

English Version



☐ 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

I-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

EMAIL ADDRESS:



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, heroin, 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

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

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 Administration (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 _____

Disclosure Regarding Consumer Reports

Please be advised that Quick Search is a consumer reporting agency, and on behalf of your prospective or current employer, Quick Search will obtain one or more consumer reports or investigative consumer reports (or both) about you for employment purposes. The reports will be used for the purposes of evaluating you for employment, promotion, reassignment, retention or termination. Such reports may include criminal background checks and other court records, education verification, employment verification, motor vehicle records, credit history, right to work, address history, and may include other matters concerning your character, general reputation, personal characteristics, and mode of living.

These consumer reports may also include investigative consumer reports, including information obtained through personal interviews with your neighbors, friends, or associates and concerning your character, general reputation, personal characteristics, and mode of living. You have the right to submit a written request to Quick Search for additional disclosure concerning the nature and scope of the investigation requested.

You may request additional information about your background report by oral, written or electronic means. Quick Search has trained personnel available to explain your file to you, including any coded information. You can contact Quick Search at 214-358-2880, 10228 E Northwest Highway Suite 69, Dallas, TX 75238, or email at customerservice@quicksi.com. You have the right to obtain a complete and accurate copy of the completed report which properly reflects the nature and scope of the investigation performed. A summary of your rights under the Fair Credit Reporting Act (FCRA) is also being provided to you. Information regarding Quick Search's privacy practices can be found at www.quicksi.com

Signature_____

Date_____

PLEASE USE AN INK PEN AND PRINT CLEARLY. USE "UPPER CASE" LETTERS. ONE LETTER PER BLOCK.

Self

entmer

1

[illegible]

Email Address																				
Relationship																				

The above information is hereby sworn to be true and accurate to the best of my knowledge. I understand that I may be contacted by Quick Search to clarify any and all information provided. I understand that my information is confidential as per the Quick Search Privacy Policy and is gathered on this form solely for investigative purposes. I affirm these statements by initialing here _____.

The best method to communicate with me for any clarification required is: _____

Authorization for Background Investigation

I acknowledge receipt of the Disclosure and I certify that the information I provided on this application is true and accurate to the best of my knowledge. I hereby consent to have a background investigation made relating to statements made on my application, and consent to have such information reported to Quick Search, my prospective employer or current employer at any time after receipt of this authorization and throughout my employment, if applicable. I also agree to give any further information which may be required in reference to my past record. I also authorize and request every person, firm, credit bureau, company, corporation, governmental agency, court, financial institutions, employer, police department, motor vehicle department, workers compensation agency, licensing agency, schools, colleges, universities, and any other association or institution having control of any documents, records and other information pertaining to me, to furnish to Quick Search records, employment records, including documents, records, files containing charges or complaints filed against me, formal or informal, pending or closed, or any other pertinent data, and to permit Quick Search, or its agents to inspect and make copies of such documents, records and other information. I further authorize Quick Search to furnish interested employer(s) and their authorized agents a report relating to statements I made in this application. **If I am hired or retained, this authorization shall remain on file and shall serve as ongoing authorization for Quick Search to procure consumer reports, including investigative reports, for lawful purposes at any time during my employment period.**

I also agree that this Authorization in original, faxed, photocopied, or electronic (including electronically signed) form will be valid for any consumer reports or investigative consumer reports that may be requested about me by or on behalf of Quick Search and my prospective employer or current employer. As evidenced by my signature below on this application, I assert my clear understanding and agreement that any and all results from the Background Investigation initiated based upon this application may be shared with Quick Search and my prospective or current employer. **You may contact Quick Search at 214-358-2880 or email at customerservice@quicksi.com. A summary of your rights under the Federal Credit Reporting Act (FCRA) is attached.**

Signature _____ **Date** _____
Printed Name _____



Authorization for Direct Deposit - Employee Form

This authorizes Buzz 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 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)						
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code					
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number					
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>											
<p>Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.)</p> <p><input type="checkbox"/> 1 A citizen of the United States</p> <p><input type="checkbox"/> 2 A noncitizen national of the United States (See Instructions.)</p> <p><input type="checkbox"/> 3 A lawful permanent resident (Enter USCIS or A-Number.)</p> <p><input type="checkbox"/> 4 A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)</p>											
<p>If you check Item Number 4, enter one of these:</p> <table border="1"><tr><td>USCIS A-Number</td><td>OR</td><td>Form I-94 Admission Number</td><td>OR</td><td>Foreign Passport Number and Country of Issuance</td></tr></table>							USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance
USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance							
Signature of Employee					Today's Date (mm/dd/yyyy)						

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>					
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy)
Employer's Business or Organization Name			Today's Date (mm/dd/yyyy)		
Employer's Business or Organization Address, City or Town, State, ZIP Code					

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p>The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
Acceptable Receipts May be presented in lieu of a document listed above for a temporary period. For receipt validity dates, see the M-274.				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information



**Supplement A,
Preparer and/or Translator Certification for Section 1**
**Department of Homeland Security
U.S. Citizenship and Immigration Services**

**USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026**

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle Initial (if any) from Section 1.
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Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code

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		Date (mm/dd/yyyy)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	
Address (Street Number and Name)	City or Town	State	ZIP Code



Supplement B,
Reverification and Rehire (formerly Section 3)
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement B
OMB No. 1615-0047
Expires 07/31/2026

Last Name (Family Name) from Section 1.	First Name (Given Name) from Section 1.	Middle initial (if any) from Section 1.
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Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Date of Rehire (if applicable)		New Name (if applicable)	
Date (mm/dd/yyyy)	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	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 documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	
Additional Information (Initial and date each notation.)			
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			

Form **W-4**Department of the Treasury
Internal Revenue Service**Employee's Withholding Certificate**

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.

OMB No. 1545-0074

2023

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, other details, 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) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3 \$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . .	4(c) \$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2023 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, 2024.

Your privacy. 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).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

If you (and your spouse) have a total of only two jobs, you may 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 2023 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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.

- 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 1 \$ _____
- 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 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 2b \$ _____
 - c Add the amounts from lines 2a and 2b and enter the result on line 2c 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. 3 _____
- 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) 4 \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1 Enter an estimate of your 2023 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 1 \$ _____
- 2 Enter:

<ul style="list-style-type: none"> • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 if you're single or married filing separately 	}
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 2 \$ _____
- 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-" 3 \$ _____
- 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 4 \$ _____
- 5 Add lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 5 \$ _____

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 territories 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 Surviving Spouse

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	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,980	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,380	10,680	12,980	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,980
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,980
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,480	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,830	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,080	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,980	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600