

METROPOLITAN ANTI CRIME AGENCY



EMPLOYMENT APPLICATION FORM



PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE (BLACK INK ONLY)				
APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS				
PLEASE COMPLETE PAGES 1-7.				Date:
Name:				
Last	First	Middle	Maiden	
Present Address:				
Number	Street	City	State	Zip
How Long:			Social Security No.:	
Telephone:				
If under 18, please list age:				
Position Applied For:			Days/Hours Available to Work:	
Salary Desired:			No Pref _____	Thur _____
			Mon _____	Fri _____
			Tue _____	Sat _____
			Wed _____	Sun _____
How many hours can you work weekly?			Can you work nights?	
Employment Desired:				
<input type="checkbox"/> PART-TIME <input type="checkbox"/> FULL-TIME <input type="checkbox"/> COMMISSION <input type="checkbox"/> VOLUNTEER				
When available for work?				
EDUCATION & OTHER INFORMATION				
TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NO. OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				

METROPOLITAN ANTI CRIME AGENCY

(Confidentiality Agreement)

Loyalty- the employee agrees to use all of his/her best efforts and diligence in the performance of his/her duties; he/she furthermore agrees to loyally promote the interests, and to devote all of his/her time and energy to the exclusive service, of [Metropolitan Anti Crime Agency, LLC], unless he/she should obtain the prior written authorization thereof.

Confidentiality- the employee acknowledges that, throughout the term of his/her employment with [Metropolitan Anti Crime Agency, LLC], he/she may, by reason of such employment and his/her duties, have access to certain confidential information specifically relating to the operation and activities of [Metropolitan Anti Crime Agency, LLC], its clients, other employees, management, finances, transactions, marketing of products and services offered by [Metropolitan Anti Crime Agency, LLC] or, generally, to the business thereof.

Consequently, the employee agrees, throughout the term of his/her employment and at all times following the termination thereof for any reason whatsoever, to neither disclose, use, communicate, reveal nor make available to any person whomsoever in any manner whatsoever, any Confidential Information produced or held by [Metropolitan Anti Crime Agency, LLC], its suppliers or clients unless it is in the performance of his/her work with, and to the exclusive benefit of, [Metropolitan Anti Crime Agency, LLC].

If the employee is required by applicable law, stock exchange regulations or court order to disclose any Confidential Information, he/she shall first notify [Metropolitan Anti Crime Agency, LLC] in writing sufficiently in advance so as to provide [Metropolitan Anti Crime Agency, LLC] with reasonable opportunity to seek to prevent such disclosure or to seek to obtain a protective order for such Confidential Information.

Without limiting the generality of the foregoing, any information relating to any secret, invention, license, manufacturing process, know-how, supply source, sales condition of a supplier, components of a product, technique, production and marketing method, price list, client list, discount policy and detail respecting the specific needs of [Metropolitan Anti Crime Agency, LLC] clients shall be deemed "Confidential Information".

For a period of [10 YEARS], following the termination of the relationship with the Company, applicant shall not, directly or indirectly, make known to any person, firm or corporation the names or addresses of any of the customers of Company or any other information pertaining to them, or call on, solicit, take away, or attempt to call on, solicit, or take away any customer of Company on whom applicant called or with whom applicant became acquainted during the time of this Agreement, for either itself or for any other person, firm, or corporation.

Applicant agrees that he/she will not, either during the period of this Agreement, or for a period of [10 YEARS] year after this Agreement has terminated, solicit any of Company's employees for a competing business or otherwise induce or attempt to induce such employees to terminate their employment with Company.

If this agreement is breached by applicant and/or employee, he or she will be liable for a penalty up to \$1,000,000 dollars and if it becomes necessary to collect any of the fees, to pay all court cost and attorney fees charged thereof.

I certify that I understand and agree to the terms stated above.

Signature of Applicant:

Date:

METROPOLITAN ANTI CRIME AGENCY

Have you ever been convicted of a crime? <input type="checkbox"/> No <input type="checkbox"/> Yes	
If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation.	
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No	
What is your means of transportation to work?	
Driver's License Number:	State of issue: <input type="checkbox"/> Operator <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/> Chauffeur
Expiration Date:	
Have you had any accidents during the past three years?	How many?
Have you had any moving violations during the past three years?	How Many?
OFFICE ONLY	
Typing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM	10-key <input type="checkbox"/> Yes <input type="checkbox"/> No Word Processing <input type="checkbox"/> Yes <input type="checkbox"/> No _____ WPM
Personal Computer <input type="checkbox"/> Yes <input type="checkbox"/> No PC Mac <input type="checkbox"/> <input type="checkbox"/>	Other Skills:
Please list two references other than relatives or previous employers.	
Name:	Name:
Position:	Position:
Company:	Company:
Address:	Address:
Telephone:	Telephone:
An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below to add any additional information necessary to describe your full qualifications for the specific position for which you are applying.	

METROPOLITAN ANTI CRIME AGENCY

MILITARY			
Have you ever been in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Are you now a member of the national guard? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Specialty	Date Entered	Discharge Date	
Work Experience	Please list your work experience for the past five years beginning with your most recent job held. If you were self-employed, give firm name. Attach additional sheets if necessary.		
Job One			
Name of Employer:	Name of Last Supervisor	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
Job Two			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

METROPOLITAN ANTI CRIME AGENCY

Job Three			
Name of Employer:	Name of Last Supervisor:	Employment Dates	Salary
Complete Address:		From:	Start:
		To:	Final:
Phone Number:	Your Last Job Title:		
Reason for Leaving (be specific):			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			
May we contact your present employer?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
Did you complete this application yourself?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
If not, who did?			
Do you have an unarmed or armed guard license?			
<input type="checkbox"/> Yes <input type="checkbox"/> No			
License Number:	State of issue:	<input type="checkbox"/> Unarmed <input type="checkbox"/> Armed	
Expiration Date:			
Comments:			
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			
9.			
10.			

METROPOLITAN ANTI CRIME AGENCY

PLEASE READ CAREFULLY

APPLICATION FORM WAIVER

In exchange for the consideration of my job application by [METROPOLITAN ANTI CRIME AGENCY, LLC] (hereinafter called "the Company"), I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements, and the like as they may exist from time to time, or other Company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of [METROPOLITAN ANTI CRIME AGENCY, LLC], or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by the President /General Manager of the Company. Both the undersigned and [METROPOLITAN ANTI CRIME AGENCY, LLC] may end the employment relationship at any time, without specified notice or reason. If employed, I understand that the Company may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I understand that if any [METROPOLITAN ANTI CRIME AGENCY, LLC] policy or any federal, state, or municipal law is disregarded by me, I am civilly liable for any legal actions taken against [METROPOLITAN ANTI CRIME AGENCY, LLC] and court cost and attorney fees charged thereof.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal at any time without any previous notice. I hereby give the Company permission to contact schools, previous employers (unless otherwise indicated), references, and others, and hereby release the Company from any liability as a result of such contract.

I also understand that (1) the Company has a drug and alcohol policy that provides for pre-employment testing as well as testing after employment; (2) consent to and compliance with such policy is a condition of my employment; and (3) continued employment is based on the successful passing of testing under such policy. I further understand that continued employment may be based on the successful passing of job-related physical examinations.

I understand that, in connection with the routine processing of your employment application, the Company may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics, and mode of living. Upon written request from me, the Company, will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with the Company shall be probationary for a period of ninety (90) days, and further that at any time during the probationary period or thereafter, my employment relation with the Company is terminable at will for any reason by either party.

Signature of Applicant:

Date:

This Company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, religion, sex, sexual orientation, national origin, citizenship, age or disability. We assure you that your opportunity for employment with this Company depends solely on your qualifications.

Thank you for completing this application form and for your interest in our business.

METROPOLITAN ANTI CRIME AGENCY

PLEASE PRINT ALL INFORMATION REQUESTED EXCEPT SIGNATURE

POST EMPLOYMENT INFORMATION FORM

TO BE COMPLETED AFTER EMPLOYEE HAS BEEN HIRED

Height: ft. in.	Weight:	Birth Date:	
Married <input type="checkbox"/> Yes <input type="checkbox"/> No If Married, How Long? <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
Full Name of Spouse		Spouse Occupation	
Name of Company		Telephone:	
PERSON TO BE NOTIFIED IN CASE OF EMERGENCY			
Name:		Telephone:	
Address:		Relationship:	
FOR INSURANCE PURPOSES ONLY: LIST ALL DEPENDENTS			
Name:	Relationship:	Birth Date:	SSN:
TO BE COMPLETED BY EMPLOYER			
Date of Employment:	Job Title:	Dept.:	
Location:	Rate of Pay:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Salaried	
Applicant's signature acknowledging above information			
Drug Test Confirmation Number:			
Name of Person Verifying Information:			
Name of Person Authorizing Employment:			

**SHELBY COUNTY SHERIFF'S OFFICE
Bureau of Professional Standards & Integrity**

Background Information Form

Section I Numbers (1) – (11) MUST Be Answered – PRINT ONLY

(1). Applicant (Last Name, First Name, MI):		(2). Social Security Number:	
(3). If Married Female, Give Maiden name:			
(4). Current Address (Street, City, State & Zip Code):			
(5). Former Address (If Lived at Current Address Less than Three (3) Years. Street, City, State & Zip Code)			
(6). Date Of Birth (XX-XX-XXXX):	(7). Sex:	(8). Race:	(9). Position Applying For: Facility Security
(10). Driver's License (Number, State of Issuance, Expiration Date):			
(11). Prior Driver's License (Number, State of Issuance, Expiration Date):			

Section II To be Completed by SCSO ONLY

1. NCIC Criminal History:	No Want _____	Wanted _____	
NCIC Criminal History:	Yes _____	No _____	
Checked by: _____	Date _____		
2. D. L. History	Status _____	State _____	
Checked by _____	Date _____		
3. Card Index File:	No Record _____	Arrest Record _____	R & I # _____
Checked by _____	Date _____		
4. SCSO Files:	No Record _____	Arrest Record _____	R & I # _____
Checked by _____	Date _____		
5. Local Warrants:	No Want _____	Wanted & # _____	
Checked by _____	Date _____		

Comments:

Reviewed by: _____	Date: _____	Processed by: _____
Reviewed by: _____	Date: _____	Date Received: _____
		Date Completed: _____

SHELBY COUNTY SHERIFF'S OFFICE
 SECURITY INVESTIGATION STATEMENT
 (VENDOR)

All of the following questions are to be answered completely and factually. If a question does not apply to you, DO NOT skip it, but complete it by writing N/A to show that it does not apply to you. This information will be used only for a series of security checks, since working in a jail requires a special security clearance.

All false statements or information given on the form will be just cause for revocation of clearance.

Answer all questions. If the answer is No or None, please so state.

A. PERSONAL INFORMATION
 (Please Print)

1. _____
 Last Name First Name Middle Name

Other names used: (Maiden Name, former marriages, legally changed names, aliases, nicknames).

2. Social Security Number: _____

3. Driver's License Number: _____ STATE: _____

4. Date of Birth: _____ Place of Birth: _____

Sex: Male ___ Female ___

5. Residence: Give dates and places of residences. Begin with the present and go back at least from your 18th birthday.

Dates From - To	Number & Street	City	State	Zip Code

B. SECURITY

Report all convictions after your 18th birthday. Report any convictions, including any expungements. Failure to thoroughly complete the SECURITY section may prevent admission to work as a vendor by this office.

1. Have you ever been convicted of a felony? Yes ___ No ___

If yes, give the date of the conviction and charge:

2. Have you ever been convicted of a misdemeanor? Yes ___ No ___

If yes, give the date of the conviction and charge:

List all convictions:

Date of occurrence: _____ Date of occurrence: _____

Charge placed: _____ Charge placed: _____

City and State: _____ City and State: _____

Law Enforcement Agency: _____ Law Enforcement Agency: _____

Disposition: _____ Disposition: _____

Was charge expunged? _____ Was charge expunged? _____

Date of occurrence: _____ Date of occurrence: _____

Charge placed: _____ Charge placed: _____

City and State: _____ City and State: _____

Law Enforcement Agency: _____ Law Enforcement Agency: _____

continue

Disposition: _____ Disposition: _____

Was charge expunged? _____ Was charge expunged? _____

PERSONAL HISTORY STATEMENT

LEGAL

Disclosure of Arrests and Convictions

As an applicant for the Shelby County Sheriff's Office, you are required to disclose any of the following which occurred on or after your 18th birthday, even if the records were sealed, expunged, dismissed or pardoned:

- ALL detentions, arrests, or misdemeanor citations, whether they resulted in a conviction or not.
- ALL convictions
- ALL diversion programs

Either as an adult have you EVER been detained for investigation, held on suspicion, questioned, fingerprinted, arrested, indicted, criminally charged, or convicted of any misdemeanor or felony offense in this state or in any other legal jurisdiction (including offenses punishable under the Uniform Code of Military Justice)? Yes No

--	--

Before signing this form, check back over it to make sure that you have answered all questions fully and correctly.

I, _____, do voluntarily, without duress, coercion, or promise of reward, submit this information to the Shelby County Sheriff's Office, and release the Shelby County Sheriff's Office, it's employees and agents conducting this investigation from all claims resulting from or arising out of this investigation, and do further release the results of this investigation and information obtained to those parties having an interest in it.

continue

Certification

I certify that the statements made by me on this form are true, complete, and correct, to the best of my knowledge and belief, and are made in good faith. Further, I realize a false answer to any question in this statement may affect my ability to gain access to buildings under the control of the Shelby County Sheriff's Office.

Signature of Witness
(IN INK ONLY)

Signature of Vendor or Vendor's employee
(IN INK ONLY)

Date Signed

Date Signed

Shelby County Sheriff's Office
Facility Security Unit

Request for I.D. Long Term Vendor Badge
Security Investigation

Vendor Applicant Name _____

Division or Vendor Company Name

Security Authorized

Department Representative _____ Date _____

Phone Number _____

Reviewed by _____ Review Date _____

Badge Issued _____ Expires _____



Access Approved



Access Denied

Please place an x or check mark in the box. (Place this form on top of the packet).

PROPERTY OF SHELBY COUNTY GOVERNMENT CAN BE RECALLED AT ANYTIME WITHOUT NOTICE

Shelby County Sheriff's Office Vendor Consent Form

I hereby authorize the Shelby County Sheriff's Office to perform a criminal history record check for information that pertains to me in the files of any national, state, or local criminal justice agency.

Full Name (Print)

Street Address

City, State & Zip Code

Sex /Race

Date of Birth

Social Security Number

One of the following must be checked:

_____ *This authorization is valid for 90/180 days (circle one) days from the date of your signature.*

_____ *I, _____ give consent of the above named to perform periodic criminal history background checks for the duration of the contract with this office, (Use if long-term contract is over 180 days).*

Company Name

Company Phone

Company Contact Person

Vendor Work Assignment

Signature _____ **Date** _____

Form W-4 (2016)

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 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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 can 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. 505 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. 505 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. 505 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. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
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	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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. }		

----- Separate 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 2016
1 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 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • 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 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) Metropolitan Anti Crime Agency PO Box 753778 Memphis TN 38175		9 Office code (optional)
		10 Employer identification number (EIN) 45-2450545

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 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details	1	\$ _____						
2	Enter: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 2em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">\$12,600 if married filing jointly or qualifying widow(er)</td> </tr> <tr> <td></td> <td>\$9,300 if head of household</td> </tr> <tr> <td></td> <td>\$6,300 if single or married filing separately</td> </tr> </table>	{	\$12,600 if married filing jointly or qualifying widow(er)		\$9,300 if head of household		\$6,300 if single or married filing separately	2	\$ _____
{	\$12,600 if married filing jointly or qualifying widow(er)								
	\$9,300 if head of household								
	\$6,300 if single or married filing separately								
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____						
4	Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____						
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2016 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____						
6	Enter an estimate of your 2016 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 \$4,050 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 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. 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 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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 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.

Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below)

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____