



6302 Manatee Avenue West, Suite K • Bradenton, Florida 34209
Office (941) 761-7704 • Fax (941) 761-7706
Toll Free 866-761-2884

I understand and agree to the following: I am not yet a leased employee of Howard Leasing. If I suffer an injury or have suffered an injury related to work while working for the Client Company but before I am accepted as a leased employee by Howard Leasing, the Client Company (not Howard Leasing) will be responsible for providing Workers' Compensation Coverage, even if I am paid by Howard Leasing or subsequently accepted as an employee of Howard Leasing. I will not be accepted as an employee of Howard Leasing, and workers' compensation coverage will not be provided by Howard Leasing for any accidents until after all pages of the Howard Leasing Employee Leasing Application are completed and signed by me, the complete Howard Leasing Employee Leasing Application is delivered to Howard Leasing and, Howard Leasing accepts me as a leased employee.

The Howard Leasing Employee Leasing Application includes all of the following documents: This page (Employee Acknowledgement), the Important Notices and Required Acknowledgements, Post-Job Offer Medical History Statement, Form I-9, and Form W-4. I also acknowledge I have received my copy of the Drug and Alcohol Abuse Notice.

To Be Completed by EMPLOYEE.

I understand and agree that if my employment ends for any reason, I must contact Howard Leasing within 72 hours for possible reassignment and that my unemployment benefits may be denied if I fail to do so.

Employee Signature _____ Date _____

Please **PRINT** all information with **FULL NAME** exactly as shown on your **Social Security card**.

First _____ Middle _____ Last _____

Social Security # _____ Date of Birth _____ Gender ☐ Male ☐ Female

Home Street Address _____ Apt. No. _____

City _____ State _____ Zip _____

Mailing Address _____ Apt. No. _____
(If different from above)

City _____ State _____ Zip _____

Home Telephone _____ Alternate Telephone _____ Home Email _____

Emergency Contact _____ Phone _____ Relationship _____

To Be Completed by CLIENT.

Please **PRINT** all information. Include a **copy of the employee's Social Security card** with this Enrollment Packet.

Client Company Name Elite Metal Decking Client # _____

Status ☒ New-Hire ☐ Re-Hire ☐ Transfer Hire Date _____ Original Hire Date _____

Workers' Comp Class Code _____ Position Title _____

Location _____ Primary Dept. _____ Secondary Dept. _____

FLSA Status ☐ Exempt / ☐ Non-Exempt ☐ Full-Time / ☐ Part-Time Standard # of Hours per Week _____

Pay Frequency Method and Rate of Pay

☒ Weekly ☒ Hourly Rate _____ \$ per Hour

☐ Bi-Weekly ☐ Salary Rate _____ \$ per _____

☐ Semi-Monthly ☐ Piecework Rate _____ \$ per _____

☐ Monthly ☐ Tipped ☐ Commission

Howard Leasing offers a paperless pay stub option. If offered by your employer: You can elect to utilize this option or Opt-Out and receive a paper pay stub. If you have questions about this option, please contact your Payroll Specialist.

☐ **Enroll me for paperless pay stubs** ☐ **I opt-out and wish to receive a paper pay stub**

Client Signature Cassandra Bedoya Date _____

Print Name Cassandra Bedoya Title Accounts Payable

Email or fax this Employee Application before starting employment.

Email: eeapps@howardleasinginc.com Fax: (941) 761-1312



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Equal Employment Opportunity Form

Please complete this New Hire EEO-1 Data Sheet, it will supply us with information we need for federal reporting obligations. Please be advised that this information will be kept confidential, in accordance with application laws and regulations. This information will not be used as the basis for any adverse employment decisions.

First Name _____ Last Name _____ Middle Initial _____

Social Security # _____ Date of Birth _____

Home Street Address _____ Apt. No. _____

City _____ State _____ Zip Code _____

Home Telephone Number _____ ☐ Male ☐ Female

EEO-1 Self-Identification

We are subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. To comply with these laws, we request you to voluntarily self-identify your race or ethnicity. Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable law, executive orders and regulations, including those that require the information to be surrendered and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please check the EEO Identification Group that best applies to you

- ☐ Hispanic or Latino
- ☐ White
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Asian
- ☐ American Indian or Alaska Native
- ☐ Two or more races

Employee Signature _____

Date: _____

To be completed by Employer

From the EEO Job categories listed below, which one best describes the employee's position:

- | | | |
|--|---|---|
| <input type="checkbox"/> Executive/Senior Level Officials and Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives |
| <input type="checkbox"/> First/Mid—Level Officials and Managers | <input type="checkbox"/> Administrative Support Workers | <input type="checkbox"/> Laborers and Helpers |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Craft Workers | <input type="checkbox"/> Service Workers |
| <input type="checkbox"/> Technicians | | |

Notes: _____

Completed By: Cassandra Bedoya Date: _____

POST-JOB OFFER MEDICAL HISTORY STATEMENT

NOTICE TO APPLICANTS: In compliance with the Americans with Disabilities Act of 1990, you have received a conditional offer of employment from this employer. The answers to this medical history statement and any medical examination will be kept confidential and in separate files by this employer. The job offer which you received from this employer is "conditioned" upon the results of this medical history statement and any medical examination.

Note: This Form Is For Workers' Compensation Purposes Only

Employee Name: _____ SS#: _____
 Address: _____ Client Name: **Elite Metal Decking**
 City, St, Zip: _____

Mark an "X" or check Yes or No for the following: (Please do not draw a line down the columns)

	Yes	No		Yes	No		Yes	No
1. Allergies			20. Other disease(s) of the heart			31. Have you ever had back surgery?		
2. Ankle Pain or Foot Pain			21. Thrombophlebitis			32. Have you ever had trouble with your back or back spasms?		
3. Asthma			22. Ulcer			33. Have you ever been advised to have or do you intend on having surgery?		
4. Blackout Spells			23. Wrist or Hand Trouble			34. Have you ever requested or received a pension benefit or payment because of an injury sickness, or disability?		
5. Bronchitis			24. Arthritis			35. Epilepsy, Seizures or Convulsions?		
6. Cancer or Tumor of any kind			25. Disorder of the muscles or bones, including the spine, back or joints.			36. Do you have shoulder pain / trouble?		
7. Chest Pains			26. Do you wear glasses, contacts, or Hearing aid?			37. Do you have hip pain or trouble?		
8. Stroke			27. Do you have problems when standing or walking on your feet for long periods of time?					
9. Diabetes			28. Have you ever had trouble with your neck?					
10. Disorder of eyes or ears			29. Have you ever worn a back brace or support?					
11. Emphysema			30. Do you have a lung or respiratory disorder?					
12. Headaches (Migraines)								
13. Heat Stroke								
14. Hernia or Rupture								
15. Knee Pain								
16. Chronic Bone Infection								
17. Pneumonia								
18. High Blood Pressure								
19. Rheumatism								

Explain fully all "YES" answers. Include diagnosis, treatment, results, dates, names and addresses of all doctors and hospitals (ATTACH A SEPARATE SHEET(S) IF NECESSARY).

Have you ever had surgery? Yes ☐ No ☐ If Yes, give date(s) and the name(s) of dr.(s) _____
 Have you ever had a Workers' Comp injury?* Yes ☐ No ☐ If Yes, give details. _____
 Have you ever received Workers' Comp Benefits due to an on-the-job injury or illness? Yes ☐ No ☐
 If Yes, give details _____
 Have you ever received a permanent impairment rating as a result of any on-the-job injury or illness? Yes ☐ No ☐
 If Yes, give details _____
 If you ever received a permanent impairment rating as a result of an on-the-job injury or illness, what are your permanent restrictions? _____
 Other than the above, have you ever been injured? Yes ☐ No ☐ If Yes, give details _____
 Are you limited in any work activities due to a medical condition? Yes ☐ No ☐
 If Yes, give details and indicate any accommodation to your disability that may be required. _____

CERTIFICATION

I certify that all the information on this form is true and correct.

I authorize an investigation of all matters contained in this questionnaire and hereby give Howard Leasing, Inc. permission to contact previous employers, doctors, medical provider, and all other pertinent references. I hereby release Howard Leasing, Inc. from any and all liability as a result of such contacts.

I agree that if, in the judgement of the company, any omission or misrepresentation has been made by me, any offer of employment made by the company will be terminated immediately at any time without previous notice and without any obligation or liability to me other than payment, at the rate agreed upon, for services actually rendered if I have been employed.

Signature of Supervisor Cassandra Bedoya Date: _____
 Name of Applicant (please print) _____

Signature of Applicant _____ Date: _____ Title: _____

* Florida Law prohibits discrimination based upon the filing of a Workers' Compensation claim.

WORKSITE AGREEMENT, ACKNOWLEDGEMENT AND NOTICE

I, the undersigned individual, in consideration of my being placed in a professional employer organization ("PEO") relationship with the applicable Howard Leasing company to which I have been assigned as shown on the online EZ Web Portal (hereafter referred to as "Howard Leasing") acknowledge and agree to the following:

(1) At all times during my relationship with Howard Leasing, I understand and agree that I will remain an employee of the client company for which I am working ("Client") that has contracted with Howard Leasing regarding my services in a PEO relationship and, to the extent allowed by law, Client will continue to have sole and exclusive control over my day-to-day job duties and over the worksite(s) where I perform services. Additionally, to the extent allowed by law, Client will continue to provide all onsite supervision, including, but not limited to, determining my job assignments and training requirements and evaluating my performance. Also, to the extent allowed by law, Client will determine my job duties, rate of pay, hours worked, continued employment opportunities, and other terms and conditions of my employment;

(2) I understand and agree that my status with Howard Leasing is at-will and that either Howard Leasing or I can terminate our PEO relationship at any time. I further understand and agree that there is no contract of employment which exists between Howard Leasing and me and I understand and agree that Howard Leasing will not become a party to any contract of employment and/or any restrictive covenant/non-competition agreement which I have already entered into or which I may in the future enter into with Client. I agree that any such agreement and contract entered into with Client by me shall remain in full force and effect and are not affected by the professional employer organization relationship between Client and Howard Leasing. Additionally, I understand and agree my at-will status with Howard Leasing does not change the employment status I had with Client prior to the existence of the professional employer organization relationship between Howard Leasing and Client and that Howard Leasing is not responsible for any contractual obligations which may exist between Client and me;

(3) I understand and agree that I am performing services within a professional employer organization relationship where the duties and responsibilities applicable to me are set forth in a service agreement entered into between Client and Howard Leasing;

(4) I understand and agree that Howard Leasing has assumed such responsibility to pay me wages as is required by applicable law. I also understand and agree that, unless otherwise required by law if Howard Leasing does not receive payment from Client for services which I perform as a utilized individual, Howard Leasing may, where allowed by law, pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. Additionally, I understand and agree that Client remains an employer of me during my PEO relationship with Howard Leasing and Client at all times ultimately remains obligated to pay me my regular hourly rate of pay if I am a non-exempt individual and to pay me my full salary if I am an exempt individual if Howard Leasing is not fully paid by Client for services that I render;

(5) I also understand and agree that, unless otherwise required by law, where payment for the following items have not been received by Howard Leasing from Client, Howard Leasing does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, compensation, benefit, or for any other payment, not required by law, in any form, or for any other similar type of payment (except as provided at paragraph (4) above), unless Howard Leasing has specifically, in a written agreement entered into with me, adopted Client's obligation to pay me such compensation or benefit (Howard Leasing does assume this responsibility where such payment has been received from Client encompassing such items regarding me);

(6) Unless otherwise contractually agreed to by Client and Howard Leasing (Howard Leasing will inform me if this occurs), Howard Leasing has agreed to maintain workers' compensation insurance covering my employment. In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of Howard Leasing or against Howard Leasing based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of Howard Leasing and/or against Howard Leasing for damages based upon injuries which are covered under such workers' compensation statutes. In the event of a work-related injury, I understand and agree that, to the extent allowed by law, my sole remedy lies in coverage under Howard Leasing workers' compensation policy or Client's workers' compensation policy if it maintains its own workers' compensation policy;

In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of state statutes which may result from suits against the customers or clients of Howard Leasing or against Howard Leasing based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of Howard Leasing for damages based upon injuries which are covered under such workers' compensation statutes.

I, _____, understand if I am injured on the job, regardless of how minor the injury may seem, I (employee name) am to report that injury to my supervisor and to the Risk Management Department of Howard Leasing the same day the injury occurred and that I must submit to a drug test the same day. Refusal to submit to drug testing or my refusal to authorize the test by not signing the necessary consent form(s), take the specified tests, or failure to produce a specimen, may result in disciplinary action up to and including termination and denial of workers' compensation benefits.

Print Name

Signature

Date

By my signature below, I _____, give my consent to and authorize my employer and the testing laboratory designated by my
(employee name)

employer to perform any and all testing deemed necessary to determine the absence or presence of alcohol and/or drugs in my urine, and/or blood and/or breath as specified by statute and regulation and if I am incapacitated and unable to give consent this shall be considered my consent to have urine and/or blood samples drawn and collected.

Print Name

Signature

Date



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WORKSITE AGREEMENT, ACKNOWLEDGEMENT AND NOTICE (continued)

(7) I understand and agree that if I am injured on the job, even if the injury is minor or even if I do not want treatment, I must still immediately report it to my supervisor. I also agree to comply with any lawful drug testing policy which may be adopted, and I specifically agree to post-accident drug testing in any situation where it is allowed by law;

(8) In addition, I also agree that if at any time during my employment at Client I am subjected to any type of discrimination, including discrimination because of race, sex, sexual orientation, harassment of any type, disability, color, age, genetic information, national origin, citizenship status, religion, retaliation, veteran status, military status, or union status, or if I am subjected to any type of retaliation or harassment including sexual harassment, I will immediately contact an appropriate person of Client. In most instances, this appropriate person will be the President of Client. Should I choose not to contact Client for any reason, I may contact Howard Leasing's Human Resources Director at 1-866-761-2884 for the limited purpose of having Howard Leasing, at its option, and not as an employer, but as a possible facilitator, try in its sole discretion, to attempt to facilitate a resolution if requested and agreed to by all parties;

(9) I understand and agree that Client has sole and exclusive control over my day-to-day job duties and Client has sole and exclusive control over the job site at which, or from which, I perform my services and that Howard Leasing only reserves and retains such rights and authority as is required by applicable law. I agree that Howard Leasing does not have actual control over my workplace and, as such, is not in a position to end or remediate any discrimination, harassment, unsafe working condition, retaliation, or wrongdoing which may be occurring. The responsibility to resolve and/or end such inappropriate conduct or unsafe working condition rests with Client, however, Howard Leasing may attempt to facilitate a resolution;

(10) I understand and agree that due to licensure and workers' compensation restrictions applicable to professional employer organizations, if I am accepted as a utilized individual of Howard Leasing, I am expressly prohibited from performing any work outside the state in which I am currently performing services for Client ("Home State") during my status as a utilized individual except as may be allowed pursuant to the workers' compensation policy provided to me by Howard Leasing or except as may be allowed in writing by Howard Leasing and the applicable workers' compensation carrier;

(11) If I work outside the Home State for Client or for anyone else without first securing this approval as set forth at (10), I understand and agree that I will no longer be in a professional employer organization relationship with Howard Leasing and may not be provided workers' compensation benefits through Howard Leasing or the applicable workers' compensation carrier and my professional employer organization relationship with Howard Leasing will be considered immediately terminated upon commencement of my trip outside the Home State to perform work where prior approval has not been received as set forth herein;

(12) I understand and agree that, to the extent allowed by law, any obligation of Howard Leasing ceases when Howard Leasing's professional employer organization agreement with Client terminates;

(13) I understand and agree if I am eligible for any benefits it is my responsibility (and the responsibility of any family members/dependents who wish to participate) to timely submit all required forms and information;

(14) To the extent allowable by law, by signing this Agreement, I assign to Howard Leasing, my right to assert a priority wage claim against Client under 11 U.S.C. § 507 (a)(3) in the event that a Bankruptcy Petition is filed under Title 7 and or Title 11 of the United States Code by or on behalf of Client;

(15) I have been informed and I agree that if my work at Client ends for any reason, I must report back to Howard Leasing within seventy-two (72) hours for possible reassignment and that unemployment benefits may be denied to me if I fail to do so; and

(16) Should I sign this form and/or complete Howard Leasing's utilized individual paperwork and never be accepted as a utilized individual of Howard Leasing, this form shall be null and void.

DATE

SIGNATURE OF UTILIZED INDIVIDUAL

XXX-XX-
Last 4 of Social Security Number

PRINT NAME



DIRECT DEPOSIT VISA /DEBIT CASH PAY CARD AUTHORIZATION
(If offered by the work site employer)

Checking or Savings Account Information

I, _____, authorize Howard Leasing to electronically deposit to the accounts below:

Bank Name _____	
<input type="checkbox"/> Add	<input type="checkbox"/> Change
Bank Account Number <table border="1" style="width:100%; height: 15px;"></table>	
ACH Routing Number <table border="1" style="width:100%; height: 15px;"></table>	
Amount _____ or % _____ to be deposited:	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Bank Name _____	
<input type="checkbox"/> Add	<input type="checkbox"/> Change
Bank Account Number <table border="1" style="width:100%; height: 15px;"></table>	
ACH Routing Number <table border="1" style="width:100%; height: 15px;"></table>	
Amount _____ or % _____ to be deposited:	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings

Visa/Cash Pay Debit Card

The Visa Cash Pay Card is a Debit card. If you elect this option you will be set up with a Visa/Cash Pay Debit card that you will receive in about 10 business days. You will receive instructions with the card on how to activate it. Once activated you pay check will be deposited to this card in the increments that you choose below.

☐ **Sign me up for a Visa Cash Pay Debit Card**

Amount or Percentage of pay to be deposited to Visa/Cash Pay \$ _____ or _____ %

For Direct Deposit please attach a voided check, and/or a letter from your financial institution which includes the **ACH** routing number and your account number for all accounts to be set up. **Please allow 10 business days for processing.**

****Reminder:** ACH Routing numbers can not start with a 5.

NOTE: By signing this form you agree to all the conditions and fees imposed by the bank for all above actions.

- Deposits can only be made to checking or savings accounts.
- If I change banks or bank accounts, I am fully responsible for immediately notifying the Payroll Department of the change. I hereby authorize and agree that in the event that Howard Leasing deposits funds erroneously into my account, I authorize Howard Leasing to debit my account for an amount not to exceed the original amount of the erroneous credit, should the funds no longer be available and were not rightfully mine I agree to return the amount of the erroneous deposit in full upon demand.
- I understand that any changes including stopping my direct deposit must be submitted by me in writing at least 72 hours prior to my next check date. Changes may require me to receive a live check for up to 2 pay periods.

Employee's Signature

Date

Social Security Number

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**▶ **Give Form W-4 to your employer.**▶ **Your withholding is subject to review by the IRS.****2022**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶ ☐

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ Employee's signature (This form is not valid unless you sign it.)		▶ Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	Elite Metal Decking 620 Whitney Ave, Lantana FL 33462		85-3990958

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet *(Keep for your records.)*

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

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

- 1** Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

<ul style="list-style-type: none"> • \$25,900 if you're married filing jointly or qualifying widow(er) • \$19,400 if you're head of household • \$12,950 if you're single or married filing separately 	}
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2 \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,330	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions)	
Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

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

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

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



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.)

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

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

Refer to the instructions for more information about acceptable receipts.