



Instructions for Becoming a Respite Care Provider Employer of Record (EOR) Respite Application Alta California Regional Center

All providers must meet the following basic requirements:

- be 18 years of age or older
- meet employment eligibility requirements outlined on the I-9 form (*enclosed*)
- receive a background check clearance
- must have a valid CPR/First Aid certification OR take a CPR/ First Aid class (*Pacific Homecare offers **FREE** live and on-line CPR/First Aid training*)

***Please note that parents/guardians CANNOT serve as providers**

Step 1: Parents/Guardians- Complete the attached forms marked **“Parent/Guardian Form”**:

- Agreement and Consent for Emergency Medical Treatment
- Respite Policies for Parents

Step 2: Applicants for Respite Provider – Complete the attached employment application and the forms marked **“Respite Provider Form”**:

- Background check authorization
- Adult/Child Abuse Reporting
- Confidentiality Agreement Respite Policies for Providers
- W-4
- I-9 (*Provide copies of documents used to confirm legal right to work in the U.S.*)

Step 3: Mail all forms and copies of required documents to Pacific Homecare Services:
2027 Grand Canal Blvd., Suite 27, Stockton, CA 95207.

***Please make sure you use sufficient postage of \$0.84 when returning these documents.**

If you should have any questions, please feel free to contact our office at (916) 978-1090.



PARENT/GUARDIAN FORM

**AGREEMENT AND CONSENT
FOR
EMERGENCY MEDICAL TREATMENT**

I, _____, the undersigned parent or legal guardian of:
_____ (*Name of Child*) do hereby authorize consent to any emergency medical treatment and hospital care for the above named individual, which is deemed necessary by and rendered under the general or specific supervision of any physician or surgeon licensed under the provisions of the Medical Practices Act.

It is understood that this authorization is given for emergency treatment only and should treatment or hospitalization be required, the parents will be notified at the earliest possible time.

This authorization shall remain in effect until revoked in writing, or the individual is no longer receiving services.

Signature of parent or legal guardian

Print Name

Date



Dear Care Provider (Employee):

Please be sure to submit a copy of your Driver's License and Social Security Card along with your completed application. A passport will also satisfy the requirements of the Federal Government to verify your identity.

If you have a current CPR/First Aid Certification, please submit proof (copy of card or certificate) with this application. If you do not have a current certification or have never received CPR/First Aid training, our office will contact you to attend one of our free classes.

Thank you,

Pacific Homecare Services



Employment Application

PERSONAL INFORMATION

Name _____ Last First Middle

Home Telephone () Cell/Other () Languages Spoken: _____

Social Security Number _____ Birthday _____ Drivers Lic. No./Exp. Date _____

Present Address _____ No. Street City State Zip

Have you ever applied to work for Pacific Homecare Services before? Yes No If yes, when (Date)

Are you at least 18 years old? Yes No

Do you have a current CPR/1st Aid certification? Yes No If yes, please submit proof (copy of card or certificate).

Are you related to the consumer? Yes No

If yes, what is the relation?

If hired, can you present evidence of your U.S. citizenship or proof of your legal right to live and work in the USA? Yes No

Have you ever been convicted of a criminal offense (felony or serious misdemeanor)? Yes No

If yes, state the nature of the crime(s), when and where convicted and disposition of the case.

(Note: No applicant will be denied employment solely on the grounds of conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.)

EMERGENCY CONTACT - Name, address and telephone number of person to be notified in case of accident or emergency

Name _____ Last First Middle

Home Telephone () Cell/Other ()

Present Address _____ No. Street City State Zip

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (previous 5 years is sufficient). Account for all periods of unemployment. You must complete this section even if attaching a resume.

From: _____ To: _____ Employer: _____ Address: _____
Job Title: _____ Duties: _____ Ending Salary: _____
Supervisor: _____ Phone: _____ Reason for Leaving: _____

I hereby certify that the information contained in this application form is true and correct to the best of my knowledge and agree to have any of the statements checked by Pacific Healthcare Services unless I have indicated to the contrary. I authorize the references listed above to provide Pacific Healthcare Services any and all information concerning my previous employment and any pertinent information that they may have. Further, I release all parties and persons from any and all liability for any damages that may result from furnishing such information to Pacific Healthcare Services as well as from the use or disclosure of such information by Pacific Healthcare Services or any of its agents, employees, or representatives. I understand that any misrepresentation, falsification, or material omission of information on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered. If I am hired, I understand that I am free to resign at any time, with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no representative of the employer, other than an authorized officer, has the authority to make any assurances to the contrary. I further understand that any such assurances must be in writing and signed by an authorized officer. I understand that it is the company's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA. I also understand that all offers of employment are conditioned on the provision of satisfactory proof of an applicant's identity and legal authority to work in the U.S.

Signature of Respite Provider

Print Name (Respite Provider)

Date



RESPITE PROVIDER FORM

CONFIDENTIALITY

Pacific Healthcare Services considers all client medical and financial information confidential. Pacific Healthcare Services acknowledges patients rights, falling within the law, to ensure confidentiality and informational privacy.

Pacific Healthcare Services acknowledges that all personnel files and information therein shall be considered as confidential and will not be disclosed.

Pacific Healthcare Services acknowledges that all pay rates are considered confidential information and are not to be discussed, particularly when on an assignment.

Unauthorized, indiscriminate disclosure, use of review of personal information, medical or otherwise, is forbidden.

Violations of confidentiality may result in termination.

Pacific Homecare Services

Pacific Homecare - Administrator's Name

Pacific Homecare - Administrator's signature

Date

Respite Provider (Employee)

Respite Provider's Name

Respite Provider (Employee)' signature

Date



RESPITE PROVIDER FORM

Agency and Employer of Record Respite Policies

1. All providers must meet Title 17 and Regional Center regulations; 18 years or older, legal right to work in the US and clear background check – nothing other than a minor traffic violation.
2. All Respite Care Providers must receive clearance from Pacific Homecare Services BEFORE starting respite care.
3. Parents CANNOT authorize the start of care until receiving a confirmation notice for each provider from Pacific Homecare Services.
4. All Providers MUST attend a New Employee Orientation and receive an Employee Handbook within 60 days of their start date.
5. All Providers MUST have a CPR/1st Aid certification within 60 days of their start date.
6. All Agency Providers MUST annually complete 5 hours of In-Service Training.
7. Providers must work a minimum of 2 hours per visit. *(Pertains to Agency Providers ONLY)*
8. Providers are to provide basic care to consumers. Providers are not to do housework, laundry, cooking, gardening, tutoring, etc. Respite care must be provided in the consumer's home. Providers are NOT allowed to transport clients.
9. All hours billed must be for services already rendered. Providers cannot bill for hours not yet worked. Respite payments are federal and state funds and any claim for services not provided is considered FRAUD and punishable to the full extent of the law.
10. All timesheets must be submitted by the 2nd of the month for services provided the previous month. If timesheets are not received by the 2nd, payment for services will be processed the following monthly grace cycle.
11. Timecards must be signed by both the parents and the respite provider and should be signed on the last visit of the month.
12. All timesheets must be submitted within 90 Days service was rendered. All timesheets submitted past 90 days will NOT be authorized for payment.
13. Payment for services will be made by the 20th of every month.

I acknowledge that I have read and understand the contents of these Policies.

Respite Provider (Employee)

Respite Provider's Name

Respite Provider (Employee)' signature

Date



Agency and Employer of Record Respite Policies

1. Parents CANNOT authorize the start of respite care service until receiving a confirmation notice from Pacific Homecare Services and the Regional Center.
2. Agency Respite Care Providers must work a minimum of 2 hours per visit. Any missed appointment by the family will be subject to a 2 hour charge against client's respite hours. In order to avoid this charge, a 6 hour cancelation notice must be given to the respite care provider.
3. Providers are to provide basic care to consumers. Providers are not to do housework, laundry, cooking, gardening, tutoring, etc. Respite care must be provided in the consumer's home. Providers are NOT allowed to transport clients.
4. Lifting limit – providers are not allowed to lift over 40 lbs. If your son/daughter requires lifting, you must provide the proper lifting equipment/assistance.
5. Families using Employer of Record Respite will be allowed to start with 2 respite providers. If the family should need additional providers, then they will be allowed to add 1 additional provider per calendar year. If a family requires more than 1 additional provider within the calendar year, the family will be charged an Administrative Fee of \$30 per provider.
6. Parents are responsible for notifying Pacific Homecare Services of any changes to their respite service authorization from the Regional Center.
7. All hours billed must be for services already rendered. Providers cannot bill for hours not yet worked. Respite payments are federal and state funds and any claim for services not provided is considered **FRAUD** and punishable to the full extent of the law.
8. All timesheets must be submitted by the 2nd of every month for services provided the previous month. If timesheets are not received by the 2nd, payment for services will be processed the following monthly cycle.
9. Timecards must be signed by both the parents and the respite provider and should be signed on the last visit of the month.
10. All timesheets must be submitted within 90 days service was rendered. All timesheets submitted past 90 days will NOT be authorized for payment.
11. Payment for services will be made by the 20th of every month. Pacific Homecare is only responsible for payment based on the hours authorized by the Regional Center. Parents are responsible for payment of any hours exceeding the authorized number of hours.

I acknowledge that I have read and understand the contents of these Policies.

Parent/Guardian

Parent/Guardian's Name

Parent/Guardian's signature

Date



**PACIFIC HOMECARE SERVICES
RESPITE PROVIDER
JOB DESCRIPTION**

Position Title: Respite Provider
Department: Administration
Supervisor: Administrator

JOB DUTIES:

To provide high quality care for developmentally disabled children and adults during their parents' absence. Respite Providers are to also provide for the individual's physical care and recreational, nutritional, developmental, medical, social and behavioral needs and engage them in age-appropriate activities. Providers must also provide the following:

- Abide by all policies and procedures of the In-home Respite Program
- Provide timely, complete, legible, and accurate documentation of all respite assignments and comply with all reporting requirements
- Honor all aspects of the Client Bill of Rights, Lanterman Act and adhere to all policies of confidentiality
- Notify office of any changes in address, phone number and emergency information
- Represent Pacific Homecare Services in a positive and professional manner to all clients, families, co-workers and the public

QUALIFICATIONS:

- Must be at least 18 years of age and possess good judgment
- Successful completion of PHS's New Employee Orientation Program
- Must be physically able to perform all job responsibilities related to the care of children which may include duties such as bending, lifting or kneeling.
- Previous childcare experience preferred but not mandatory
- Complete criminal record clearance
- Must have reliable transportation
- Previous experience working with persons with developmental disabilities is preferred but not mandatory
- Must successfully complete CPR/First Aid Training Program

LOCATION OF JOB:

In-home respite care is to be done in the Regional Center Consumer's home.

SALARY:

\$9.21 an hour	One (1) consumer per Family
\$11.92 an hour	Two (2) consumers per family being cared for at the same time
\$15.18 an hour	Three (3) consumers per family being cared for at the same time
\$17.24 an hour	Four (4) consumers per family being cared for at the same time



REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

AF502

Employment

ORI (Code assigned by DOJ)

Authorized Applicant Type

Respite Care Provider

Type of License/Certification/Permit OR Working Title (Maximum 30 characters - if assigned by DOJ, use exact title assigned)

Contributing Agency Information:

Pacific Homecare Services

16607

Agency Authorized to Receive Criminal Record Information

Mail Code (five-digit code assigned by DOJ)

2027 Grand Canal Blvd., Suite 27

Street Address or P.O. Box

Contact Name (mandatory for all school submissions)

Stockton

CA 95207-6650

(209) 956-2532

City

State ZIP Code

Contact Telephone Number

Applicant Information:

Last Name

First Name Middle Initial Suffix

Other Name (AKA or Alias) Last

First Suffix

Date of Birth Sex Male Female

Driver's License Number

Height Weight Eye Color Hair Color

Billing Number (Agency Billing Number)

Place of Birth (State or Country) Social Security Number

Misc. Number (Other Identification Number)

Home Address Street Address or P.O. Box

City State ZIP Code

Your Number: _____
OCA Number (Agency Identifying Number)

Level of Service: DOJ FBI

If re-submission, list original ATI number:
(Must provide proof of rejection)

Original ATI Number _____

Employer (Additional response for agencies specified by statute):

Pacific Homecare Services

16607

Employer Name

Mail Code (five digit code assigned by DOJ)

2027 Grand Canal Blvd., Suite 27

Street Address or P.O. Box

Stockton

CA 95207

(209) 956-2532

City

State ZIP Code

Telephone Number (optional)

Live Scan Transaction Completed By:

Name of Operator

Date

Transmitting Agency

LSID

ATI Number

Amount Collected/Billed

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen or national of the United States
- A Lawful Permanent Resident (Alien #) A _____
- An alien authorized to work until _____
(Alien # or Admission #)

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): _____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>Form I-688A</i>) 8. Unexpired Reentry Permit (<i>Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>Form I-571</i>) 10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>) 	OR	<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 <p style="text-align: center; margin: 5px 0;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record
	AND	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>) 7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

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 2011. 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	<u> </u>			
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}	B	<u> </u>
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	}				
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<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 \$1,900 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 \$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	<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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;"> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. </td> <td style="font-size: 3em; vertical-align: middle;">}</td> </tr> </table>	{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 	}		
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; margin: 5px 0;">2011</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2011, 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.)	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 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	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 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 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 \$3,700 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

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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.