



WITHHOLDING INSTRUCTIONS

Use this form to select your preferred option for the payroll tax deduction for your payment. Indicate if you would like your payroll tax deduction based on Bi-Weekly, Monthly, or Quarterly tax tables rather than applying the tax deduction as if you were earning the payment amount on a weekly basis throughout the year.

▶ **You must submit a signed copy of this form with payroll paperwork for each payment on which you would like to change the withholding basis.**

NAME: _____

SOCIAL SECURITY NUMBER: _____

JOB INFORMATION

ADVERTISER: _____

AD AGENCY: _____

TITLE: _____

SPONSOR: _____

***I hereby instruct The TEAM Companies to tax payment for the above Job in the following manner:

BI-WEEKLY MONTHLY QUARTERLY

I understand that making this change could result in under-withholding of my payroll taxes, and I am fully aware that payment of taxes is my responsibility. I hereby agree to indemnify, hold harmless and defend TEAM and its assigns, subsidiaries, etc. in respect of my tax obligations.

SIGNATURE

DATE

*****Please note that by changing the withholding criteria per your instructions in this form, you are taking responsibility for any under-withholding of taxes that may occur due to your decision. Form must be signed. This form is not valid unless you sign it.**

Return SIGNED form to your TEAM Companies Representative or by mail to the address below:

TEAM Companies Representative:

Email: _____

Fax: _____

Mailing Address:

The TEAM Companies
Attn: Withholding Instructions
901 W. Alameda Ave., Suite 100
Burbank, CA 91506