



# Welcome to Business Staffing, Inc.!

Welcome to Business Staffing, Inc. We are an employee service organization helping small businesses. The company you are being assigned to uses our employment services. If hired, you will be a leased employee of Business Staffing, Inc.

Business Staffing, Inc. will issue paychecks and your end-of-the-year W-2's. We also have benefit programs you may wish to enroll in, such as health insurance, 401k and other supplemental programs. In order to become a leased employee and to have your first paycheck processed, we need the attached package completed and given to your Client Company Representative.

Business Staffing, Inc. cannot pay you as a leased employee until we have received all the enclosed documentation. If you do not complete and return these forms your paycheck will be delayed.

As part of the Staff Leasing requirement we are to provide you with the following information:  
 UNRESOLVED COMPLAINTS CONCERNING BUSINESS STAFFING, INC. OR QUESTIONS CONCERNING THE REGULATION OF STAFF LEASING MAY BE ADDRESSED TO: TEXAS DEPARTMENT OF LICENSING AND REGULATIONS P.O. BOX 12157, AUSTIN, TEXAS 78711, TELEPHONE (521) 463-6599, TOLL-FREE (800) 803-9202.

PURSUANT TO §91.032(c) OF THE CODE, A CLIENT COMPANY IS SOLELY OBLIGATED TO PAY ANY WAGES FOR WHICH:

- (1) OBLIGATION TO PAY IS CREATED BY AN AGREEMENT, CONTRACT, PLAN OR POLICY BETWEEN THE CLIENT COMPANY AND THE ASSIGNED EMPLOYEE; AND
- (2) THE STAFF LEASING SERVICE COMPANY HAS NOT CONTRACTED TO PAY.

*IT IS THE RESPONSIBILITY OF THE LEASED EMPLOYEE TO REPORT ANY PAYROLL DISCREPANCIES INCLUDING NON-RECEIPT OF PAY CHECKS TO BUSINESS STAFFING, INC. AT 1-800-368-2375.*

*ANY REMUNERATION (PAY OR BENEFITS) YOU RECEIVE DIRECTLY FROM THE CLIENT COMPANY SHALL BE DEEMED TO IMMEDIATELY TERMINATE THE EMPLOYMENT RELATIONSHIP BETWEEN YOU AND BUSINESS STAFFING, INC.*

Name	First	Middle Initial	Last	Date
Address	Street Address		City	State Zip
Client Company				
Position applying for			Location	
What experience do you have in this position?				
Have you ever been a leased employee of Business Staffing, Inc.?			When?	Name of Company
Have you ever been convicted of a felony? If yes, please explain.				
In case of emergency please contact (Name)			(Phone 1)	(Phone 2)
Address				
Permission is granted to Business Staffing, Inc. to investigate my employment history, education and background. Permission is also granted to solicit statements or information from any person. I understand that any misrepresentation made by me in filling out this application shall be considered just cause for cancellation of employment.				
_____ Employee Signature			_____ Date	

**SCHEDULE C**

This agreement is effective \_\_\_\_\_, between BUSINESS STAFFING, INC., and \_\_\_\_\_ (EMPLOYEE).

1. **EMPLOYMENT BY BUSINESS STAFFING, INC.** Employee is hereby employed by Business Staffing, Inc. and will be initially assigned to: \_\_\_\_\_ ("Client Company").

2. **AT-WILL EMPLOYMENT.** In exchange for employment, EMPLOYEE agrees to conform to the rules of Business Staffing, Inc. Employment and compensation can be terminated, with or without cause, at any time, at the option of either BUSINESS STAFFING, INC. or EMPLOYEE. EMPLOYEE understands that no On-Site Administrator or representative of Business Staffing, Inc. other than the President or Vice-President has the authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the foregoing.

3. **COMPANY DRUG POLICY, PRE-EMPLOYMENT NOTICE AND WAIVER AND ACCIDENT PROCEDURES.** I have read, understand and agree to abide by the Company Drug Policy, the Pre-Employment Notice and Waiver and the Accident Procedures as listed in this agreement.

Business Staffing, Inc. \_\_\_\_\_

\_\_\_\_\_  
Client Company

\_\_\_\_\_  
Officer of Client Company Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee Printed Name

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Home Phone

**Supervisor Use Only**

Initial Pay Rate: \_\_\_\_\_ Effective Date: \_\_\_\_\_

Job Description: \_\_\_\_\_

Approval: \_\_\_\_\_

Signature (Client Company Representative)

Date

## COMPANY DRUG POLICY

This Company believes maintaining a "drug-free workplace" is essential to both employee safety and maximum performance/productivity. Any measurable amount of an illegal or controlled drug, or alcohol, can impair a person to some degree. This Company refuses to accept the risks involved in on-the-job or off-the-job drug use. This choice in lifestyle can contribute to on-the-job accidents injuring both the user and any employee working with or around him. It will not be tolerated.

Any employee on duty or on Company property who possesses, sells, receives or is determined to have measurable levels of any illegal drug or alcohol will be subject to immediate discharge and in appropriate situations, referred to law enforcement authorities. Employees maintaining or using prescribed medications should report the circumstances and effects to their supervisor. If you fail to report this, any medication you take will be viewed the same as any illegal drug. Some types of medications could have undesirable effects, making you a safety risk and endangering those around you.

Periodically, unannounced inspections will be made of persons entering or leaving Company work sites by authorized Company representatives. Entry onto Company property is deemed to be consent to an inspection of person, locker, vehicle or any other personal effects. This Company also reserves the right to require employees to allow testing for illegal or controlled drugs or alcohol. Any employee who refuses to participate in such searches or testing will be subject to immediate discharge. Any questions about this policy should be directed to the management immediately.

## PRE-EMPLOYMENT NOTICE AND WAIVER

I understand that this Company has specific policies opposing drug and alcohol abuse and possession. The Company reserves the right to require employees to allow searches of their clothing, personal effects, desks and personal vehicles. I understand that my agreement to submit to those searches or to testing for the presence of drugs or alcohol is a condition of my employment. I hereby consent to participate in such searches or tests throughout the duration of my employment. I realize that my failure to participate in such tests or searches will be grounds for immediate discharge up to and including discharge.

I hereby authorize and release the employer to obtain any medical information from any physician who has examined me or who will examine me in the future and give my consent to such physician or physicians to release all medical information concerning my physical condition to the Company as necessary to implement this Drug policy / program. I agree to save and hold harmless the physician from any legal action against him for releasing such information to the Company.

I hereby agree to participate in the company's drug testing for illegal or controlled drugs or alcohol. I agree to waive, forfeit and to not initiate or participate in any legal action of any type, as a result of that testing, which might have now or which might arise in the future on behalf of myself or any of my future representatives against the Company, the laboratory, medical personnel or any individuals which participate in any manner or fashion in such testing and evaluation. I also authorize any physicians, medical institutions or personnel who might be or become involved in such testing or evaluation to release any and all information concerning my tests or my physical condition to the Company. I specifically waive any and all claims of negligence against the Company for any actions of the Company, its employees, officers, directors, agents and representatives in the implementation of the Company's drug program.

## ACCIDENT PROCEDURES

1. All accident/injuries must be reported to the foreman or supervisor, even if no medical attention is required. An Employee Accident / Injury Report form must be completed by the injured employee whether or not medical attention is required. If medical attention is required the employee will be drug tested at the medical facility.
2. The employee must notify their office or supervisor if he/she is going to be off work for more than three (3) days. If off for an extended period of time, the employee must go by the Client Company's office or call at least once a week to keep management advised of their status. A work status from the doctor, or the hospital's documentation must be brought by the office after each follow-up visit.
3. 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 in writing by the doctor. It is the employee's responsibility to inform the Doctor of our "Light Duty" policy when an employee is injured on the job. Every effort should be made to return to work. Pre-existing injuries or conditions will not be covered by the company's Workers' Compensation Benefit insurance.
4. Procedures for reporting injuries and for receiving medical treatment will be explained to you by your supervisor. For your protection, it is essential that all on-the-job injuries, no matter how slight, be reported immediately, to your supervisor and the Employee Accident Injury Report is properly completed and returned. Failure to follow Business Staffing, Inc. accident procedures will subject you to disciplinary action including discharge.

Employee Initials \_\_\_\_\_

Witness Initials \_\_\_\_\_

## EEO-1 REPORT INFORMATION

The following information is required by Federal law. Business Staffing will use this information to file a yearly EEO-1 report. Information relating to race/ethnic origin, sex, and job category will not be used in any way to evaluate the employee.

Employee's SS# \_\_\_\_\_

Circle  
One

Sex	White (Not Hispanic Origin)	Black (not Hispanic Origin)	Hispanic	Asian or Pacific Islander	American Indian or Alaskan Native
Male	B	C	D	E	F
Female	G	H	I	J	K

### Administrators Only - Check One of the Following

- (1) **Officer or Manager** - Sets broad policy, exercises overall responsibility for unit (executive, middle managers, plant or department managers, superintendents, salaried supervisors who are members of management)
- (2) **Professional** - Occupations requiring college degree (architect, accountant, lawyer, nurse, artist, designer, teacher, engineer...)
- (3) **Technician** - Requiring basic scientific knowledge and manual skill, may be acquired through two year college program or on-the-job training (computer programmers, drafters, engineering aids, photographers, technical illustrators, medical and dental technicians)
- (4) **Sales Worker** - Occupations engaging primarily in direct sales (sales representatives, cashiers, clerks, real estate agents and brokers)
- (5) **Office and Clerical** - Includes all clerical type work regardless of difficulty (bookkeepers, collectors, messengers and office helpers, office machine operators including computer, secretary, legal assistant, shipping and receiving clerks)
- (6) **Craft Worker** - Manual workers of relatively high skill; exercise independent judgment; have extensive period of training (including building trades, hourly paid supervisors and lead operators who are members of management, mechanics, skilled machinists, typesetters, electricians, painters)
- (7) **Operative** - Operate machine or processing equipment that can be mastered in a few weeks and receive limited training (apprentices of skilled craft workers)
- (8) **Laborer** - Manual occupations which require no special training or may be learned in a few days with little or no independent judgment (garage laborers, car washers and greasers, gardeners and grounds keepers, stevedores, laborers performing lifting, digging, mixing, loading and pulling operations)
- (9) **Service Workers** - Workers in protected and non-protected service occupations (hospital attendants, personal service attendants, nurse aids and orderlies, cleaning people, cooks, counter and fountain workers, fire fighters, guards, doorkeepers, janitors, police officers, waiters and waitresses, guides, ushers)

Please remove red Business Staffing Benefits Insert.



### BENEFIT PROGRAMS:

I understand that, until I have actually completed the enrollment requirements for each of the benefit programs, my signature below indicates that I am declining to participate. This refusal will remain in effect for each program until I have completed the requirements and been approved to enroll in each program during each programs enrollment period. **I understand for some benefit programs there may be waiting periods for enrollment and appropriate applications must be completed and approved for all programs.** If I decide to participate in any of the benefit programs at a future date, I will contact my Client Company Representative, my local benefit representative or a member of the Business Staffing, Inc. Employee Benefits Department at 1-800-368-2375.

Employee Signature

Date

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

**Form I-9, Employment Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification** *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last		First	Middle Initial	Maiden Name
Address (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #	

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) \_\_\_\_\_
- An alien authorized to work (Alien # or Admission #) \_\_\_\_\_ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification** *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 2. Employer Review and Verification** *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**CERTIFICATION:** I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_\_\_ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)
Business Staffing, Inc. 2505 N Frazier, Conroe, TX 77303		

**Section 3. Updating and Reverification** *(To be completed and signed by employer.)*

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

Documents that Establish Both  
Identity and Employment  
Authorization

### LIST B

Documents that Establish  
Identity

### LIST C

Documents that Establish  
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
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	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	
	6. Military dependent's ID card	5. Native American tribal document
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
9. Driver's license issued by a Canadian government authority		
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	<b>For persons under age 18 who are unable to present a document listed above:</b>	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

# Form W-4 (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 yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <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> _____
<b>C</b>	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (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 head of household 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 \$1,900 of child or dependent care expenses 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 less "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" additional 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. (Note. This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$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 neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<b>H</b> _____

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>Employee's Withholding Allowance Certificate</h2> <p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2011</h1>
<b>1</b> Type or print your first name and middle initial. Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		<b>4</b> 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"/>
<b>5</b> Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		<b>5</b> _____
<b>6</b> Additional amount, if any, you want withheld from each paycheck		<b>6</b> \$ _____
<b>7</b> I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . .		<b>7</b> <input type="checkbox"/>
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> ►
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)
Business Staffing, Inc. 2505 N. Frazier, Conroe, TX 77303		<b>10</b> 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 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 . . . . .	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	2	\$ _____
3	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	<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.) . . . . .	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	6	\$ _____
7	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	7	\$ _____
8	<b>Divide</b> the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	8	_____
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	9	_____
10	<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 . . . . .	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 <b>Deductions and Adjustments Worksheet</b> )	1	_____
2	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" . . . . .	2	_____
3	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 . . . . .	3	_____
<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.			
4	Enter the number from line 2 of this worksheet . . . . .	4	_____
5	Enter the number from line 1 of this worksheet . . . . .	5	_____
6	<b>Subtract</b> line 5 from line 4 . . . . .	6	_____
7	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	7	\$ _____
8	<b>Multiply</b> 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 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 . . . . .	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 - \$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.