



Metroplex Staffing
www.metrostaffingnow.com

227 N.E. Loop 820, Suite 100
Hurst, TX 76053
Phone: (817) 590-0136
Fax: (817) 590-9731

Recipient: _____

Phone: _____

Fax: _____

Application Checklist:

- Please make sure you complete the entire application and we ask that you call and double check that we have received your application.
- Please make sure you initial and sign everywhere that a signature or initials are needed.
- Please make sure you send a copy of your driver's license and social security number.

Application

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Appearance:

First impressions are everything, please go to work in your Sunday best.

Examples:

- In office staff: (Women) please wear a business suit or some nice slacks with matching blouse. No low top cuts or open toe shoes. (Men) Nice slacks, work shirts, and dress shoes, not t-shirts, jeans, or tennis shoes.
- Maintenance or outside grounds: Nice clean appearance such as khakis or nice kept jeans. No baggy clothing or ripped up clothing. Tennis shoes ok but need to look kept up. Shirts should be a solid color and tucked in.

Remember you are trying to make an impression and this is the first thing they will notice.

Things to have with you on your first day:

We suggest you show up a few minutes early with a copy of your resume in a nice folder and have it organized with a cover sheet. (Remember, first impressions are everything).

Job placement varies with everyone. MetroPlex Staffing cannot guarantee job placement, but we do our best to place everyone. We ask that you check in with us every 1-2 weeks to let us know you are still available for work. If for any reason you are not available for work, please let us know and we will keep your application on file for one year. If you become available to work again within the year, please let us know and we will reactivate your application again.

Thanks again and have a great day.

MetroPlex Staffing

Note: We MUST have a copy of your driver's license and social security card.

Today's Date: _____ Social Security #: _____ - _____ - _____

Date of Birth: _____ Driver's License#: _____

Personal Information:

Position applying for: _____

Name: _____
First Middle Last

Address: _____
Number Street Apt. #

_____ City State Zip

Best phone number to reach you at: (_____) _____

Alternate phone number: (_____) _____

Emergency Contact: _____
Name Relationship Phone

Have you ever been convicted of a crime? _____

Explain: _____

Do you have experience in Rent Roll, AMSI, or YARDI? Please list _____

Are you HVAC or EPA Certified? _____ Please attach certifications

Are you Bi-lingual? _____ If so, what languages? _____

What areas are you available to work in? _____

Employment History

Position: _____ Phone#: (_____) _____

Starting Salary: _____ End Salary: _____

Start Date: _____ End Date: _____

Supervisor: _____ Reason for Leaving: _____

Position: _____ Phone#: (_____) _____

Starting Salary: _____ End Salary: _____

Start Date: _____ End Date: _____

Supervisor: _____ Reason for Leaving: _____

Position: _____ Phone#: (_____) _____

Starting Salary: _____ End Salary: _____

Start Date: _____ End Date: _____

Supervisor: _____ Reason for Leaving: _____

I, _____ (Print Name) authorize MetroPlex Staffing to verify that all the information given by me regarding my work history is true and correct. MetroPlex Staffing will do so by verifying all of my previous work history and employers.

When accepting an assignment with MetroPlex Staffing, I will complete the assignment until it has ended. I will be considered as labor contract under exclusive contract with and to MetroPlex Staffing for the duration of the assignment. I may call and request to be released from the assignment, and when possible may be excused or reassigned. If I fail to call and/or I walk off (regardless of my reason why) all wages due to me from MetroPlex Staffing will be dropped to minimum wage and I will be classified as a "DO NOT USE" person.

Signature

Date

SKILLS SHEET

Please Check All That Apply:

Software

AMSI
 Rent Roll
 Resiman
 MRI
 YARDI
 One Source
 Blue Moon
 CBC
 Microsoft Word
 Microsoft Excel
 Power Point
 Magic
 Key Track
 Peak
 Tops
 PeachTree
 ADP
 QuickBooks
 WIZ

On Site Skills

HUD
 Section 8
 Tax Credit
 Property Take Over
 Affordable Housing
 Renewals
 Credit Checks
 Background Checks
 Resident Verifications
 Type A Lease
 Submit Work Orders
 Closing Ratio
 Walking Move-Outs
 Mini Models
 Lease-Up
 Re-hab
 New Construction
 Run Availability Report
 Resident Retention
 Work with Locators
 Key Codes
 Fair Housing
 Answering Service
 Guest Card
 Vendor Scheduling
 Budgets
 Weekly/Monthly Reports
 Filing Evictions
 Due Diligence
 Diligence
 Rent Collection
 Marketing

Maintenance

Universal
Certifications
 Type I
 Type II
 Type III
 EPA
 Pool Certifications
 Dishwashers
 Garbage Disposals
 Refrigerators
 Re-keying Locks
 Tile
 Carpet
 Tape & Bed
 Wall Texture
 Caulk
 Plumbing
 Electrical
 Water Heaters
 GMDS Maintenance
 Fire Sprinklers
 Cleaning Pools
 Trash Outs
 Sheet Rock
 HVAC Installation
 Snake a toilet
 Appliance Installation

_____ A. All candidates are eligible for an assignment either temporary or permanent without disqualification of age, sex, creed, race, national origin, marital status, disability, or veteran status. In screening and referring all said applicants we do solely on the basis of job-related qualifications and without reference to prohibited classifications established by state or federal laws.

_____ B. Calling in availability on a daily basis is productive and required. Job orders change on a daily basis and the prime hours to check in are at 9:30 am or 4:30 pm. Please be on stand by to go to work that morning to replace a contractor that was unable to fill the position for the day. **IF YOU ARE SENT TO AN ASSIGNMENT AND YOU DO NOT COMPLETE THE ASSIGNMENT FOR THE DAY OR THE ENTIRE ASSIGNMENT, YOUR PAY WILL BE REDUCED TO MINIMUM WAGE FOR THE COMPLETED WORK.** All contractors are required to call in if work cannot be performed that day.

_____ C. Timesheets are the most important step in the temporary process. Your timesheets are due Mondays by 12:00 (noon). Any timesheets that arrive after 12:00 (noon) will be processed on the following week payroll. **NO EXCEPTIONS!!!!** (We will not collect timesheets for you. This is your responsibility!!!!) The timesheet is considered invalid without the approved signature of the supervisor you reported to. Timesheets not turned in on time or without proper supervisors signature will not be processed. **NO overtime will be paid without proper supervisors approved signature.**

_____ D. Drugs and alcohol in the work place **WILL NOT** be tolerated. Any temporary personnel under the influence will be **TERMINATED**.

_____ E. The temporary worker is an independent contractor and not an employee of MetroPlex Staffing. The said contractor shall be compensated for the performance of service rendered on the work date. MetroPlex Staffing does not guarantee the placement at the facility that the contract labor was performed. The work schedule is based solely upon the needs of the client community that the said contractor is performing services for.

_____ F. The contractor shall invoice MetroPlex Staffing every seven days submitting a timesheet detailing the time expended on the contract labor provided under the agreement. MetroPlex Staffing will not issue payment until the timesheet is signed and approved by all the three parties: the contractor, the client property, and MetroPlex Staffing. MetroPlex Staffing will not honor timesheets submitted more than thirty (30) days after services are performed.

_____ G. MetroPlex Staffing has initiated an insurance plan designed to cover the event of a major loss or accident to the client or property while the contractor is performing services for the client or property. Participation of the program is mandatory unless the contractor can provide proof of financial responsibility such as insurance policies that meet the said clients minimum. The plan is for general liability purposes only. This is not health insurance or workman's comp. This insurance will be deducted out of all payments as a reasonable rate of coverage.

_____ H. MetroPlex Staffing is responsible to withhold child support payments, and/or other court ordered garnishments.

_____ I. If the said contractor secures a full or part-time position with the client, the client shall pay MetroPlex Staffing a placement fee. If the client refuses to pay, and the contractor accepts the position that was found by means of MetroPlex Staffing, within ninety (90) days of the date the property and/or the contractor is then responsible for the placement fee.

_____ J. MetroPlex Staffing will not be responsible for the contractor's illegal or unlawful behavior, including, but not limited to theft, assault, drug use, or damage to the property while on assignment through MetroPlex Staffing.

MetroPlex Staffing L.L.C. Temporary Assignment Guidelines

1. By accepting an assignment with MetroPlex Staffing, I am expected to work the entire length of the assignment and must inform MetroPlex Staffing immediately should a situation arise that might prevent me from finishing my assignment. While I am on assignment, should I decide to accept an offer for a permanent position I must notify MetroPlex Staffing immediately.
2. I am expected to maintain a professional image while on an assignment through MetroPlex Staffing by arriving to work on time, following the dress code, not using business hours for personal phone calls, texting, smoking breaks, and using company computers for personal reasons (Facebook). I am also required to follow the guidelines of each individual company.
3. A drug screen is required for all injuries. A positive result relieves MetroPlex Staffing of any medical cost. Any cost applied prior to the drug screen will be my responsibility or deducted from my final check.
4. Every employee is required to call in available on a daily basis and within 24 hours of their last assignment. Should I fail to contact MetroPlex Staffing, I will be considered unavailable for work and unemployment benefits may be denied.
5. If I leave a job before the assignment ends or fail to return to complete the job assignment without prior notice or approval from MetroPlex Staffing, it will be considered a voluntary quit. As a result, my pay rate will be dropped immediately to minimum wage and I may be terminated without eligibility for re-hire.
6. Timesheets are due every Monday by 10:00am, NO EXCEPTIONS!! I understand it is my responsibility to make sure that MetroPlex Staffing has received my timesheet and that a supervisor has signed it. Should MetroPlex Staffing not receive my timesheet on time, I understand that my timesheet will not be processed till the following week. Any timesheet that is over 30 days past my last assignment will be considered void.
7. Should I not be able to make the assignment, I am to call MetroPlex Staffing immediately.
8. I understand that MetroPlex Staffing has an insurance policy designed to cover the event of any major loss or accident to the property while I am on assignment. The plan is for general liability purposes only: this is not a health insurance plan. Therefore 8% is deducted out of all paychecks as a reasonable rate of coverage.
9. I understand as an employee of MetroPlex Staffing that should I get overpaid that it will be deducted from my next check. Should this be my final check, I understand that if at any time I decide to take a future assignment with MetroPlex Staffing the overpayment will be deducted at that time.
10. I understand that should I leave any assignment with office keys or anything related to the property that MetroPlex Staffing cannot release my check until all the items are received. Should the property have to change any locks, the charges will be deducted from my check. I also understand that if anything is stolen and charges are pressed that my check will be held until the investigation has been completed. Theft will not be accepted and we will pursue with any and all legal actions necessary.
11. I understand all checks are mailed every Thursday from MetroPlex Staffing's payroll company, and it's my responsibility to give MetroPlex a correct mailing address and should I not receive my check due to circumstances beyond MetroPlex Staffing's control, I must wait till the following week before a new check can be issued. A stop payment will be placed on my check and I will be responsible for any bank charges. The deductions will be made on my re-issued check.

(Signature) _____ (Date) _____

DRUG-FREE WORK POLICY

MetroPlex Staffing intends to help provide a safe and drug-free work environment for our clients and our employees. With this goal in mind and because of the serious drug abuse problem in today's workplace, we are establishing the following policy for existing and future employees of MetroPlex Staffing.

The Company explicitly prohibits:

- The use, possession, solicitation for, or sale of narcotics or other illegal drugs, alcohol, or prescription medication without a prescription on Company or customer premises or while performing an assignment.
- Being impaired or under the influence of legal or illegal drugs or alcohol away from the Company or customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts at risk the Company's reputation.
- Possession, use, solicitation for, or sale of legal or illegal drugs or alcohol away from the Company or the customer premises, if such activity or involvement adversely affects the employee's work performance, the safety of the employee or of others, or puts the at risk of the Company's reputation.
- The presence of any detectable amount of prohibited substances in the employee's system while at work, while on the premises amount of prohibited substances in the employee's system while at work, while on the premises of the company or its customers, or while on company business. "Prohibited substances" include illegal drugs, alcohol, or prescription drugs not taken in accordance with prescription given to the employee.

The Company will conduct drug and/or alcohol testing under any of following circumstances:

- **RANDOM TESTING:** Employees may be selected at random for drug and/or alcohol testing at any interval determined by the Company.
- **FOR-CAUSE TESTING:** The Company may ask an employee to submit to a drug and/or alcohol test at any time it feels that the employee may be under the influence of drugs or alcohol, including, but not limited to, the following circumstances: evidence of drugs or alcohol on or about the employee's person or in the employee's vicinity, unusual conduct on the employee's part that suggests impairment or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness.
- **POST-ACCIDENT TESTING:** Any employee involved in an on-the-job accident or injury under circumstances that suggest possible use or influence of drugs or alcohol in the accident or injury event may be asked to submit to a drug and/or alcohol test. "Involved in an on-the-job accident or injury" means not only the one who was or could have been injured, but also any employee who potentially contributed to the accident or injury event in any way.

If an employee is tested for drugs or alcohol outside of the employment context and the results indicate a violation of this policy, or if an employee refuses a request to submit to testing under this policy, the employee may be subject to appropriate disciplinary action, up to and possibly including discharge from employment. In such a case, the employee will be given an opportunity to explain the circumstances prior to any final employment action becoming effective.

***Please note that some jobs may require a pre-employment drug test, the fee for the drug test is \$25.00 and will be deducted from my first check. Should I fail to show up for an assignment or test positive, I am still responsible for the fee. I am also aware that should I test positive, I will be terminated and ineligible for re-hire.**

By signing below, I hereby certify that I have read and fully understand all of the provisions stated in the policy above.

Signature _____ Date _____

(Please print name) _____

Consent for Background Check

I, _____ (printed name) hereby authorize MetroPlex Staffing to investigate my background and qualifications for purposes of evaluating whether I am qualified for the position for which I am applying. I understand that MetroPlex Staffing will utilize an outside firm or firms to assist it in checking such information, and I specifically authorize such an investigation by information services and outside entities of the company's choice. I also understand that I may withhold my permission and that in such a case, no investigation will be done, and my application for employment will not be processed further.

I fully understand all of the provisions said above and consent to all.

Employee name (Please print)

Signature

Date

Tx Drivers License Number

Employee Agreement

Please be informed that before we release information to you, our information is vital to the success of our business, and the information disclosed to you concerning the business activities and clients we service are confidential to any persons unless authorized by MetroPlex Staffing.

By signing on the bottom of this document, you agree to:

-Not share any of our information with anyone outside of MetroPlex Staffing

-Not use this information in a way that may be deemed harmful

Employee name (Please print)

Signature

Date

Form W-4 (2012)

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 2012 expires February 18, 2013. 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 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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on www.irs.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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: <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 _____
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 \$1,900 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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 to seven eligible children or less "2" if you have eight 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 	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. <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 \$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. 	

----- 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 <div style="font-size: 2em; font-weight: bold; margin: 0;">2012</div>
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)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 _____
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 2012 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: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2012 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 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2012 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 \$3,800 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 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. 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 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
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						

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.