of money by me, I understand that no such deduction will take my pay below minimum wage, or, if I am a salaried exempt employee, reduce my salary below its predetermined amount);
7. the cost of Company uniforms and of cleaning the uniforms (the Company will deduct only the actual price it pays for uniforms and cleaning costs);
8. the reasonable cost or fair value, whichever is less, of meals, lodging, and other facilities furnished to me by the Company in connection with my employment;
9. administrative fees in connection with court-ordered garnishments or legally required wage attachments of my pay, limited in extent to the amount or amounts allowed under applicable laws;
10. if I take paid vacation or sick leave in advance of the date, I would normally be entitled to it and I separate from the Company before accruing time to cover such advance leave, the value of such leave taken in advance that is not so covered;
11. the value of any time off for absences to which paid leave is not applied (except in the case of those who are paid a fixed salary for fluctuating workweeks, non-exempt salaried employees will have all such unpaid leave deducted from their salary, while exempt salaried employees will experience salary reductions only in units of a full day or week at a time, depending upon the exact nature of the absence, unless partial-day deductions are specifically allowed under federal law); and
12. if my employer pays any insurance premiums or retirement system contributions ("payments") on my behalf that I would normally make under the applicable Company benefit plan, the amount of such payments made by the Company, such payments being an advance of future wages payable to me.

I understand and agree that my pay rate for the final pay period of my employment will be \$7.25 an hour, unless I satisfy the following three conditions: 1) give at least two weeks' advance written notice of resignation to the Company if I leave voluntarily; 2) return all Company property that has been issued to me within seven (7) days of my final day of work; and, 3) no later than seven (7) days after my final day of work, give my supervisor any keys, passwords, or other means of access control to enable the Company to access its property, including computer files, that I used while employed. If I satisfy all three of those conditions, the rate of pay for the final pay period will be my usual pay rate.

I agree that the Company may deduct money from my pay under the above circumstances, or if any of the above situations occur. I further understand that the Company has stated its intention to abide by all applicable federal and Texas wage and hour laws and that if I believe that any such law has not been followed, I have the right to file a wage claim with appropriate Texas and federal agencies.

Employee's Name – Printed: _____ Signature of Employee: _____ Date: _____

Company Representative: _____ Date: _____



DIRECT DEPOSIT AGREEMENT FORM AUTHORIZATION AGREEMENT

Direct deposit is the **only** form of payroll Advantage Labor, Inc. processes. It is required that a copy of a voided check or a letter from your financial institution is to be submitted. If you do not have a financial institution, you will need to get a prepaid money card i.e. Net Spend or Green Dot. Register the card and send in your Account# and Routing#.

I hereby authorize Advantage Labor, Inc. to initiate automatic deposits to my account at the financial institution named below. I also authorize Advantage Labor, Inc. to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Advantage Labor, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Advantage Labor, Inc. receives a written notice of any changes of my financial institution, or until I submit a new direct deposit form to the Payroll Department.

ACCOUNT #1 INFORMATION

Employee Name		Name of Financial Institution	
Routing Number	Account Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

(If using split accounts, please verify amount of check to deposit into the first account listed above and the remainder will deposit into the second account below.)

ACCOUNT #2 INFORMATION

Employee Name		Name of Financial Institution	
Routing Number	Account Number	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings

SIGNATURE

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Secondary): _____ Date: _____



**ADVANTAGE LABOR
SUPPLEMENTAL POLICIES AND PROCEDURES**

Applicant certifies that all information submitted on this application to be true and correct. Applicant understands that if any false information misrepresentations are discovered, this application will be rejected and employment by Advantage Labor may be terminated at any time.

In consideration of employment, applicant agrees to conform to the Advantage Labor rules and regulations that include the rules and regulations of the client to which they are assigned. Applicant further agrees employment and compensation can be terminated with or without cause, and with or without notice, at any time by Advantage Labor. Applicant understands that Advantage Labor representatives do not have the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Applicant is to notify Advantage Labor by the next business day if an offer of employment is made from one of our Clients.

Applicant agrees to return all equipment furnished by Advantage Labor or its Clients. Applicant will be financially liable for any items, lost, stolen or damaged by neglect. EXAMPLE: Nomex, Safety Glasses, Hard Hats, Pagers, Badges, Tools, etc. If such equipment is not returned, the cost for these items will be deducted from applicant's final check.

APPLICANT'S INITIALS: _____ DATE: _____

Applicant agrees to return any money that was advanced to them for the purpose of travel, hotel, fuel, etc. An expense report must be filled out before leaving Advantage Labor's employment with original receipts attached. If applicant fails to return money for advances or a final expense report is not submitted, the funds will be deducted from applicant's final check.

APPLICANT'S INITIALS: _____ DATE: _____

Applicant agrees they will not operate any motor vehicle without authorization of Advantage Labor. In the event an applicant is authorized by Advantage Labor to drive, applicant agrees to provide proof of liability insurance from the state in which applicant resides.

APPLICANT'S INITIALS: _____ DATE: _____

Applicant fully understands that should it be required by our client, they will submit to an alcohol and/or drug test. If a positive result is received or if applicant does not report to job location, the cost of the drug and/or alcohol test will be deducted from their check or Advantage Labor will bill applicant if no hours have been accrued and pursue all legal resources to collect for such testing.

APPLICANT'S INITIALS: _____ DATE: _____

Applicant agrees that any training provided by Advantage Labor or its Clients is based solely on an offer of temporary employment. If training has been provided and applicant fails to report to work for client, Advantage Labor will bill applicant for training fees and pursue all legal resources to collect for such training.

APPLICANT'S INITIALS: _____ DATE: _____

Any minor discrepancies (\$100 or less) on payroll checks will be verified and paid the following pay period after verification.

APPLICANT'S INITIALS: _____ DATE: _____

Applicant agrees that personal use of cell phones during working hours is prohibited and could be grounds for immediate termination.

APPLICANT'S INITIALS: _____ DATE: _____

Applicant agrees they have read and fully understand all of the Company Policies contained herein and agrees to follow all such policies. Applicant further agrees that the statements contained herein are true and correct.

APPLICANT'S INITIALS: _____ DATE: _____

Interviewer's Signature: _____ Date: _____



SAFETY CONTRACT

Notice to New Employee,

Employees working for Advantage Labor (Advantage) are responsible for their own safety, for the safety of other workers and for reporting injuries (to themselves or others) to the appropriate supervisor and to Advantage immediately. If an employee sustains a legitimate job related injury, we will do everything in our power to assure prompt and adequate care. We will work with the employee to expedite claims handling and, wherever possible provide an early back to work program. Please be advised, however, we will make every effort to fight, investigate and prosecute any claim we feel is fraudulent.

It is the employee’s responsibility to make sure their on-site supervisor reports their weekly time to Advantage. The deadline for turning in time is 12:00 pm (CST) Monday. All time reported must be signed by Client’s representative (i.e, on-site supervisor, manager, etc). Advantage will not accept timesheet directly from employee. Failure to have your time reported before the deadline could delay the employee’s paycheck by one week. NO EXCEPTIONS. Your cooperation will insure you get paid the correct amount and on time.

Employees are to report to Advantage when an assignment ends (within 24 hours), for their next job assignment. Failure to do so or failure to accept the next job assignment will indicate that the employee has voluntarily quit and may result in denial of any state UNEMPLOYMENT benefits to the employee.

Employees are also expected to complete any assignment that they accept. If the employee does not complete any assignment, then Advantage can assume that the employee has voluntarily quit. If the employee abandons a job assignment without at least seven (7) day notice to Advantage, the employee agrees to accept any remaining wages due at a rate not less than the legal minimum wage.

ONE OR MORE OF THE FOLLOWING CONDITIONS MET BY AN EMPLOYEE CONSTITUTES A VOLUNTARY QUIT CONNECTED WITH THE WORK AND UNEMPLOYMENT BENEFITS MAY BE DENIED:

1. Failure to call Advantage within 24 hours of each assignments end, regardless of the reason of separation with the client, with notification of your availability.
2. Failure to call three (3) times weekly when not on assignment. Phone number to call for this requirement is: (281) 395-4064.
3. Failure to notify Advantage with your change of address or phone number. Phone number to call for this notification is (281) 395-4064 or you can mail your change of information to the mailing address above or fax to (281) 783-2579. If you mail or fax the information you must call to confirm Advantage received your information and updated your employee record.
4. Refusal or failure to accept a suitable work assignment-based upon-pay, qualification, work. shift or location.
5. The company’s receipt of an unemployment claim from you without prior notification of your availability is also a notice of a voluntary quit.

By signing below, I authorize deductions when applicable to be made out of my paycheck for tools, uniforms, errors in payroll, overpayments, and any other work-related deductions.

I, _____, have read and understand the above policies as well as the attached Advantage Labor Policy and Procedures Manual.

Employee’s Signature: _____ Date: _____

ADVANTAGE LABOR ACCIDENTS/INJURIES PROCEDURES

The following procedures must be followed for all work-related injuries.

1. ALL ACCIDENTS/INJURIES must be reported to your foreman or supervisor, even if no medical attention is required. The injured employee must complete a Report of Employee Injury/Accident whether or not medical attention is required. It will be placed in their medical file for future reference in case of problems.
2. The supervisor must complete a Supervisor's Reports of Accident, i.e. the person you report to on your assignment, at the same time the employee accident report is being filled out, regardless of whether medical attention is required. Both reports need to be faxed to Advantage office at 281-783-2979
3. If the injury requires medical attention and is not an emergency situation, have your supervisor call (281) 395-4064 prior to going to a medical facility. In case of an emergency, have your supervisor call and report which medical facility you are being transported to. We need to authorize treatment, arrange for proper billing, and determine that the facility follows proper procedures.
4. If an employee must be off on disability, he/she must notify their Advantage Supervisor. If off for an extended period of time, the employee must go by their office or call at least once a week to advise Advantage of their status. Upon receiving a release to return to work, you must call the office to report your availability and provide Advantage the doctor's release prior to returning to work.
5. Anytime an employee is on light duty the doctor's restrictions must be followed. The employee may return to his regular duties only when released by the doctor. It is your responsibility to tell the doctor that Advantage has all types of light duty work.
6. A drug screen is required for all injuries. A drug test is required to be taken within 24 hours after an injury is reported. Refusal to submit to a drug test will result in the same consequences as a positive drug or alcohol test.
7. I understand and agree to abide by the above accident procedures. "I understand that any payments to me or anyone else for expenses in connection with my accident and resulting injury is not an admission of liability on the part of Advantage. In the event of an injury, I authorize full access to copies of medical records, radiology reports, drug/alcohol screenings and documents of any kind relating to my past or present injury/illness to Advantage. I hereby agree to release this information and hold all such medical providers harmless from the release of this information as set forth in this authorization.

Applicant's Signature: _____ Date: _____

ADVANTAGE LABOR POLICIES AND PROCEDURES

The purpose of this handbook is to provide you with a descriptive summary of policies and practices for employees of Advantage Labor. Please read this information carefully and keep it available for future reference.

Business Hours

Regular attendance and punctuality are paramount to the efficiency, productivity and success of any organization. Your work habits and job performance will not only have an impact on all other employees of this company but will reflect your commitments, dedication and dependability as an employee of ADVANTAGE LABOR.

All Advantage in-house office personnel shall observe normal office hours. Employees who work outside the office for clients of Advantage shall observe the working hours of that client.

Appearance

A clean, neat employee is a vital link with our clients. All employees shall follow the dress code for the client they are working for.

Payroll

Paychecks will be issued through direct deposit. Paychecks will only be issued once approved timesheets have been received. Employees will receive direct deposit funds in their provided account by Friday of each week. Issuance of paycheck is based solely on approved timesheets being received on time. It is your responsibility to ensure that your time is turned in by 5:00pm (CST) Monday. Any time turned in late will be paid the following week.

Equal Opportunity Employment

This company is an Equal Opportunity Employer. We are committed to a workplace environment that encourages growth and respect for all current and prospective employees based upon job related factors such as educational background, work experience, and ability to perform the essential functions of a particular job. It is the policy and practice of this company to prohibit any form of discrimination or harassment based on race, color, "age," national origin, religion, sex," veteran, disability or any other status protected under applicable federal, state or local law. Support and belief in this principal is a basic responsibility of all employees in this company.

Harassment

Every employee of Advantage Labor is entitled to be treated with respect and to be free of any conduct that is offensive, hostile or intimidating. The Advantage work environment must be free from harassment, whether verbal, visual or physical based on race, sex, religion, or any other protected characteristic.

Alcohol, Drug and Contraband Policy

The use, possession, concealment, transportation, promotion or sale of the following is strictly prohibited while on Advantage property or while on company business during normal work hours.

- Illegal drugs
- Unauthorized controlled substances
- Look alike, designer and synthetic drugs
- Alcohol beverages
- Firearms, weapons, explosives, and ammunition
- Stolen property
- Drug paraphernalia

Urine Drug Screening

All employees will submit to a urine drug screen prior to placement with the employees' written consent. Any employee testing positive on the drug and alcohol test will be denied placement unless you have provided information on current prescriptions. If any employee suffers an occupation on-the-job injury, a urine drug test will be performed as part of our worker's compensation policy.

Worker's Compensation

Any employee who is injured on the job is to report the injury to his supervisor and Advantage immediately.

If the injury requires emergency medical treatment, this treatment is to be provided immediately by whatever means necessary. If it is not an emergency, the employee is required to see a physician or medical facility at the earliest possible time under the direction of the Advantage representative.

This policy and procedure handbook is made for the maximum safety and well-being of all ADVANTAGE LABOR employees. Your assistance and cooperation for the achievement of this goal is vitally important.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	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>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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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 <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		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 10/31/2022

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)
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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
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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 	OR	<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 	AND	<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 the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

2022

▶ **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.**

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 estimator at www.irs.gov/W4App, 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 2022 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 total 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

Section references are to the Internal Revenue Code.

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, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), 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 2022 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 15, 2023.

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 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. This step 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. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. 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 2022 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 2022 itemized deductions (from Schedule A (Form 1040)). 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: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. 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)). 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	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

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	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

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	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730