



Dear Prospective Employee:

Thank you for your interest in pursuing a driver position with our company. We look forward to having you as an addition to our team of professionals. Please find instructions (below) for submitting your application packet for employment.

Submit your *Application for Employment Packet* with the following items:

- Complete & sign each form in the *Application packet* (pages 1-11)
- Include a readable **color copy** of your **CDL (front and back sides)**
- Include a readable copy of your *Social Security Card*
- Include a readable copy of a current *Medical Card*
- Include a readable copy of your *Medical Long Form*
- Include a copy of your *Motor Vehicle Driving Record*

Submit the above items to the following address:

CrewZers Fire Crew Transport Inc
ATTN Admin
PO BOX 52408
MESA, AZ 85208-0121

Please do **not** require a signature from us when we retrieve your packet at the post office. Our local post offices are very busy and we cannot spare the staff time to wait in line for 45 minutes.

Once we have received a *completed application packet*, we will contact you with the details regarding the *Driver Orientation & Training Meeting* to continue the hiring process. (Please be aware that submitting an *Application for Employment* does not guarantee employment, nor is it an offer of employment.)

Driver Orientation & Training Agenda:

- Orientation to Company Policies
- Fire Shelter Training / Refresher
- Logbook Review Training
- Driver Test
- Enrollment in Drug Testing Program & Pre-employment Drug Test
- Receive Driver ID Badge
- Receive Certificate of completion of Wildland Fire Shelter Training

Thank you for your interest in working with us and for taking the time to complete our application process.

Sincerely,

Pilgrim Guinn
President



Application for Employment

E-mail:

Date of application: _____ Phone(s) _____

Emergency Contact _____ Emergency Contact Phone # _____

**Please answer all questions completely and in print.
Incomplete applications, will not be accepted.**

Name _____
Last First Middle Maiden, if any

Address _____
Street City State & Zip How long?

Previous Addresses (3 Years):

Address _____
Street City State & Zip How long?

Address _____
Street City State & Zip How long?

Address _____
Street City State & Zip How long?

Date of Birth _____ **Social Security No.** _____

Have you ever tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer? _____

Have you ever been convicted of a felony or misdemeanor? _____

If yes, please explain on the back of this application. (Explanation will be considered and does not automatically deny you employment.) Include dates & locations. _____

Driver Experience and Qualifications				
Driver Licenses				
State	License No.	Type		Expiration Date
Driving Experience				
Class of Equipment	Type of Equipment	Dates		Approximate #. of Miles(Total)
		From	To	
School Bus				
Straight Truck				
Tractor & Semi-Trailer				
Tractor – Two Trailers				
Other				
List states operated in for the last five years:				
Have you taken any special courses or training that will help you as a driver? (If yes, please list):				
Have you been awarded any safe driving awards? (If yes, please list):				

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for employment without regard to race, color, religion, sex, national origin, age (DOT regulations do apply), marital status, veteran status, non-job related disability, or any other protected group status. **crewZers Fire Crew Transport, Inc.** does not condone prejudice towards any of the above. We promote / enforce a Drug Free Work place with drug & alcohol testing in compliance with DOT regulations.

History of Employment

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding **10 years**. List complete mailing addresses, street number, city, state, and zip code.

Present or Last Employer		Date	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City, State, Zip		Wages	
Contact Person		CDL Req? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving
Account for Period between jobs:			
2 nd to Last Employer		Date	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City, State, Zip		Wages	
Contact Person		CDL Req? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving
*Account for Period between jobs:			
3 rd to Last Employer(s)		Date	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City, State, Zip		Wages	
Contact Person		CDL Req? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving
*Account for Period between jobs:			
4 th to Last Employer		Date	
Name		From Mo. Yr.	To Mo. Yr.
Address		Position Held	
City, State, Zip		Wages	
Contact Person		CDL Req? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for leaving

***Any Gaps in employment must be explained.**

This certifies that I have completed this application, and that all entries on it and information in it are true and complete to the best of my knowledge.

I authorize Crewzers Fire Crew Transport, Inc. to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters as may be necessary to complete an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand that I am required to abide by all rules and regulations of Crewzers, Department of Transportation, Forest Service, BLM and other contracting agencies.

Signature

Date

**Commercial Driver's License Information
(per CFR 49, part 391.21, Application for Employment)**

1. Name _____
Address _____
Date of Birth _____
Soc. Sec. # _____
Date of Application _____

2. Please list the addresses of residence for past 3 years:
3. Please list the *issuing state, number and expiration date* of each unexpired commercial motor vehicle operator's license or permit issued to applicant:
4. Please list the nature and extent of your experience in the operation of commercial motor vehicles, including the type of equipment such as buses, trucks, truck tractors, semi trailers, and pole trailers that you have operated:
5. Please list all motor vehicle accidents that you were involved in during the past 3 years: (Specify the date and nature of each accident and any resulting fatalities or personal injuries.)
6. Please list all violations of motor vehicle laws or ordinances of which you were convicted or forfeited bond or collateral during the past 3 year (other than parking tickets):
7. Please list the details of any revocation, suspension or denial of any license, permit or privilege to operate a motor vehicle or a statement that not such revocation or suspension has ever occurred:
1. Please list the name(s) and addresses of your employers (where you were the operator of a commercial vehicle) during the 10 years preceding this application, along with the date employed and the reason(s) for leaving each employer:

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge.

Applicant Signature _____



Fair Credit Reporting Act Disclosure Statement

In accordance with the provisions of Section 604(b)(2)(A) of *the Fair Credit Reporting Act*, Public Law 91-508, as amended by the *Consumer Credit Reporting Act of 1996* (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations.

I authorize you to make such investigations and inquiries of my person, employment or medical history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, health care providers and other persons from all liability in responding to inquiries and releasing information in connection with my application.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the company.

I understand that information I provide regarding current and/or previous employers may be used, and those employers(s) will be contacted, for the purpose of investigating my safety performance history as required by 49 CFR 391.23(d) and (e).

Applicants Signature

Date

Print Name

Social Security Number

CONFIDENTIAL FAXED OR MAILED INQUIRY TO PAST EMPLOYER(S)

Dear Personnel Manager,

Your company has been identified as a previous employer by the applicant listed in the box below. The applicant is applying for a driver position with:

CrewZers Fire Crew Transport, Inc
10662 East University Dr
Apache Junction, AZ 85220-4271

Please fill out the bottom portion of this form and return it via fax or mail to the above listed crewZers address. (A self addressed stamped envelope is enclosed for your convenience.) The applicant has signed a statement of release in the box shown below. Thank you for your time and consideration of this matter.

INFORMATION IN BOX TO BE COMPLETED BY THE APPLICANT (1 PER EACH CDL-REQUIRED EMPLOYER)

To: _____ Date _____

(Former Employer-Name, Address, City, State)

I hereby authorize your company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to **crewZers Fire Crew Transport, INC** (or their authorized agents) when they request such information in connection with my application for employment. I hereby release your company and its employees, officers, directors and agents for any and all liability of any type as a result of providing the following information to **crewZers Fire Crew Transport, Inc.**

Applicant's Signature, Date

Dates of Employment

Applicant's Name

Applicants Social Security Number

What position did the applicant hold in your company? _____ From _____ To _____

If he/she was employed as a driver, please list:

- Equipment Operated _____ Type of Trailer pulled _____
- Commodities transported _____ General area of operation _____

Accidents? **YES** or **NO**. If yes, list date and brief description of each: _____

Traffic Violations? **YES** or **NO**. If yes, please list the dates and brief descriptions of each: _____

License(s) suspended? **YES** or **NO**. If yes, please list: License type: _____ License # _____ State _____

Problems with Bonding? **YES** or **NO**. If yes, please briefly explain: _____

Why did this person leave your company? _____

Would you re-employ this person? **YES** or **NO**. If no, please explain: _____

Inquiry on alcohol and controlled substances information for preceding two (2) years:

- Alcohol tests with result of .04 or greater? **YES** or **NO**. If yes, please give dates _____
- Verified positive controlled substance test results? **YES** or **NO**. If yes, please give dates _____
- Refusal to be tested? **YES** or **NO**. If yes, please give dates _____
- Rehab completed under direction of SAP/MRO? **YES** or **NO**. If yes, please give dates _____

Additional Comments: Any problems with customer relations, supervision, or abuse of equipment? _____

Signature or person providing above information _____

Title of person providing above information _____

Name of person providing above information _____

phone number _____

Company _____

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I hereby authorize your company to release all records of employment, including assessments of my job performance, ability, and fitness (including dates of any and all alcohol or drug tests, those confirmed results and/or my refusal to submit to any alcohol or drug tests and any rehabilitation completion under direction of SAP/MRO) to **crewZers Fire Crew Transport, INC** (or their authorized agents) when they request such information in connection with my application for employment. I hereby release your company and its employees, officers, directors and agents for any and all liability of any type as a result of providing the following information to **crewZers Fire Crew Transport, Inc.**

Applicant's Signature, Date

Dates of Employment

Applicant's Name

Applicants Social Security Number

What position did the applicant hold in your company? _____ From _____ To _____

If he/she was employed as a driver, please list:

- Equipment Operated _____ Type of Trailer pulled _____
- Commodities transported _____ General area of operation _____

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License(s) suspended? **YES** or **NO**. If yes, please list: License type: _____ License # _____ State _____

Problems with Bonding? **YES** or **NO**. If yes, please briefly explain: _____

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- Verified positive controlled substance test results? **YES** or **NO**. If yes, please give dates _____
- Refusal to be tested? **YES** or **NO**. If yes, please give dates _____
- Rehab completed under direction of SAP/MRO? **YES** or **NO**. If yes, please give dates _____

Additional Comments: Any problems with customer relations, supervision, or abuse of equipment? _____

Signature or person providing above information

Title of person providing above information

Name of person providing above information

phone number

Company

MOTOR VEHICLE DRIVER'S CERTIFICATION OF VIOLATIONS

I certify that the following is a true and complete list of traffic violations (other than parking violations) for which I have been convicted or forfeited bond or collateral during the past 12 months.

If you have no violations, write NONE below, before you sign and date this document.

Date	Offense	Location	Type of Vehicle Operated

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation required to be listed during the past 12 months:

Driver's Signature

Driver's Name

Reviewed By

Date

CrewZers Fire Crew Transport Inc
10662 East University Dr, Apache Junction, AZ 85220-4271

Title



RELEASE & DOCUMENTATION OF PRE-EMPLOYMENT TESTING INFORMATION BY DRIVER/APPLICANT FOR TRANSPORTATION COMPANIES THAT DID NOT HIRE THEM.

49 CFR Part 40.25 (j)

As required by FMSCA section 49 CFR-Part 40.25 (j) effective September 2001, an employer must ask a prospective employee whether he or she has ever tested positive, or refused to test, on any pre-employment drug test administered by an employer to whom the employee applied, but did not obtain, safety-sensitive transportation work covered by DOT drug and alcohol testing rules during the past two (2) years.

TO BE COMPLETED BY THE APPLICANT:

During the past (2) years, have you tested positive on a pre-employment drug test required by a DOT company to which you applied, but did not obtain a position?

NO _____ YES _____

During the past (2) years, have you ever refused to take a pre-employment drug test required by a DOT company to which you applied, but did not obtain a position?

NO _____ YES _____

If you have answered yes to either of the above questions, please provide documentation of your successful completion of the required Substance Abuse Professional evaluation, treatment and return-to-duty process.

Four horizontal lines for providing documentation.

Applicants Name

Applicants Signature

Social Security #

Date



I fully acknowledge that all DOT rules and regulations apply to me as a driver of a crewZers vehicle. I will abide by all DOT rules and regulations, including:

- Observance of maximum driving time for passenger-carrying vehicles
- Driver's record of duty status (via submittal of the Driver's Daily Log)
- Safe operation of buses as per 66 FR 22516-392.62
- Required stops at all railroad grade crossings
- Observance of prohibition against smoking in interstate passenger-carrying motor vehicles

Driver Signature

Date

Print Driver Name



Request for Check of Driving Record

As required by
U.S. Department of Transportation
Motor Carrier Safety Program
Pursuant to 49 CFR 391.23

To:

Re:

Driver's Name

Driver's Operator's License No.

Driver's Social Security No.

The individual listed above has applied with us for employment as a driver. The applicant has indicated that the above numbered operator's license or permit has been issued by your state and that it is in good standing.

In accordance with Section 391.12 (a)(1) and (b) of the Federal Motor Carrier Safety Regulations, we are required to make inquiry into the driving record during the preceding three years of every state in which an applicant-driver has held a vehicle operator's license or permit during those three years.

Therefore, please certify to us what the individual's driving record is for the preceding three years, or certify that no record exists if that be the case.

In the event that this inquiry does not satisfy your requirements for making such inquiries, please send us such forms as are necessary for us to complete our inquiry into the driving record of this individual.

Respectfully yours,

Signature of individual making inquiry

(Printed) name of person making inquiry

Title of person making inquiry

CrewZers Fire Crew Transport, INC
10662 East University Dr
Apache Junction, AZ 85220-4271

Confidential Information Agreement for Employee

This confidential information assignment agreement ("the agreement") is made between **crewZers Fire Crew Transport, Inc** ("the company") and the undersigned employee. In consideration of my employment with the company which for purposes of this agreement shall be deemed to include any subsidiaries or affiliates of the company, the receipt of confidential information while associated with the company and other good and valuable consideration, I, the undersigned individual, agree that:

Term of agreement. This Agreement shall continue in full force and effect for the duration of my employment by the company and shall continue thereafter as otherwise provided in this Agreement.

Definitions. "Proprietary Information" is all information and any idea whatever form, tangible or intangible, pertaining in any manner to the business of the Company, or any of its Affiliates, or its employees, clients, consultants, or business associates, which was produced by any employee or consultant of the Company in the course of his or her employment or consulting relationship or otherwise produced or acquired by or on behalf of the company. All proprietary information known only through improper means, shall be deemed "Confidential Information." By example and without limiting the foregoing definition, proprietary and Confidential Information shall include but not be limited to *formulas, research and development techniques, processes, trade secrets, computer programs, software, electronic codes, subject ideas & inventions, innovations, patents, patent applications, discoveries, improvements, data, know-how, formats, test results & research project, information about costs, profits, markets, sales, contracts & lists of customers and agencies, Business, marketing and strategic plans, forecasts, unpublished financial information, budgets, projections, customer identities, characteristics and agreements, employee personnel files and compensation information.* Confidential Information is to be broadly defined, and includes all information that has or could have commercial value or other utility in the business in which the Company is engaged or contemplates engaging and all information of which the unauthorized disclosure could be detrimental to the interests of the Company, whether or not such information is identified as Confidential Information by the Company.

Existence of Confidential Information. The company owns and has developed and compiled and will develop and compile certain trade secrets, proprietary techniques and other Confidential Information which have great value to its business. This Confidential Information includes not only information disclosed by the Company to me, but also information developed or learned by me during the course of my employment with the Company.

Protection of Confidential Information. I will not, directly or indirectly, use, make available, sell, disclose or otherwise communicate to any third party, other than in my assigned duties and for the benefit of the Company, any of the Company's Confidential Proprietary information, either during or after my employment with the Company. I acknowledge that I am aware that the unauthorized disclosure of Confidential Information of the Company may be highly prejudicial to its interests, an invasion of privacy and an improper disclosure of trade secrets.

Delivery of Confidential Information. Upon request, or when my employment with the Company terminates, I will immediately deliver to the Company all copies of any and all materials and writings received from, created for, or belonging to the Company including but no limited to, those which relate to or contain Confidential Information.

Location & Production. I shall maintain at my work vehicle and/or any other place under my control only such Confidential Information as I have a current "need to know". I shall return to the appropriate person or location or otherwise properly dispose of Confidential Information once that need to know no longer exists. I shall not make copies of or otherwise reproduce Confidential information unless there is a legitimate business need of the Company for reproduction.

Prior Actions & Knowledge. I represent and warrant that from the time of my first contact with the Company, I held in strict confidence all Confidential Proprietary Information and have not disclosed any Confidential Information, directly or indirectly, to anyone outside of the Company, or used, copied, published or summarized any Confidential Information, except to the extent otherwise permitted in this agreement.

Third Party Information. I acknowledge that the Company has received and in the future will receive assignments from outside agencies. I will hold all such information in the strictest confidence and not disclose or use it, except as necessary to perform my obligations hereunder and as is consistent with the Company's agreement with such agencies.

Proprietary Rights, Inventions and New Ideas. The term "Subject Ideas or Inventions" includes all *ideas, processes, trademarks, service marks, inventions, designs, technologies, computer hardware or software, original works of authorship, formulas, discoveries, patents, copyrights, copyrightable works products, marketing and business ideas, and all improvements, know-how, data, rights, and claims related to the foregoing that, whether or not patentable, which are conceived, developed or created which (1) relate to the Company's current or contemplated business or activities, (2) relate to the Company's actual or anticipated advancement or development; (3) result from any work performed by me for the Company; (4) involve the use of the company's equipment, supplies, facilities or trade secrets; (5) result from or are suggested by any work done by the Company or at the Company's request, or any projects specifically assigned to me; or (6) result from my access to any of the Company's memoranda, notes, records, drawings, sketches, models, maps, customer lists, research results, data, formulae, specifications, inventions, processes, forms, worksheets, business practices, booklets, equipment, locations of equipment, or other materials (collectively, "Company Materials").*

I have read and understand the **Confidential Information Agreement for Employee** in its entirety. I understand that I am bound by this agreement to maintain the confidentiality of **crewZers Fire Crew Transport, Inc** at all times, during and after my employment with the Company.

Employee Signature

Date

Print Employee Name

Form W-4 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

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

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-earner/multiple job situations.

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

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

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

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

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

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

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 2009. 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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding-left: 10px;"> <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. </td> </tr> </table>	{	<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	_____
{	<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. 				
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 \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____		
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)					
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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding-left: 10px;"> <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 (\$25,000 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. </td> </tr> </table>				{	<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 (\$25,000 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.
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----- 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	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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 2009
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 1-800-772-1213 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 \$ _____
7 I claim exemption from withholding for 2009, 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 _____
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 (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, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 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. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ _____

2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____

3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____

4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____

5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) **5** \$ _____

6 Enter an estimate of your 2009 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 \$3,500 and enter the result here. Drop any fraction **8** _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 **9** _____

10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, 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 **Deductions and Adjustments Worksheet**) **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 \$50,000 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 4–9 below to calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from 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 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

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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.