



NEW HIRE                       RE-HIRE                       STATUS CHANGE

THIS FORM MUST BE FILLED OUT BY HIRING SUPERVISOR AND SUBMITTED WITH APPLICATION

SITE LOCATION: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      POSITION: \_\_\_\_\_

EMPLOYEE NAME:

\_\_\_\_\_

*last*                                      *first*                                      *middle*

EMPLOYEE ADDRESS:

\_\_\_\_\_

*street*                                      ,

\_\_\_\_\_

*city*                                      *state*                                      *zip code*

TELEPHONE: (    )    -                      JOB NUMBER: \_\_\_\_\_

SEX:    Male     Female      DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_      HIRE DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

HOURLY    (\*\*SALARY DOES NOT MEAN EMPLOYEE

PAY FREQ: Bi-Weekly    REGULAR RATE: \_\_\_\_\_     SALARY\*\*    IS EXEMPT FROM OVERTIME\*\*)

JOB CLASS: \_\_\_\_\_    STATE CODE:    MD (100)     DC (200)     VA (300)

W-4 INFORMATION (If employee has tax exempt status, check box and alert payroll department)

DESCRIPTION	FEDERAL	STATE
MARITAL STATUS (enter M for married or S for single in federal & state boxes)		
EXEMPTIONS (enter number of dependents claimed)		
WITHHOLD EXTRA FEDERAL / STATE TAX? <input type="checkbox"/> NO <input type="checkbox"/> YES (enter amount in federal & state boxes)	\$	\$

OCCUPATIONAL DESCRIPTION: \_\_\_\_\_       FULL TIME  
 PART TIME

1-9 INFORMATION (FOR RESIDENT ALIENS ONLY):

WORK AUTHORIZATION CARD NUMBER: \_\_\_\_\_      EXPIRATION DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_

PAYROLL DEDUCTIONS (If applicable)

DED. CODE	DESCRIPTION	AMOUNT	FREQUENCY	MAX. DEDUCT
		\$		\$
		\$		\$
		\$		\$

FIELD SUPERVISOR      DATE                      DIVISION MANAGER      DATE                      HUMAN RESOURCES      DATE



# EMPLOYMENT APPLICATION

Date of Application: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Position Applied For: \_\_\_\_\_

## Personal Information

Name: \_\_\_\_\_  
*Last First Middle*

Direction: \_\_\_\_\_  
*Street City State Zip Code*

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
*Daytime Evening*

Social Security Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ Type of Employment Desired:  Full-Time  Part-Time

## Employment History (list in order, last or present employer first)

1. Employer Name and Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

2. Employer Name and Address: \_\_\_\_\_

Telephone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_ Supervisor: \_\_\_\_\_

Job Title: \_\_\_\_\_ Dates of Employment: from \_\_\_\_\_ to \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

## Special Training / Skills

Have you ever worked as a cleaner before?  Yes  No

Have you ever operated or had training on any of the following?

- ◇ Buffer Machine:  Yes  No      ◇ Vacuum Cleaner:  Yes  No  
◇ Carpet Cleaning Machine:  Yes  No      ◇ Other: \_\_\_\_\_

# Applicant Questions

1. Have you ever been employed by Busy Bee?  Yes  No If yes, when? \_\_\_\_\_
2. Working this job requires you to have excellent attendance and punctuality. Are you able to meet the attendance and punctuality requirements of this position?  Yes  No
3. Are you legally eligible for employment in the United States?  Yes  No
4. If hired, on what date will you be available to start work? \_\_\_\_/\_\_\_\_/\_\_\_\_
5. Do you have another job?  Yes  No If yes, what company? \_\_\_\_\_  Full-Time  
 Part-Time
6. This job may require you to have a flexible schedule. Can you meet this requirement?  Yes  No
7. Are you available to work holidays?  Yes  No
8. If your position requires operating a motor vehicle, do you have a valid driver's license?  Yes  No
9. Have you ever been convicted of a crime or received a verdict of anything other than "not guilty" in any criminal investigation or proceeding?  Yes  No If yes, describe when the conviction occurred, the facts and circumstances, and any facts pertaining to rehabilitation (use a separate sheet if necessary):  
  
\_\_\_\_\_  
  
\_\_\_\_\_

10. Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Emergency Contact Telephone Number: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Daytime Evening

I understand that if I am employed by Busy Bee Environmental Services, Inc., any misrepresentation or omission of information by me on this application will be sufficient cause for cancellation of this application, and immediate discharge from employment by Busy Bee Environmental Services, Inc., whenever it is discovered.

I hereby give Busy Bee Environmental Services, Inc. the right to contact and obtain information from all references, employers, educational institutions, medical, criminal, and credit institutions and to otherwise verify the accuracy of the information contained in this application. I hereby release from liability any employee of Busy Bee Environmental Services and its representatives for seeking, gathering and using such information and all other persons, corporations or organizations for furnishing such information.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and Busy Bee Environmental Services, Inc. reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

I represent and warrant that I have read and fully understand the foregoing and seek employment under these conditions.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

## **Busy Bee Environmental Services, Inc. Substance Abuse Policy**

Busy Bee Environmental Services has a vital interest in maintaining a safe, healthful, and efficient workplace for its employees. The presence of drugs and alcohol in the workplace and the influence of these substances on employees during working hours pose a serious safety and health risk to the user and to all those persons who work with the user. Alcohol and drug use in the workplace constitutes an unacceptable risk for safe, healthful, and efficient operations. Moreover, our status as a federal contractor mandates that we provide a drug-free workplace. While recognizing that employees are responsible for making their own lifestyle choices, Busy Bee Environmental Services sees no reason to accept even small risks that on-the-job or off-the-job drug use by employees might cause or contribute to accidents or other safety or performance problems. Recognizing that any measurable amount of illegal drug in a person's body can put that person under the influence of the drug to some degree, even if the impairment is not readily apparent to the layman, the company's policy regarding drugs strives for, and requires, a "drug-free" work force and workplace. With these basic objectives in mind, Busy Bee Environmental Services has established the following policy regarding substance abuse.

### **1. Alcohol and Drug-Free Workplace:**

- A. It is the strict policy of Busy Bee Environmental Services that the unlawful manufacture, distribution, dispensation, possession, or use of illegal drugs (also known as controlled substances), is prohibited in the workplace. For the purposes of this policy, a controlled substance / illegal drug includes, but is not limited to, substances such as marijuana, cocaine, heroine, PCP, amphetamines, barbiturates, and other substances specified in 21 U.S.C. Section 812, Schedules I through V of Section 202. Busy Bee Environmental Services will provide the schedule of controlled substances and make them available for review upon request. For the purposes of this policy, the workplace includes all Busy Bee Environmental Services facilities and properties, vehicles used in the course of work, and any location at which a Busy Bee Environmental Services employee is performing work for the company.
- B. Violations of paragraph 1.A. above will result in serious discipline, up to and including immediate discharge. In some instances, where warranted by the circumstances, and in the sole discretion of Busy Bee Environmental Services, violators may, in lieu of discipline and at their own cost, be required to participate satisfactorily and complete a drug abuse assistance or rehabilitation program, approved for such purposes by the appropriate federal, state, or local health agency.
- C. Employees are required to notify Busy Bee Environmental Services immediately, and in no event more than 5 (five) calendar days, after a conviction for a violation of any criminal drug statute, which occurred in the workplace. Violation of this notification requirement is grounds for immediate discharge.
- D. Employees are prohibited from reporting to work under the influence of alcohol or a controlled substance, unless they possess a valid prescription. Violation of this policy may result in immediate discharge. Busy Bee Environmental Services may require employees taking medication (where the medication may impede the employee's performance) under a valid physician's prescription to take leave until they are no longer taking the medication, or it is determined the employee is fit for duty.
- E. The policies stated in Section 1 are a condition of employment with Busy Bee Environmental Services. All employees are required to indicate their agreement to abide by the foregoing policies by signing a statement to that effect.

### **2. Drug Testing:**

Busy Bee Environmental Services does currently maintain a regular program for alcohol and drug testing of applicants or employees. The company reserves the right to request an employee to submit to a drug test where there is reason to suspect an employee has reported to work under the influence of alcohol or drugs. Employee behavior, accidents, excessive absenteeism, or tardiness are among the indications of a reasonable suspicion for the purpose of this policy. Employees who refuse a drug or alcohol test may be subjected to disciplinary actions, including immediate discharge. Busy Bee Environmental Services will comply with all applicable federal, state, and local laws that govern drug testing.

### **3. Drug-Free Awareness Program:**

- A. Busy Bee Environmental Services maintains an on-going drug-free awareness program to educate employees about the dangers of workplace drug abuse. This program consists of presentations on the subject, and/or written material. Participation in this program is mandatory and is a condition of employment for all employees, including supervisors and management.
- B. The drug-free awareness program includes a thorough review of Busy Bee Environmental Services' substance abuse policy and penalties for violations. Employees should review the policy carefully prior to the program, and raise any questions they may have concerning the policy at that time. Employees are encouraged to consult with the Human Resources department at any time for clarifications or questions concerning this policy.

I hereby acknowledge that I have received a copy of the Busy Bee Environmental Services Substance Abuse Policy, that I have carefully read the policy, that I have the opportunity to ask questions concerning the meaning and application of the policy, and that I understand the policy. I further acknowledge and agree that I will abide by this policy and that I understand that doing so is a condition of my employment with Busy Bee Environmental Services.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **Busy Bee Environmental Services, Inc. Sexual Harassment Policy**

Busy Bee Environmental Services believes in the value and dignity of each individual employee. It also recognizes the importance of giving each employee, male or female, the opportunity to work and pursue his/her career at Busy Bee Environmental Services in an environment which is free of discrimination in any form, including, but not limited to, sexual harassment.

As part of Busy Bee Environmental Services' continuing efforts to ensure equal employment opportunity for all employees, and pursuant to the Equal Employment Opportunity Commission's Guidelines on Sex Discrimination issued under Title VII of the Civil Rights Act of 1964, Busy Bee Environmental Services has issued this policy prohibiting sexual harassment.

Busy Bee Environmental Services strictly prohibits and will not tolerate its managers, supervisors, or employees sexually harassing any other employee or client of Busy Bee Environmental Services. Sexual harassment is defined as:

- (a) making unwelcome sexual advances
- (b) requesting sexual favors; or
- (c) engaging in verbal or physical conduct of a sexual nature, any of which is used as the basis for employment decisions or creates an intimidating, hostile, or offensive working environment.

Verbal or physical conduct of a sexual nature that may be viewed by some employees as good-natured fun may be viewed by other employees as extremely distasteful and offensive, and will not be tolerated by Busy Bee Environmental Services.

Should you feel that you are being subjected to sexual harassment, you should immediately notify a company manager or the Director of Human Resources so that prompt and effective action can be taken. Allegations of sexual harassment will be thoroughly and expeditiously investigated. The question of whether a particular action or incident is prohibited behavior requires a determination based on all available facts. Confidentiality will be protected to the extent reasonably possible. Upon completion of the investigation, appropriate action will be taken, including discipline or dismissal of the harassing party, if warranted.

We trust that all supervisors and employees will act responsibly to establish a pleasant working environment free of discrimination.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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## **Busy Bee Environmental Services Equal Employment Opportunity Policy**

Busy Bee Environmental Services is deeply committed to a policy of Equal Employment Opportunity for all its employees. Busy Bee Environmental Services actively seeks and employs qualified persons in all job classifications and administers all personnel actions affecting employees without discrimination on the basis of race, color, religion, sex, national origin, age, disability, or any other basis prohibited by applicable law. Busy Bee Environmental Services has commitments, and our employees' obligations to make our work environment efficient. Any conduct that interferes with another employee's performance, or creates a hostile, intimidating, or offensive work environment will not be tolerated. Included as unacceptable conduct are derogatory statements about one's race, religion, sex, sexual orientation, age, national origin, or disability. Sexual advances, requests for sexual favors, and other verbal and physical conducts of a sexual nature are strictly prohibited. Persons who encounter unacceptable conduct should immediately bring it to the attention of a company manager or the Director of Human Resources for investigation. Persons found to have engaged in such misconduct will be subjected to the full range of disciplinary actions, including termination if warranted. Any questions concerning this policy should be directed to Human Resources.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## **Busy Bee Environmental Services, Inc. Safety Rules**

**The following safety rules are company policy. They have been established, and are enforced, for your and our mutual protection and benefit. You must read, understand and abide by these rules.**

- ❖ **Work in a safe manner at all times. Always be conscious of the potential for injuries. Never commit an unsafe act. Horseplay is not tolerated.**
- ❖ **Notify your supervisor/manager immediately if you are injured or involved in an accident, no matter how minor.**
- ❖ **Report any equipment or condition that is unsafe or dangerous to your supervisor/ manager at once. The use of unsafe equipment is prohibited.**
- ❖ **Know the locations of the two nearest fire exits, fire alarm pull stations and fire extinguishers from where you are working. Familiarize yourself with the building you are in. Always leave the building immediately when you hear an emergency evacuation.**
- ❖ **Do not impair the effectiveness of safety or fire fighting equipment. Never block fire exit doors.**
- ❖ **Dress properly for your job. No bare feet, open-toed or high-heeled shoes are permitted. Also be aware of loose clothing or jewelry when using any kind of equipment.**
- ❖ **No smoking is permitted in your building at any time.**
- ❖ **NEVER MIX CHEMICALS. Material Safety Data Sheets (MSDSs) are available for all chemicals used. Read and understand them. All chemical containers must have a label, never use a product that does not. Never use a product that you do not know, or have not been trained on. Always use safety goggles, gloves, or other Personal Protective Equipment issued to you when necessary. Ask your Supervisor or Manager if you have any questions about this.**
- ❖ **Always use caution (wet floor) signs when mopping, stripping, buffing, waxing, or shampooing in any area, whether occupied or not.**
- ❖ **Make sure all electrical equipment is off before plugging it in. Always unplug cords by pulling the plug, not the cord itself. Never run equipment over cords.**
- ❖ **Never leave trash in carts or closets overnight. Place cigarette butts and ashes in metal containers, not in trash bags.**
- ❖ **Do not force elevator doors open or prevent them from closing. Be aware of a dark elevator, it may be only an open shaft.**
- ❖ **Be aware of your surroundings, and do not place yourself in a situation that you feel uncomfortable with.**

**You are responsible for on-the-job safety. No assignment is so important that you cannot take the time to work safely. Safety is everyone's responsibility!**

**I have read and understand the Busy Bee Environmental Services, Inc. safety rules and I agree to abide by them. I understand that failure to do so will result in disciplinary action, including possible termination.**

Employee \_\_\_\_\_ Date \_\_\_\_\_

Supervisor \_\_\_\_\_ Date \_\_\_\_\_

## **Busy Bee Environmental Services "Condensed" Hazard Communication Program**

### **Hazard Communication Purpose**

The purpose of this notice is to inform you that Busy Bee Environmental Services is complying with the Occupational Safety and Health Administrations (OSHA) Hazard Communication Standard, Title 29 CFR 1910: 1200. This has been accomplished by compiling a hazardous chemical list, obtaining Material Safety Data Sheets (MSDSs), ensuring that containers are labeled, and by providing training to our employees. This program applies to all work operations in all companies, where you may be exposed to hazardous substances under normal working conditions, or during an emergency situation. The Director of Safety is responsible for the program and its contents. Copies of the corporate written program in its entirety may be obtained from the office of the Director of Safety, or by calling (202) 726-4256. Under this program, you will be informed of the contents of the Hazard Communication Standard, the chemicals with which you work, safe handling procedures, and measures to take to protect you from chemical hazards.

### **List of Hazardous Chemicals**

The Director of Safety has prepared a master list of all chemicals used in the workplace by Busy Bee employees and updates this list as necessary. The list of chemicals identifies all of the chemicals used at our job sites. The list of chemicals used at each job site can be found in your site MSDS folder.

### **Material Safety Data Sheets (MSDSs)**

MSDSs provide you with specific information regarding the chemicals you use. The Director of Safety maintains a master file with a MSDS for each chemical used. Field supervisory personnel will be responsible for maintaining MSDS binders at all job sites.

The Director of Safety is responsible for acquiring and updating MSDSs, and will contact the chemical manufacturer or vendor if additional research is necessary or if an MSDS has not been supplied with an initial shipment. All new chemical purchases require an MSDS. This MSDS must be included in the job site MSDS binder and a copy forwarded to the Director of Safety.

### **Labels**

All chemical containers (one gallon, five gallon, spray bottles, etc.) must be properly labeled. The Director of Safety is responsible for implementing an in-house labeling system. Field supervisory personnel are responsible for ensuring that all chemicals at work sites are properly labeled. Labels should list at least the chemical identity, appropriate hazard warnings, and the name of the manufacturer. Labels may be ordered on your monthly order form. If you transfer chemicals from a primary (labeled container) to a secondary (unlabeled container), you must place an appropriate label on the secondary container.

### **Non-Routine Tasks**

If you are required to perform a hazardous non-routine task (a task which is hazardous, you do not normally do, and you have never been trained on), a special training session will be conducted to inform you regarding the hazardous chemicals to which you might be exposed and the proper precautions to take to reduce or avoid exposure.

### **Training**

All employees who work with, or may be exposed to, hazardous or potentially hazardous chemicals, must receive training on the Hazardous Communication Standard and the safe use of those chemicals found in the workplace. A program that utilizes instruction and on-the-job training has been prepared for this purpose. Whenever a new hazard is introduced, additional training will be provided. Regular safety meetings will also be used to review the information presented in the initial training. Field supervisory personnel will be trained regarding hazards and appropriate protective measures so they will be available to answer questions from employees and provide daily monitoring of the Hazard Communication Program.

### **Training Program:**

- ❖ Summary of the standard and written program
- ❖ Chemical materials and methods that can be used to detect the presence of a chemical release
- ❖ Health hazards
- ❖ Procedures to protect against hazards (personal protective equipment, work practices, proper handling procedures, and emergency procedures)
- ❖ Work procedures to follow to assure protection when cleaning up a chemical spill or leak
- ❖ Where MSDSs are located, how to read and interpret information on labels, and how employees may obtain additional hazard information

The Director of Safety will review the employee training program and change it as necessary. Re-training is required when a hazard changes or when a new hazard is introduced into the workplace. It is company policy to provide training on a regular basis during safety meetings to ensure effectiveness of this program.

### **Contractor Employees**

The Director of Safety upon notification by the responsible person, will advise outside contractors in person of any chemical hazards that may be encountered in the normal course of their work on the premises, the labeling system in use, the protective measures to be taken, and the safe handling procedures to be used. In addition, the contractors will be notified of the location and availability of Busy Bee's MSDSs. Each contractor bringing chemicals on site must provide Busy Bee with the appropriate hazard information on these substances, including the labels used and the precautionary measures to be taken in working with these chemicals.

### **Additional Information**

All employees may obtain further information about the Busy Bee Environmental Services' Hazard Communication Standard by contacting the Director of Safety at (202) 726-4256.

## Busy Bee Supervisor's New Hire Check List

Supervisor or Manager **MUST** review this document with employee at time of hire and explain each item.

Item	Description	✓
1.	Supervisor has reviewed application package (all pages signed, W-4 filled out, drug policy understood, and validity of I-9 documents have been verified).	
2.	Employee has read and signed safety rules.	
3.	Supervisor has explained uniform and identification policy.	
4.	Supervisor has explained sign-in/out & key-in/out procedures.	
5.	Supervisor has explained Hazard Communication Program (location of Material Safety Data Sheets, types of chemicals used, chemical hazards, how-to-read chemical labels, how to locate and use Personal Protective Equipment – gloves, goggles, etc., proper use of chemicals, chemical spill clean-up procedures, first-aid procedures).	
6.	Supervisor has explained and demonstrated safe lifting procedures.	
7.	Supervisor has explained how to report employee injuries.	
8.	Supervisor has explained the building emergency evacuation plan.	
9.	Supervisor has explained labor posters, safety posters, etc.	
10.	Supervisor has instructed employee NOT to mix chemicals, and that all spray bottles and containers MUST be properly labeled.	
11.	Supervisor has explained when and how to display a "wet floor" sign.	
12.	Supervisor has explained Bloodborne Pathogen Exposure Control issues: how to report blood spills, needle sticks, etc.	
13.	Supervisor has instructed employee NOT to smoke, eat, or drink while working or near chemicals.	
14.	Supervisor has instructed employee NOT to use tenant's telephones or any other equipment. Also has explained to never unplug any client equipment.	
15.	Supervisor has explained call-in policy for absenteeism/late arrival.	
16.	Supervisor has explained how to report job-related injuries. All injuries must be reported to Human Resources within 24 hours. Injured employees may be requested to submit to drug testing.	
17.	Supervisor has explained policy for filing complaints/charges through the proper chain of command (Supervisor, Account Manager, Operations Director, Human Resources).	

Supervisor \_\_\_\_\_ Employee \_\_\_\_\_ Date \_\_\_\_\_



# Candidate Release Authorization

- I. In connection with my application for employment or continued employment at \_\_\_\_\_ (the Company), I understand that a consumer report and/or an investigative consumer report will be ordered that may include information as to my character, general reputation, personal characteristics, mode of living, work habits, performance and experience, along with reasons for termination of past employment. I understand that to the extent permitted by applicable law and as directed by company policy and consistent with the job described, the Company may be requesting information from public and private sources about me, including but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, drug testing results. If company policy requires and to the extent permitted by law, I am willing to submit to alcohol and/or drug testing to detect the use of alcohol or drugs prior to and during employment.
- II. Medical and workers' compensation information will only be requested in compliance with the federal Americans with Disabilities Act (ADA) and/or any other applicable state or local laws and only after a conditional job offer is made.
- III. I acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release is valid for most federal, state and county agencies. In the event that an agency or record source requires an alternative release form or additional identifying characteristics in order to release the requested information, I agree to provide the additional information and sign any additional release authorizations, if so requested by the Company.
- IV. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a Consumer Reporting Agency. If so, I will be notified and given the name and address of the agency or the source that provided the information. Applicants in Massachusetts, Minnesota, Oklahoma, New York, Maine, Washington, New Jersey and California: If you want a free copy of the report(s) ordered, check this box.  The report(s) will be sent to you by the Consumer Reporting Agency listed here: ADP Screening and Selection Services, 301 Remington Street, Fort Collins, Colorado 80524. See attached Candidate Notice and Disclosure Form for other notices.
- V. I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference, insurance company or other applicable record source contacted by \_\_\_\_\_ (the Company) or its agent, to furnish the information described in Section I.
- VI. If applicable, I hereby authorize release of information from my Department of Transportation regulated drug and alcohol testing records by my previous employer to \_\_\_\_\_ (the Company). This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer is limited to the following DOT-regulated items: alcohol tests with a result of 0.04 or higher, verified positive drug tests, refusals to be tested, other violations of DOT agency drug and alcohol testing regulations, information obtained from previous employers of a drug and alcohol rule violation and any documentation of completion of the return-to-duty process following a rule violation.

The following information is required by law enforcement agencies and other entities for positive identification purposes when checking public records. I understand that this information is confidential and will not be used for any other purposes. I hereby release the employer, its agents, officials, representatives or assigned agencies, including officers, employees or related personnel, both individually and collectively and all persons, agencies, and entities providing information or reports about me from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family or associates arising out of the requests for or release of any of the above mentioned information or reports.

Please print your full name.	Last	First	Middle
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Please print other names you have used (maiden name, surname, alias name).

Current Address	City	State	Zip Code
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(FOR IDENTIFICATION PURPOSES ONLY) Social Security Number	Date of Birth
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A number of states, including but not limited to, AL, AR, FL, GA, IA, IL, IN, KS, MI, MN, MO, NE, NV, NH, PA, SC, TX, VA, WA, WV, and WI, require additional identifying characteristics in order to complete a criminal records search. For that purpose only, please provide the following:

Sex:  Male  Female      Race:  Asian  Black or African American  White  Hispanic or Latino  Other

Driver's License Number	State Issuing License	Name as it appears on license.
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**I CERTIFY THAT THE INFORMATION THAT I PROVIDED ON THIS FORM IS TRUE AND CORRECT. I UNDERSTAND THAT FALSE INFORMATION, MISREPRESENTATIONS AND OMISSIONS MAY DISQUALIFY ME FROM CONSIDERATION FOR EMPLOYMENT, OR, IF I AM HIRED OR ALREADY WORK FOR THE COMPANY, THAT I MAY BE DISCIPLINED, UP TO AND INCLUDING TERMINATION.**

Signature If required, notarize here. When using an embossed seal, please shade with a pencil before faxing.	Today's Date Subscribed and sworn before me: _____ Notary Public Signature _____ Date _____ My Commission Expires _____
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# Fair Credit Reporting Act Candidate Notice and Disclosure

(the "Company") will order a consumer report and/or an investigative consumer report (background check report) on you in connection with your application for employment, or if already hired, or if you already work for the Company, we may order additional background check reports on you for employment purposes without obtaining additional consent, where permissible by law. The consumer reporting agency ("Consumer Reporting Agency") that will prepare and process the report(s) is:

ADP Screening and Selection Services  
301 Remington Street  
Fort Collins, Colorado 80524  
Telephone 800-367-5933

In the event that information from the report is utilized in part or in whole in making an adverse decision with regard to your potential employment or employment, before making the adverse action, we will provide you with a copy of the report and a description in writing of your rights under the law.

You have the right to request, in writing, within a reasonable time, that we disclose the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested, whichever is the later. To receive this information or to inspect any files concerning such a report or to determine if a report has been requested, you may contact the Company or the Consumer Reporting Agency.

The Fair Credit Reporting Act and certain state laws give you specific rights in dealing with consumer reporting agencies. You will find these rights in the attached documents.

Please be advised that we may also obtain an investigative consumer report (background check report) on you that may include information as to your character, general reputation, personal characteristics, and mode of living. By your signature below, you hereby authorize us to order consumer and/or investigative consumer reports including, but not limited to: social security number validation, criminal conviction records, employment and earnings history, education, credit, licensing and certification checks, references, military service, sex offender registry, civil cases, OIG/GSA, OFAC/Patriot Act records, any sanctions list, FBI fingerprinting, and if applicable, workers' compensation injuries, driving record, and drug testing results. The information may be obtained from private and public repositories of information, and can be disclosed to the processing agency (Consumer Reporting Agency) listed above and its agents.

I, \_\_\_\_\_, agree that a facsimile or photocopy of this form is valid just like the original form.  
I acknowledge receipt of this Disclosure and the attached Fair Credit Reporting Act Summary of Rights.

Please print your full name.		Last	First	Middle
Current Address		City	State	Zip Code
(FOR IDENTIFICATION PURPOSES ONLY)		Social Security Number		Date of Birth
Signature		Today's Date		

**GIVE COPY WITH STATE LAW NOTICES, SUMMARY OF RIGHTS AND RELEASE AUTHORIZATION DOCUMENTS TO CANDIDATE. RETAIN A COPY FOR YOUR FILES.**



## Authorization for Direct Deposit - Employee Form

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

### Account #1

Account #1 Type (circle one):  Checking  Savings

\_\_\_\_\_  
Employee Bank Name

\_\_\_\_\_  
Bank Routing # (ABA#)

\_\_\_\_\_  
Account #

\_\_\_\_\_  
Percentage or Dollar Amount to be Deposited to This Account

### Account #2 (remainder to be deposited to this account)

Account #2 Type (circle one):  Checking  Savings

\_\_\_\_\_  
Employee Bank Name

\_\_\_\_\_  
Bank Routing # (ABA#)

\_\_\_\_\_  
Account #

*Please attach a voided check for each account here.*

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Date

**IMPORTANT:** This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.



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

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>  <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>  1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____  Country of Issuance: _____	QR Code - Section 1 Do Not Write In This Space

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

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

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

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

STOP Employer Completes Next Page. STOP



**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 Identify 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.)**

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

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

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

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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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	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<b>OR</b>	<b>AND</b>	
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**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

Department of the Treasury  
Internal Revenue Service

▶ **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.**

**2022**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>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 <a href="http://www.ssa.gov">www.ssa.gov</a>.</b>
	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](http://www.irs.gov/W4App), and privacy.

**Step 2:** 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.

**Multiple Jobs or Spouse Works** Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://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.)

<b>Step 3:</b> <b>Claim Dependents</b>	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 . . . . .		<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here** ▶ \_\_\_\_\_ ▶ **Date**

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

<b>Employers Only</b>	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](http://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](http://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](http://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