

# HEALTH EXAMINATION CERTIFICATE      North Carolina Public Schools

Required of all persons upon initial employment, separation from employment more than one school year, absence of more than 40 successive days because of a communicable disease, or when deemed necessary by a local school board or superintendent. (Ref. NCGS 115C-323)

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Address: \_\_\_\_\_  
 \_\_\_\_\_

The above named individual is to be recommended for employment by \_\_\_\_\_ (local school board) in a position of \_\_\_\_\_. In this position, the condition of certain physical capacities will be of importance. Please examine the areas listed below and report any limitations, deficiencies or related restrictions.

### I. Communicable Disease

By my signature I certify that the above **named person does not have any communicable disease, including tuberculosis**, that poses a significant risk of transmission in our schools or would impair this person's ability to perform the duties of the job, except as may be noted below. Further, I certify that this person is free of any physical or mental disability that would impair job performance.

If unable to certify the above, please comment:

\_\_\_\_\_  
 \_\_\_\_\_

### II. Other Health Areas

| AREAS            | LIMITATIONS |    | NATURE OF LIMITATIONS<br>(continue on back as needed) |
|------------------|-------------|----|---|
|                  | YES         | NO |   |
| Vision           |             |    |   |
| Hearing          |             |    |   |
| Heart            |             |    |   |
| Lungs            |             |    |   |
| Lifting/Carrying |             |    |   |

| Appropriate Immunizations      | Current? |    | Any Immunization Recommendations |
|--------------------------------|----------|----|----------------------------------|
|                                | YES      | NO |                                  |
| Td (tetanus), Hep B, MMR, etc. |          |    |                                  |

Date: \_\_\_\_\_

\_\_\_\_\_  
 Physician, Physician's Assistant, or Nurse Practitioner (Type or Print)

SIGNATURE: \_\_\_\_\_

License/Registration #: \_\_\_\_\_ State\* Granting License/Registration: \_\_\_\_\_

\*For initial employment of an out-of-state applicant the certificate may be completed by a health care provider with an out-of-state unrestricted current license or registration.

**AUTHORITY FOR RELEASE OF INFORMATION**  
**State and Federal Access**

I authorize the North Carolina Department of Justice through the State Bureau of Investigation, Criminal Information and Identification Section to perform either a name or fingerprint search of the State's criminal history record file and/or a fingerprint search the Federal Bureau of Investigation for a national criminal history record check in connection with my application for employment or my employment with **Kannapolis City Schools** pursuant to N.C.G.S. 114-19.2 and 115C-332.

(Type or Print Legibly)

|                                      |                     |                      |                      |
|--------------------------------------|---------------------|----------------------|----------------------|
| <b><u>LAST NAME</u></b>              | <b><u>FIRST</u></b> | <b><u>MIDDLE</u></b> | <b><u>MAIDEN</u></b> |
| _____                                | _____               | _____                | _____                |
| <b><u>SOCIAL SECURITY NUMBER</u></b> | <b><u>DOB</u></b>   | <b><u>SEX</u></b>    | <b><u>RACE</u></b>   |
| _____                                | _____               | _____                | _____                |

(Optional\*)

I understand that the North Carolina State Bureau of Investigation, Criminal Information and Identification Section, and its officials and employees shall not be held legally accountable in any way for providing this information to the above named School, and I hereby release said agency and persons from any and all liability which may be incurred as a result of furnishing such information. I further understand that the School System **cannot** release a **hard copy** of the results of this criminal history record check to me.

\*Disclosure of social security number is entirely voluntary and not required. If disclosed, the social security number will be utilized to assist with accurate identification/exclusion of possible criminal history records.

**Please print completed form, sign and date in the spaces below, and return to the Kannapolis City Schools' Human Resources Department.**

\_\_\_\_\_  
**Applicant's/Employee's Signature**

\_\_\_\_\_  
**Date**

This request form must be kept on file for one year for audit purposes. It does not need to accompany the fingerprint card. Mail the fingerprint card and transmittal letter to:

State Bureau of Investigation  
Criminal Information and Identification Section  
Attn: Applicant Unit  
PO Box 29500  
Raleigh, North Carolina 27626-0500

**ORI# SCH000028 – KANNAPOLIS CITY SCHOOLS**  
NAME CHECK - \$10.00 - NO  
STATE FINGERPRINT CARD CHECK - \$14.00 (INCLUDED IN NATIONAL)  
NATIONAL FINGERPRINT CARD CHECK - \$38.00 – YES

**(Paid by Kannapolis City Schools)**

# NOTICE TO APPLICANTS

## Kannapolis City Schools

### ALCOHOL & DRUG TESTING POLICY

Due to the health and safety risks of alcohol and drug abuse, applicants selected for employment by the Kannapolis City Schools in Department of Transportation (DOT) and in safety-sensitive positions will be required to undergo a drug test. A positive test result, indicating illegal drug use, will disqualify you from consideration for employment. A negative test result, indicating being free of drugs, will not guarantee employment. Any applicants not willing to comply with this requirement may simply excuse themselves prior to completing the attached application form. All DOT-regulated and safety-sensitive positions are subject to on-going testing during employment with the Kannapolis City Schools.

I understand and agree to the above testing requirements.

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

\_\_\_\_\_  
Applicant Signature

Please turn this form in with your application.



# Kannapolis City Schools

100 Denver Street  
KANNAPOLIS, NORTH CAROLINA 28083

Phone: 704/938-1131 ☎ FAX: 704/932-4761

<http://www.kannapolis.k12.nc.us>  
HMResources@vnet.net

**Annie Laura Pickett, Ed.D.**  
Director of Human Resources  
and Administrative Services  
picketta@vnet.net

## Memorandum

To: All Substitute Applicants  
From: Human Resources Office  
Subject: **Unemployment Benefits**

As a substitute, you will be called on an “as needed” basis to substitute. There is no minimum or maximum number of days that you are guaranteed. Non-student days throughout the school year, time between terms, and scheduled holidays do not qualify you for unemployment benefits. The N.C. General Statute that covers this is G.S. 96-13(b)(1) a. As long as you remain on the substitute list, there is a reasonable assurance that you will be called to substitute. You have been given the opportunity to select the schools at which you wish to substitute and the days on which you can substitute. You even have the option of turning down an opportunity to substitute because of your schedule. Therefore, there can be no guarantee of the number of days you work.

I, \_\_\_\_\_, have received a copy of this memo and a copy of the  
(printed name)  
referenced General Statute.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

Note: Referenced General Statute on back of page.

***(Please complete this page and return with application.)***

## **N.C. General Statute**

### **G.S. 96-13(b)(1) a**

- (b) (1) The payment of benefits to any individual based on services for nonprofit organizations, hospitals, or State hospitals and State institutions or higher education, or secondary schools and subdivisions of secondary schools subject to this Chapter shall be in the same manner and under the same conditions of the laws of this Chapter as applied to individuals whose benefit rights are based on other services subject to this Chapter. Except that with respect to services in the educational institutions listed above:
- a. In an instructional research, or principal administrative capacity, compensation shall not be payable based on such services for any week commencing during the period between two successive academic years or terms, or, when an agreement provides instead for a similar period between two regular but not successive terms, during that period, to any individual if he performs such services in the first of the academic years or terms and if there is a contract or reasonable assurance that the individual will perform services in any such capacity for any educational institution in the second of the academic years or terms.



Please Submit References to:  
**Human Resources Department**  
 Kannapolis City Schools  
 100 Denver Street  
 Kannapolis, NC 28083  
 Phone: (704) 938-1131  
 FAX: (704) 938-1137  
 E-Mail: [HMRResources@vnet.net](mailto:HMRResources@vnet.net)  
 Web Site: [www.kannapolis.k12.nc.us](http://www.kannapolis.k12.nc.us)

# Kannapolis City Schools

## SUPPORT REFERENCE FORM

**To the Applicant:** Please fill in your name, the type of position for which you wish to be considered, and your signature. Then forward this form to the person you wish to give you a reference. For the convenience of the recommender, it would be considerate to include a stamped envelope. Please include the special reference envelope as well.

Name (Print)

\_\_\_\_\_ Last First Middle/Maiden

is an applicant for a position as a \_\_\_\_\_

\_\_\_\_\_ Applicant's Signature Date

\* \* \* \* \*

**To the Recommender:** Please state frankly your opinion of the applicant's qualifications on the form below. Please seal your completed reference in the special reference envelope, sign the flap, and then you may return it, sealed and signed, to the applicant or directly to the Human Resources Office, whichever you prefer. Thank you!

| Item Being Rated:          | Poor | Fair | Average | Good | Excellent | Item Being Rated:                   | Poor | Fair | Average | Good | Excellent |
|----------------------------|------|------|---------|------|-----------|-------------------------------------|------|------|---------|------|-----------|
| Personal Appearance        |      |      |         |      |           | Sympathetic Understanding           |      |      |         |      |           |
| Personality                |      |      |         |      |           | Skill For This Position             |      |      |         |      |           |
| Character                  |      |      |         |      |           | Flexibility                         |      |      |         |      |           |
| Health, Vigor, and Energy  |      |      |         |      |           | Punctuality                         |      |      |         |      |           |
| Maturity                   |      |      |         |      |           | Initiative                          |      |      |         |      |           |
| Command and Use of English |      |      |         |      |           | Public Relations Skills             |      |      |         |      |           |
| General Intelligence       |      |      |         |      |           | Culture and Refinement              |      |      |         |      |           |
| Attitude Toward Associates |      |      |         |      |           | Loyalty To Superiors                |      |      |         |      |           |
| Tact                       |      |      |         |      |           | Handling Of Routines/Responsibility |      |      |         |      |           |
| Patience                   |      |      |         |      |           | Dependability                       |      |      |         |      |           |
| Attention to Details       |      |      |         |      |           | Enthusiasm Toward Work and Life     |      |      |         |      |           |
| "Common Sense"             |      |      |         |      |           | General Rating                      |      |      |         |      |           |

Would you hire (or rehire) this person? Yes \_\_\_\_\_ No \_\_\_\_\_

Why is (or did) applicant leaving? \_\_\_\_\_

Remarks (Please include special strengths and general weaknesses): \_\_\_\_\_

Capacity in which applicant was known: \_\_\_\_\_

Date: \_\_\_\_\_

Signature \_\_\_\_\_

May we call you for a telephone reference? \_\_\_\_\_

Typed or Printed Name \_\_\_\_\_

Telephone Number (\_\_\_\_\_) \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

Department \_\_\_\_\_

Street / Route / Box

Institution \_\_\_\_\_

City State Zip

# 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** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

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

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

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

**Nonresident alien.** If you are a nonresident alien, see 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: } } **B** \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

**(Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.

- 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><br>Department of the Treasury<br>Internal Revenue Service  | <h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► <b>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.</b></p> | OMB No. 1545-0074<br><br><span style="font-size: 2em; font-weight: bold;">2010</span>   |
| 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.<br><b>Note.</b> 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 _____<br>6 \$ _____   |
| 6 Additional amount, if any, you want withheld from each paycheck  |   |   |
| 7 I claim exemption from withholding for 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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<br>(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: 

|   |  |   |           |          |          |
|---|--|---|-----------|----------|----------|
| { | \$11,400 if married filing jointly or qualifying widow(er) | } | . . . . . | <b>2</b> | \$ _____ |
|   | \$8,400 if head of household                               |   |           |          |          |
|   | \$5,700 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 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.