



**Please Print
Employment Application**



Name (Last, First, Middle)		Other or former Name used in past employment records		Date of application
Social Security Number ~ ~	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No	US Citizen/Permanent Resident Alien? <input type="checkbox"/> Yes <input type="checkbox"/> No		In "No", indicate immigration status
Present Address(street, city, state and zip)			Home phone w/ area code () ~	
Permanent address (if different) (street, city, state and zip)			Mobile telephone w/ area code () ~	
Position applying for <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary <input type="checkbox"/> Summer			State specific position for which you are applying	
Title of position applying for			Date available for work	Salary requirement

Can you read from blueprints? Yes ___ No ___ Have you ever been bonded? Yes ___ No ___
 Do you have a Plumbing License? Yes ___ No ___ Type ___Apprentice ___Journeyman ___Master
 License No. _____ Issuing State _____ Expires _____
 Are you RSES Heat Pump Certified? Yes ___ No ___ Certification No.: _____
 Do you have a 410 certification? Yes ___ No ___
 Do you have an active NICET certification? Yes ___ No ___ If so, level _____ Expiration date: _____
 Do you have a valid driver's license? Yes ___ No ___ State issued: _____ Expiration date: _____
 Have you received any driving citations in the last 24 months? Yes ___ No ___

If yes, explain: _____

EDUCATION

	Name of School	Location (city and state)	Highest level attained	Indicate degree Diploma received	Year degree attained	Major subject(s)
	High School					
	College					
	Graduate School					
	Other – Secretarial, tech schools, etc. Explain "other" if necessary					

Employment history

list positions starting with present or most recent

Name of firm and address	From month/year	To month/year	Position (describe as necessary)	Final Rate of Pay
Reason for leaving		Supervisor's name & Phone No.		May we use as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of firm and address	From month/year	To month/year	Position (describe as necessary)	Final Rate of Pay
Reason for leaving		Supervisor's name & Phone No.		May we use as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No
Name of firm and address	From month/year	To month/year	Position (describe as necessary)	Final Rate of Pay
Reason for leaving		Supervisor's name & Phone No.		May we use as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No



Other Experience



List any other qualifications, experience or volunteer work that relates to the job for which you are applying. Start with the present or most recent experience.

Name of Organization	Address (street, city, state, and zip code)	From month/year	To month/year
Position (describe as necessary)			Hours/week
Name of Organization	Address (street, city, state, and zip code)	From month/year	To month/year
Position (describe as necessary)			Hours/week
Have you ever applied for employment with Bryant Group, Inc? If "Yes", when and where?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed by Bryant Group, Inc? If "Yes", when and where?			<input type="checkbox"/> Yes <input type="checkbox"/> No
What prompted you to apply to Bryant Group, Inc.? (Newspaper ad, agency, current employee, etc)			
Name(s) of relative(s) now employed by Bryant Group, Inc.			
Have you ever been convicted of a felony? If "Yes", where, when and describe the offense.**			<input type="checkbox"/> Yes <input type="checkbox"/> No

***Information supplied on conviction record will not necessarily bar the applicant from consideration for employment. Nature of, reason for, and time elapsed since offense will be reviewed in light of duties of job being sought.*

United States Military Service

Branch of Service	Dates of active military service	
	From	To
Describe position and duties in service		
Dishonorable discharge? If "Yes", where and when, and describe offense**	<input type="checkbox"/> Yes	<input type="checkbox"/> No

***Information supplied with respect to any dischargeable offense will not necessarily bar applicant from consideration for employment. Nature, reason and time elapsed since offense will be reviewed in light of duties of job being sought.*

Describe any special training you received in the service or are receiving as a member of the active reserve.

Any ideas, inventions or improvements made or conceived by me during any employment resulting from this application to Bryant Group, Inc., (all hereafter called the "Company"), relating to the Company's activities or work I perform for the Company, shall be the sole property of the Company and I will execute all papers necessary to vest title thereto in the Company or its nominee(s) in the United States and foreign countries.

The Company reserves the right to refuse to employ an applicant or terminate employment upon proof of misrepresentation in this application, or upon receipt of unsatisfactory references.

I hereby authorize former and present employers to give or verify any information they have regarding my employment or me with them, and I release them and their companies from any liability for damages resulting there from.

UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT, OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT OR TAKE A LIE DETECTOR OR SIMILAR TEST. ANY EMPLOYER THAT VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

The President of Bryant Group, Inc. is the sole individual that has the authority to alter the at-will relationship. This contract must be in writing and signed by the President to be considered valid. Noncompliance or violation of any company policy or practice may lead to corrective action up to and including termination of employment.

Signature of Applicant

Date

Applicant's Statement

Please indicate that you have read and that you understand each paragraph of the Applicant's Statement **by placing your initials beside each paragraph**

- _____ 1. I certify that this application was completed by me and that all information entered on it is TRUE and COMPLETE to the best of my knowledge. In the event of employment, I understand that false, misleading, or omitted information in my application may result in termination.
- _____ 2. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In making this application for employment, I understand that an investigation may be made and information may be obtained through interviews with the personal references and past employers listed. This inquiry may include information as to my character and general reputation, as well as information about my work performance and workplace conduct. I consent to this investigation and to the consideration of any statements of reference or former employers that are given in response to the inquiry.
- _____ 3. I hereby release all parties, including but not limited to personal references, and previous employers, from any liability for any injury or damage that may result from their furnishing information concerning any action that **Bryant Group, Inc.** may take on the basis of such information.
- _____ 4. I understand that if I am offered a job, as a condition of beginning my employment, I may be required to undergo a drug screen, and I hereby authorize any doctor, hospital, clinic, laboratory or other medical facility to furnish any medical information with reference to me as may be necessary in conjunction with that drug screen and related considerations.
- _____ 5. I understand that, according to federal law, all individuals who are hired must, as a condition of employment, produce certain documentation to verify their identity and United States citizen status or, if aliens, their legal authorization to work in the United States. Therefore, I understand that any offer of employment to me is contingent upon my ability to produce the required documentation within the time required by law.
- _____ 6. I understand that this application is not, and is not intended to be, a contract of employment and that any resulting employment relationship is for no fixed period and is terminable at any time and for any reason by **Bryant Group, Inc.** or by me. I further understand that statements, which may be contained in policies, practices, handbooks, or other Company materials do not create any guarantee of employment and **Bryant Group, Inc.** has the right to modify, amend, or terminate policies, practices, benefits plans, or other programs with the limits and requirements imposed by law. I understand that no representative of **Bryant Group, Inc.** other than the President, has the authority to enter into any agreement for any specific period to time or to make any agreement contrary to the foregoing and that any such agreement must be in writing to be binding on **Bryant Group, Inc.**

_____ Date

_____ Signature of Applicant

If an opening occurs and you are qualified, we will be in touch with you.
We will be glad to give this record active consideration for a period of 30 days

Background Authorization Form
Personal Information

Name: _____ SSN _____ - _____ - _____

**Previous Names Used: (Within the past 7 years) _____

Current Home Address: _____
Street Address (No P.O. Boxes) City State Zip Code County

How long have you lived at current address? _____

Previous Address: _____
Street Address (No P.O. Boxes) City State Zip Code County

How Long? _____

**Date of Birth: ____ / ____ / ____ Driver's License Number: _____ State: _____

Have you ever been convicted of a crime other than minor traffic offenses? Y _____ N _____

If yes, provide explanation:

Year of Offense: ____ County offense was committed: ____ Offense Description: _____

**THIS INFORMATION IS REQUIRED IN ORDER TO CONDUCT AN ACCURATE CRIMINAL BACKGROUND SEARCH AND WILL NOT BE USED AS CRITERIA IN THE HIRING PROCESS, AS DESCRIBED BY THE AGE DISCRIMINATION ACT OF 1987.

In connection with my application and/or continued employment, (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer investigative criminal convictions. Further, I understand that you will be requesting information from various Federal, State, and other agencies, which maintain records concerning my past activities relating to any criminal experiences.

I acknowledge that I have been counseled that a person or entity may not procure or cause to be prepared an investigative consumer report on any consumer unless it is clearly and accurately disclosed to the consumer, that an investigative consumer report -- including all applicable information as to his or her character, general reputation, personal characteristics, mode of living, education history, driving history (including but not limited to accident history, alcohol/drug and any other DOT requirements as permitted by the ADA) employment history and credit history -- may be made. If you are denied employment because of the consumer investigation, it is your right under the Fair Credit Reporting Act (Law 91-508) SS 606, to have the name of the agency or agencies from whom information concerning you was obtained. You are also entitled to receive free copies of the information supplied by those agencies within sixty days upon written request. You have the right to directly dispute with the consumer reporting agency the accuracy and completeness of any information furnished by that agency.

I authorize without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

I release BACKGROUND NETWORK, INC. d.b.a. CRIMCHECK.COM and any other person and/or agencies from any suits, liens, judgments, damage and/or liability resulting from this process.

The above information is used solely for inquiries and criminal history checks.

Falsifying any information on this release form will constitute grounds for immediate dismissal or declining any pending job offers.

Applicant's Signature: _____ Date ____ / ____ / ____

For residents of CA, MN and OK:

You will be provided with a free copy of any consumer reports or investigative consumer reports if you check the box below.

By checking this box, I request a free copy of the report.

Fair Credit Reporting Act Notification

You have the right to receive a copy of your consumer credit report should one be requested for employment reasons.

By checking this box, I request a free copy of the report.

Forma de Autorización
Información Personal

Nombre y Apellido: _____ SSN _____

**Los Nombres Previos Utilizaron: _____

Dirección Casera Actual: _____
Dirección de Calle Ciudad Estado Código Postal Condado

¿Cuanto Tiempo Usted Ha Vivido En Su Dirección Actual? _____

Dirección Anterior: _____
Dirección de Calle Ciudad Estado Código Postal Condado

¿Cuanto Tiempo? _____

**Fecha De Nacimiento: ____ / ____ / ____ Numero De Licencia De Conductor: _____ Estado: _____

Le Han Condenado Por Un Crimen Otra De Una Ofensa De Tráfico Menor? S _____ N _____

SI SI, Proporcione La Explicación:

Año De Ofensa: ____ Condado Donde La Ofensa Estaba Condenado: _____ Descripción De La Ofensa: _____

***Esta información esta requerido para que hacer una búsqueda criminal
y no usará para criterios en el proceso que emplea, cuando descrito por el Acto De La Discriminación*

Con respecto a mi aplicación y/o empleo continuado (Incluyendo el contrato para servicios) contigo, yo comprendo que Investigaciones es ser hecha en me Incluyendo convicciones criminales Investigadoras de consumidor. Más, yo comprendo que usted solicitará Información de varios Federal, Estado y otras agencias cuál mantiene los expedientes con respecto a mis actividades pasadas relacionar a alguna experiencia criminal.

Yo reconozco que he sido aconsejado que una persona o entidad no puede solicitar o prepararse un Informe de consume a menos que se divulga claramente al consumidor, que un Informe Investigador del consumidor – incluyendo todo el información aplicable en cuanto a su carácter, reputación general, características personales, modo de vivir, historia de la educación, conducir historia, (Incluyendo pero no limitado a historia del accidente, alcohol/droga, y cualquier otros requisitos lo permitido por el ADA.) historia de empleo y historia del crédito – puede ser hecho. Si le niegan el empleo porque debido a la Investigación del consumidor, es su derecho obtener el nombre de la agencia de quien la Información referente a fue obtenida. También le dan el derecho recibir las copias sin cuesta de la Información provisto por esas agencias dentro de sesenta días de la petición escrita. Usted tiene la derecha disputar directamente con la agencia de divulgación de consumidor la exactitud y lo completo de cualquier Información dada por esa agencia.

Yo autorizo sin la reservación, cualquier agencia en contacto con por este patrón para dar la infomación antedicha.

Yo doy BACKGROUND NETWORK, INC. d.b.a. CRIMCHECK.COM y cualquier otro persona y/o agencia cualquier otro pleito, embargo preventivo, juicios, daños, y/o responsabilidad.

La Información antedicha se utiliza solamente para las investigaciones y búsqueda criminales de la historia. Falsificación de cualquier Información en este forma constituirá para el despido inmediato o declinar cualquier oferta pendiente del trabajo.

Firma Del Solicitante: _____ Fecha ____ / ____ / ____

Para Residentes De CA, MN y OK:
Le proporcionarán una copia sin cuesta de cualquier informe de consumidor o de Informes Investigadores del consumidor si usted comprueba la caja abajo.

Yo quiero una copia sin cuesta del Informe.

Credito Justo que Informe Acto Notificación
Usted tiene la derecha recibir una copia de su Informe de crédito de consumidor si uno fue solicitado por razones del empleo.

Yo quiero una copia sin cuesta del Informe.



**WRITTEN DISCLOSURE STATEMENT
(INTENT TO OBTAIN CONSUMER REPORT AND/OR
INVESTIGATIVE CONSUMER REPORT)**

In compliance with the Fair Credit Reporting Act, this document is being provided to notify you that Bryant Group, Inc., (collectively the "Company") may obtain consumer reports and/or Investigative consumer reports (i.e. background checks) on you in considering your employment application. If you are hired or are already employed by the Company, for any permitted employment related purpose during your employment with the Company.

The "investigative consumer report" that the Company may obtain from a consumer reporting agency contains information which may be used to establish eligibility for employment, promotion, reassignment, or continued employment with the Company and includes verification on your education, former employers, motor vehicle check, and felony and related misdemeanor record. It can also include information related to credit-worthiness, credit standing, credit capacity, general reputation, personal characteristics, or mode of living. This information may be obtained through personal interviews with former employers, acquaintances, co-workers, or others with whom you may be acquainted, which makes the report an "investigative" consumer report. This does not include information that the Company obtains on its own without the aid of a third party.

I have the right to make a request to Bryant Group, Inc's service provider upon proper identification. To request the nature and substance of all information in its files on me at the time of my request, including the sources of information, and the recipients of any reports on me, which Bryant Group, Inc. service provider has previously furnished within the two-year period preceding my request.

**AUTHORIZATION FOR OBTAINING
CONSUMER AND INVESTIGATIVE CONSUMER REPORTS**

By signing below, I authorize the Company and any consumer-reporting agency acting on behalf of the Company to investigate my employment history, educational history, criminal history, and other records necessary to aid in employment-related decisions. I understand that this is considered either a consumer report or an Investigative consumer report as described above. I acknowledge that the Company has provided me a copy of the written disclosure (this document), and I have read this document before signing it.

Print Name _____ Signature _____

Date _____ Date of Birth _____ Social Security Number: XXX - XX - _____



SUMMARY OF CONSUMER RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, property owners, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 – 1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, give you the name, address, and phone number of the CRA that provides the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source also must advise national CRAs – to which it has provided the data – of any error). The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to an employer, or prospective employer, with your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.

- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers or credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

I acknowledge that I have received a copy of the Summary of Consumer Rights under the Fair Credit Reporting Act with a list of contact phone numbers.

Print Name

Applicant's Signature

Date

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRA's, creditors and others not listed below.	Federal Trade Commission Consumer Response Center -- FCRA Washington, Dc 20580 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or Initials "N.A." appear in or after bank's name.)	Office of the Comptroller of the Currency Compliance Management Mall Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associated and federally chartered savings banks (word "Federal" or Initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-518-6360
State-chartered banks that are not member of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, Dc 20590 202-366-1306
Activities subject to the Packers and Stockyard Act, 1921	Department of Agriculture Office of Deputy Administrator -- GIPSA Washington, DC 20250 202-720-7051

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

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

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 910, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	
	For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service	<h3>Employee's Withholding Allowance Certificate</h3> <p>▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2011</h1>
1. Type or print your first name and middle initial. Last name		2. Your social security number
Home address (number and street or rural route)		3. <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4. If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1219 for a replacement card. <input type="checkbox"/>
5. Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5. _____
6. Additional amount, if any, you want withheld from each paycheck		6. \$ _____
7. I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here. ▶		7. <input type="checkbox"/>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8. Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9. Office code (optional)
		10. Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$11,800 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$6,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 910)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 910.)	5	\$	_____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the <i>Personal Allowances Worksheet</i> , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the <i>Two-Earners/Multiple Jobs Worksheet</i> , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

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

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

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

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

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 8, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are--	Enter on line 2 above	If wages from LOWEST paying job are--	Enter on line 2 above	If wages from HIGHEST paying job are--	Enter on line 7 above	If wages from HIGHEST paying job are--	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$500	\$0 - \$35,000	\$500
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 60,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	60,001 - 105,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	105,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 60,000 -	5				
40,001 - 48,000 -	6	60,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 - 120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 - 110,000 -	12						
110,001 - 120,000 -	13						
120,001 - 135,000 -	14						
135,001 and over	15						

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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.