

# Nikou Learning Center Daycare

## Application for Employment

**Personal Information**

Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Last name \_\_\_\_\_ First Name \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Phone # (\_\_\_\_) \_\_\_\_\_ Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Education**

School	Name & Location of School	Course of Study	Number of Years Completed	Did you Graduate (Y/N)
Graduate				
College				
Business / Trade / Technical				
High School				

**Employment Desired**

Date Available to start \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Position Desired \_\_\_\_\_

Requested Salary \$ \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

Are you employed at the present time? \_\_\_\_\_ If yes, may we contact your employer? \_\_\_\_\_

Have you ever applied at Nikou Learning Center Daycare before? \_\_\_\_ If yes, approximate date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Reference**

Please list three persons, not related to you, whom you have known for at least one year.

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

  

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

  

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

## Employment History

Please give accurate, complete full-time employment record. Start with your present or most recent employer.

Company Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Employment Date \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Salary Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_  
Name of supervisor \_\_\_\_\_ Your job title \_\_\_\_\_  
Your job description \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Employment Date \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Salary Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_  
Name of supervisor \_\_\_\_\_ Your job title \_\_\_\_\_  
Your job description \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Employment Date \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Salary Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_  
Name of supervisor \_\_\_\_\_ Your job title \_\_\_\_\_  
Your job description \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Phone # ( ) \_\_\_\_\_  
Address \_\_\_\_\_  
Employment Date \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ Salary Start \$ \_\_\_\_\_ Last \$ \_\_\_\_\_  
Name of supervisor \_\_\_\_\_ Your job title \_\_\_\_\_  
Your job description \_\_\_\_\_  
Reason for leaving \_\_\_\_\_

1. Age group you would prefer to work with: \_\_\_\_\_
2. What are your best qualities as a child care worker? \_\_\_\_\_  
\_\_\_\_\_
3. What are your future goals? \_\_\_\_\_  
\_\_\_\_\_
4. Have you ever been convicted of a crime or felony? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please describe: \_\_\_\_\_  
\_\_\_\_\_
5. Do you object to being fingerprinted? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Are you available for part-time work? Yes \_\_\_\_\_ No \_\_\_\_\_
7. Where did you hear about Nikou Learning Center? Ad \_\_\_\_\_, Friend \_\_\_\_\_, Walk-in \_\_\_\_\_  
Other (please name) \_\_\_\_\_
8. Why we should hire you? \_\_\_\_\_  
\_\_\_\_\_
9. Why shouldn't we hire you? \_\_\_\_\_
10. Is there anything positive or negative you want to tell about you? \_\_\_\_\_  
\_\_\_\_\_

I authorize the prospective employer to inquire as to my record of any or all persons and of my former employers. In the event of my employment with the Child Care Center, I agree to comply with the rules and regulations governing my employment. In the event I should terminate my employment, I agree to file my registration two weeks prior to the effective date.

It is my understanding that the first six months of my employment are probationary, and if my services have not proven satisfactory, my employment may be discontinued on one week's notice without prejudice.

Applicant's Name \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_-\_\_\_\_

DO NOT WRITE IN THE SPAE BELOW		
Date to start work ____/____/____	Position _____	Salary _____
Comments: _____		
_____		
_____		
_____		
_____		

Ohio Department of Job and Family Services  
**CHILD CARE EMPLOYEE REFERENCE**  
**FOR CHILD CARE CENTER AND TYPE A HOMES**

To Be Completed by the Employer			
Name of Applicant	Position Applied For		
Employer Signature			
Print Employer Name			
Name of Center			
Street Address			
City	State	Zip Code	Telephone Number

Please note, references must be from persons not related to the employee.

To Be Completed By Person Giving Reference			
<p>Applicants for employment in a child care center or Type A Home must provide their employer with three references which attest to the applicants suitability for employment in a center or Type A Home. These references must be on file before the first day of employment (Rule 5101: 2-12-25 and 5101: 2-13-25 of the OAC). The person applying for the position above has given us your name as a reference on their application for employment with our facility. Please complete and return this form to me at my address above as soon as possible. All information received will be kept confidential.</p>			
1. How long have you known the applicant?			
2. What is the nature of your association with the applicant? (friend, employee, neighbor, relative, etc?)			
3. In your opinion, is this person suitable for work in a child care facility or Type A Home? <input type="checkbox"/> Yes <input type="checkbox"/> No			
4. To the best of your knowledge, has the applicant ever been dismissed or asked to resign from a position because of inability to carry out work responsibilities in a child care center? <input type="checkbox"/> Yes <input type="checkbox"/> No			
5. To the best of your knowledge, has this person ever been convicted of or pleaded guilty to child abuse or any crimes of violence or had a child removed from their home as described in Section 2151.353 of the Ohio Revised Code? <input type="checkbox"/> Yes <input type="checkbox"/> No			
6. Additional comments:			
Print Name			
Street Address			
City	State	Zip Code	Telephone Number
Signature			Date

For References Completed By Telephone	
Who completed the form?	
Signature	Date

This is a sample form provided by ODJFS which may be used by centers and Type A Homes to meet the requirements of the rules listed above.



# Franklin County Sheriff's Office

## Fingerprint and Web Check Information

**Concealed Carry Permit Office**  
**410 S High St. Columbus, Ohio 43215**  
**Telephone # 614 462 5090**

**Hours of Operation: Monday – Friday ..... 9 am – 2- pm**

**Closed ALL Legal Holidays**

**Payment : CASH ONLY**

**Fingerprint Cards = \$ 10.00**

**\*\*\*\*The Sheriff's Office does NOT supply Fingerprint Cards for any reason \*\*\*\***

**BCI Web Checks = \$ 20.00**

**BFBI Web Checks = \$50.00**

**BFBI - BCI and FBI**

**Note: You may not access the FBI records unless there is an ORC (Ohio Law) requiring the background check. You will not be allowed to do a FBI only check with out first going through a state background check**

**Suggestion for employers:**

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**On the Franklin County Sheriff's Office National Web Check Waiver form  
Fill out the following information**

**Company Name, Contact Person, Address and Telephone Number**

**Copy the form and give the completed forms to persons you wish to have fingerprinted  
then send them to the sheriff's Office**

**STATEMENT OF NONCONVICTION FOR CHILD CARE CENTERS AND TYPE A HOMES**

This statement must be signed upon hire and annually thereafter by every: individual owner, administrator, employee, second adult in a child care center or type A home and all persons 18 years of age and older who reside in a type A home. This statement must be kept on file at the center or home.

Name (please print or type)		Date of Hire	
<input type="checkbox"/>	I hereby attest that I have never been convicted of or pleaded guilty to crimes set forth in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code and that no child has been removed from my home as described in section 2151.353 of the Revised Code.		
Signature of Person Completing Form		Date	
Street Address			
City	State	Zip Code	Telephone Number
<input type="checkbox"/>	I am unable to sign the statement above because I have had a child removed from my home as described in section 2151.353 of the Revised Code.		
<input type="checkbox"/>	I am unable to sign the statement above because I have been convicted of a crime included in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code.		
<input type="checkbox"/>	I have reviewed the rehabilitation requirements of rule 5101:2-12-26 or 5101:2-13-26 of the Administrative Code, and determined that the employee meets the rehabilitation requirements. I have attached the documents to verify how these requirements have been met.		
Administrator's Signature		Date	

**Note:** Anyone who withholds information from, or falsifies information on this statement is guilty of falsification, a misdemeanor of the first degree. If the offender is an owner of a center or a licensee of a type A home, a type B home provider, or an in home aide, the conviction constitutes grounds for denial, revocation, or refusal to renew a child care license application or child care certification. If the offender is an employee of a center or type A home, or is a person eighteen years of age or older who resides in a type A or type B home or is an emergency or substitute caregiver, and if the owner or licensee had knowledge of, and acquiesced in the commission of the offense, the conviction constitutes grounds for denial, revocation, or refusal to renew a child care license application or child care certification.

**Note:** effective June 1, 2008 all civilian background checks must be submitted electronically through use of WebCheck or other approved methods. More information can be found at: [www.webcheck.ag.state.oh.us](http://www.webcheck.ag.state.oh.us).

**▼ CENTERS AND TYPE A HOMES**

The administrator is required to sign and date below verifying that fingerprints have been electronically submitted to the Ohio Bureau of Criminal Identification and Investigation (BCII), or mailed if electronic processing exemption criteria are met.  
 A criminal records check for the above named individual was requested on (date) \_\_\_\_\_

Ohio BCII records check       Federal Bureau of Investigation (FBI) records check (please check)

Signature of Administrator	Date
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**▼ TYPE A HOMES ONLY**

The licensee of a type A home must sign the following statement: I hereby attest that no one who resides in my home and who is under eighteen years of age has been adjudicated a delinquent child for committing a violation of any offense listed in divisions (A)(8) or (A)(9) of section 109.572 or division (A)(1) of 5104.09 of the Revised Code.

Signature	Date
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**▼ TO BE SIGNED BY THE ADMINISTRATOR**

I have reviewed the results of this persons criminal records check on the following dates: \_\_\_\_\_ Ohio BCII records check, \_\_\_\_\_ FBI records check. Section 109.572 (A) of the Revised Code requires the results of these records checks to be reviewed and approved by the administrator prior to the employee having sole responsibility for children.

Signature of Administrator	Date
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This is a prescribed form which must be used to meet the requirements of rules 5101:2-12-26 and 5101:2-13-26 of the Administrative Code.

## Prohibited Offenses

### Homicide

- R.C. 2903.01 - Aggravated murder
- R.C. 2903.02 - Murder
- R.C. 2903.03 - Voluntary manslaughter
- R.C. 2903.04 - Involuntary manslaughter

### Assault

- R.C. 2903.11 - Felonious assault
- R.C. 2903.12 - Aggravated assault
- R.C. 2903.13 - Assault
- R.C. 2903.16 - Failing to provide for a functionally impaired person

### Menacing

- R.C. 2903.15 - Permitting child abuse
- R.C. 2903.21 - Aggravated menacing
- R.C. 2903.211 - Menacing by stalking
- R.C. 2903.22 - Menacing

### Patient abuse and neglect

- R.C. 2903.34 - Patient abuse, neglect

### Kidnapping and related issues

- R.C. 2905.01 - Kidnapping
- R.C. 2905.02 - Abduction
- R.C. 2905.04 - Child stealing (as this law existed prior to July 1, 1996)
- R.C. 2905.05 - Criminal child enticement

### Sex offenses

- R.C. 2907.02 - Rape
- R.C. 2907.03 - Sexual battery
- R.C. 2907.04 - Unlawful sexual conduct with a minor
- R.C. 2907.05 - Gross sexual imposition
- R.C. 2907.06 - Sexual imposition
- R.C. 2907.07 - Importuning
- R.C. 2907.08 - Voyeurism
- R.C. 2907.09 - Public indecency
- R.C. 2907.12 - Felonious sexual penetration (as this former section of law existed)
- R.C. 2907.21 - Compelling prostitution
- R.C. 2907.22 - Promoting prostitution
- R.C. 2907.23 - Procuring
- R.C. 2907.25 - Prostitution
- R.C. 2907.31 - Disseminating matter harmful to juveniles
- R.C. 2907.32 - Pandering obscenity
- R.C. 2907.321 - Pandering obscenity involving a minor
- R.C. 2907.322 - Pandering sexually oriented matter involving a minor
- R.C. 2907.323 - Illegal use of a minor in nudity-oriented material or performance

### Arson

- R.C. 2909.02 - Aggravated arson
- R.C. 2909.22 - Soliciting or providing support for act of terrorism
- R.C. 2909.23 - Making terroristic threat
- R.C. 2909.24 - Terrorism
- R.C. 2909.03 - Arson

### Robbery and Burglary

- R.C. 2911.01 - Aggravated robbery
- R.C. 2911.02 - Robbery
- R.C. 2911.11 - Aggravated burglary
- R.C. 2911.12 - Burglary

### Theft and Fraud

- R.C. 2913.02 - Theft; aggravated theft
- R.C. 2913.03 - Unauthorized use of a vehicle
- R.C. 2913.04 - Unauthorized use of property, computer, cable, or telecommunication property or service
- R.C. 2923.02 - Attempt
- R.C. 2913.041 - Possession or sale of unauthorized cable television device
- R.C. 2913.33 - Making or using slugs
- R.C. 2913.05 - Telecommunications fraud
- R.C. 2913.06 - Unlawful use of telecommunications

- R.C. 2913.11 - Passing bad checks
- R.C. 2913.21 - Misuse of credit cards
- R.C. 2913.31 - Forgery, identification card
- R.C. 2913.32 - Criminal simulation
- R.C. 2913.40 - Medicaid fraud
- R.C. 2913.41 - Prima facie evidence of purpose to defraud
- R.C. 2913.42 - Tampering with records
- R.C. 2913.43 - Securing writings by deception
- R.C. 2913.44 - Personating an officer
- R.C. 2913.441 - Law Enforcement emblem display
- R.C. 2913.45 - Defrauding creditors
- R.C. 2913.46 - Illegal use of food stamps or WIC program benefits
- R.C. 2913.47 - Insurance fraud
- R.C. 2913.48 - Worker's compensation fraud
- R.C. 2913.49 - Identity fraud

### Offenses against the family

- R.C. 2919.12 - Unlawful abortion
- R.C. 2919.22 - Endangering children
- R.C. 2919.23 - Interference with custody
- R.C. 2919.24 - Contributing to unruliness or delinquency of a child
- R.C. 2919.25 - Domestic violence

### Offenses against justice and public administration

- R.C. 2921.11 - Perjury
- R.C. 2921.13 - Falsification

### Weapons control

- R.C. 2923.12 - Carrying a concealed weapon
- R.C. 2923.13 - Having a weapon while under disability
- R.C. 2923.161 - Improperly discharging a firearm at or into a habitation or school
- R.C. 2923.01 - Conspiracy
- R.C. 2923.02 - Attempt, that relates to a crime specified in division 109.572 (A) (9)
- R.C. 2923.03 - Complicity, that relates to a crime specified in division 109.572 (A) (9)

### Drug offenses

- R.C. 2925.02 - Corrupting another with drugs
- R.C. 2925.03 - Trafficking in drugs
- R.C. 2925.04 - Illegal manufacture of drugs or cultivation of marijuana
- R.C. 2925.05 - Funding of drug or marijuana trafficking
- R.C. 2925.06 - Illegal administration or distribution of anabolic steroids
- R.C. 2925.11 - Possession of drugs or marijuana that is not a minor drug possession offense in section R.C. 2925.01

### Other

- R.C. 959.13 - Cruelty to animals
- R.C. 2905.11 - Extortion
- R.C. 3716.11 - Placing harmful objects in food or confection
- R.C. 2909.04 - Disrupting public services
- R.C. 2909.05 - Vandalism
- R.C. 2917.01 - Inciting to violence
- R.C. 2917.02 - Aggravated riot
- R.C. 2917.03 - Riot
- R.C. 2917.31 - Inducing panic
- R.C. 2921.03 - Intimidation
- R.C. 2921.34 - Escape
- R.C. 2921.35 - Aiding escape or resistance to authority
- R.C. 2927.12 - Ethnic intimidation
- R.C. 4511.19 - Operating vehicle under the influence of alcohol or drugs - OVI. (A second violation within five years of the date of application for licensure or employment.)

Or an existing or former offense of any municipal corporation, this state, or any other state, or the United States that is substantially equivalent to any of these offenses.

This is a prescribed form which must be used to meet the requirements of rules 5101.2-12-26 and 5101.2-13-26 of the Administrative Code.

# Form W-4 (2010)

**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 2010 expires February 16, 2011. 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 his or her 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-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**. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

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

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

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. 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: { 

- 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 \$1,800 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.

- 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. { 

- 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 \$18,000 (\$32,000 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 <b>W-4</b> 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 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2010</div>
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 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ►		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 or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2010 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:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,400 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2010 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 6* in Pub. 919.) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2010 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 \$3,650 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 \$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 4-9 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 - 120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 - 105,000 -	12						
105,001 - 115,000 -	13						
115,001 - 130,000 -	14						
130,001 - and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it 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.

