

UNITED STATES DISTRICT COURT
WESTERN DISTRICT OF KENTUCKY

Entry on Duty Forms

The information on this page auto-populates into the entry-on-duty forms. Complete the fields below then proceed with the entry-on-duty forms. Review each form to ensure all sections are completed correctly.

1. Name (Enter first and last names as listed on Social Security card)

Last:

First:

Middle:

2. Address

Street Address:

City:

State:

Zip:

3. Cell Phone Number (with area code)

4. Home Number (if applicable)

5. Email Address

6. Date of Birth

7. Social Security Number

FEDERAL JUDICIAL BRANCH APPLICATION FOR EMPLOYMENT

If you need additional space, continue under "Remarks" listing item number

1. Name (<i>Last, First, Middle Initial</i>)	2. Phone Number
3. Present Address (<i>Street, City, State, Zip</i>)	
4. Email Address	
5. Other Names Previously Used for Employment Purposes	6. Date of Birth (<i>complete only for law enforcement positions</i>)

GENERAL

7. Are you a U.S. Citizen?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If no, give the Country of your citizenship _____
8. a. Were you ever a federal civilian employee?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, give highest civilian grade: _____ / _____ / _____ Pay Plan Grade Step
b. Are you receiving a federal civilian annuity payment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
c. Are you receiving federal severance pay?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, give former agency contact/telephone: _____ _____
d. Have you received a federal separation incentive payment in the past 5 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, state mo/yr received and former agency contact/telephone: _____
9. Do you have any relatives who are Judges, Officers or employees of the United States Courts?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, give their names, positions, and relationships to you. _____
10. Have you ever served on active duty with the military?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	(If selected, you will need to provide your DD-214 (copy 4), Certificate of Release or Discharge from Active Duty, so that your service may be verified and credited)

BACKGROUND INFORMATION

For questions 11, 12, and 13, your answers should include convictions resulting from a plea of nolo contendere (no contest), but omit (1) traffic fines of \$300 or less, (2) any violation of law committed before your 16th birthday, (3) any violation of law committed before your 18th birthday if finally decided in juvenile court or under a Youth Offender law, (4) any conviction set aside under the Federal Youth Corrections Act or similar state law, and (5) any conviction for which the record was expunged under Federal or state law.

11. During the last 10 years, have you been convicted, imprisoned, on probation, or on parole? (<i>Include felonies, firearms or explosives violations, misdemeanors, and all other offenses</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of police dept or court.
12. Have you been convicted by a military court-martial in the past 10 years?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of military authority or court.
13. Are you now under charges for any violation of law?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, provide in Section 19 the date, explanation of violation, place of occurrence, and name/address of police dept or court.
14. During the last 10 years, have you been fired from any job for any reason, did you quit after being told that you would be fired, did you leave any job by mutual agreement because of specific problems, or were you debarred from Federal employment by the Office of Personnel Management or any other Federal agency?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, provide in Section 19 the date, explanation of problem, reason for leaving, and employer's name/address.
15. Are you delinquent on any Federal debt? (<i>Include delinquencies arising from Federal taxes, loans, overpayment of benefits, and other debts to the U.S. Government, plus defaults of Federally guaranteed or insured loans (e.g., student loan, home mortgage loan).</i>)	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, provide in Section 19 the type, length, and amount of delinquency/default, and steps being taken to correct the error/repay the debt.

EDUCATION

16. a. Do you have a high school diploma or G.E.D. equivalent?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, Date of Completion _____
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WORK EXPERIENCE

(Start with your present position and work back 10 years. Include any military service. Use additional page if necessary.)

A

Dates of Employment (mm/dd/yyyy) From: _____ To: _____		Number of hours worked per week:	Exact Title of Your Position
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Pay Plan/Grade (If in federal Service)	Place of Employment City _____ State _____
Name and Address of Employer (firm, organization, etc.) Business Telephone: (Area Code and Phone Number)			Name and Title of Immediate Supervisor
Reason for Leaving			
Description of Work			

B

Dates of Employment (mm/dd/yyyy) From: _____ To: _____		Number of hours worked per week:	Exact Title of Your Position
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Pay Plan/Grade (If in federal Service)	Place of Employment City _____ State _____
Name and Address of Employer (firm, organization, etc.) Business Telephone: (Area Code and Phone Number)			Name and Title of Immediate Supervisor
Reason for Leaving			
Description of Work			

C

Dates of Employment (<i>mm/dd/yyyy</i>) From: _____ To: _____		Number of hours worked per week:	Exact Title of Your Position
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Pay Plan/Grade (<i>If in federal Service</i>)	Place of Employment City _____ State _____
Name and Address of Employer (<i>firm, organization, etc.</i>) Business Telephone: (<i>Area Code and Phone Number</i>)			Name and Title of Immediate Supervisor
Reason for Leaving			
Description of Work			

D

Dates of Employment (<i>mm/dd/yyyy</i>) From: _____ To: _____		Number of hours worked per week:	Exact Title of Your Position
Salary or Earnings Starting \$ _____ Per _____ Final \$ _____ Per _____		Pay Plan/Grade (<i>If in federal Service</i>)	Place of Employment City _____ State _____
Name and Address of Employer (<i>firm, organization, etc.</i>) Business Telephone: (<i>Area Code and Phone Number</i>)			Name and Title of Immediate Supervisor
Reason for Leaving			
Description of Work			

APPLICANT CERTIFICATION

I certify that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I understand that false or fraudulent information on or attached to this application may be grounds for not hiring me, or firing me after I begin work, and may be punishable by fine or imprisonment. I understand that any information I give may be investigated.

SIGNATURE _____

DATE SIGNED _____

VOLUNTARY RACE/ETHNICITY, GENDER, & DISABILITY IDENTIFICATION

(Please read the Privacy Statement and Specific Instructions before completing.)

Privacy Statement

You are requested to furnish this information to aid the federal judiciary in reporting on equal employment opportunities. Solicitation of this information is in accordance with Judicial Conference of the United States policy. This information will be used in planning and monitoring fair employment practices programs. Your furnishing this information is voluntary. Your failure to do so will have no effect on you or your federal employment.

Specific Instructions: Please enter your name, position, identify your gender and whether or not you have a disability. Select the race/national origin category with which you most closely identify.

1. Name: *(Last, First, MI)* _____
2. Position: _____
3. Gender: Female Male
4. Disability: Yes No
5. Race / National Origin: *(select one of the following)*

(A)	<input type="checkbox"/> American Indian or Alaska Native <i>(not Hispanic or Latino)</i>	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
(B)	<input type="checkbox"/> Asian <i>(not Hispanic or Latino)</i>	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
(C)	<input type="checkbox"/> Black/African American <i>(not Hispanic or Latino)</i>	A person having origins in any of the black racial groups of Africa.
(Q)	<input type="checkbox"/> Hawaiian or Other Pacific Islander <i>(not Hispanic or Latino)</i>	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
(D)	<input type="checkbox"/> Hispanic	A person having origins in Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins.
(E)	<input type="checkbox"/> White/Caucasian <i>(not Hispanic or Latino)</i>	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Also includes persons not reported in other categories.
(X)	<input type="checkbox"/> Declined to Report	The individual declines to report his or her race or national origin at this time.

For Office Use Only:

Department ID _____

FAST START



INSTRUCTIONS FOR PROCESSING FEDERAL EMPLOYEE PAYMENTS

Use: For processing Federal employee net salary, allotments, and other agency - approved payments associated with Federal employment (i.e. travel reimbursement, uniform allowance, etc). Employee must complete items 1,2,3 and 5. Complete item 4 only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

1. EMPLOYEE INFORMATION

(SSN) EMPLOYEE PAYROLL IDENTIFICATION NUMBER

EMPLOYEE NAME
(as on payroll records)
(Last, First, Initials)

TELEPHONE NUMBER (WORK) (HOME)

2. TYPE OF ACCOUNT

Checking
 Savings

3. DIRECT DEPOSIT ACCOUNT INFORMATION - NET PAY/TRAVEL/OTHER (Use Sec. 4 for allotments)
A voided personal check/sharedraft may be attached in lieu of completing this section.
See instructions on back of this form.

ROUTING TRANSIT NUMBER Check Digit

ACCOUNT NUMBER

ACCOUNT TITLE _____
(Account Holder's Name)

FINANCIAL INSTITUTION NAME _____

TYPE OF PAYMENT

Net Pay
 Travel
 Other Federal employment related payments

4. ALLOTMENT INFORMATION
Complete this section only if you want to start, cancel or change the amount of a savings or discretionary allotment - see instructions on back of form.

TYPE OF ALLOTMENT (Check One)	TYPE OF ACCOUNT (Check One)	ACTION (Check One)	AMOUNT (Check One)
<input type="checkbox"/> Savings (whole dollar amounts only)	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> START	<input type="checkbox"/> INCREASE TO:
<input type="checkbox"/> Discretionary or Third Party	<input type="checkbox"/> CHECKING	<input type="checkbox"/> CANCEL	<input type="checkbox"/> DECREASE TO:
		<input type="checkbox"/> CHANGE	New Total \$ _____

ALLOTTEE NAME (person/company who will receive allotment)

ALLOTTEE'S ROUTING NUMBER Check Digit

ALLOTTEE'S ACCOUNT NUMBER

ALLOTTEE'S ACCOUNT TITLE (Account Holder's Name) _____

FINANCIAL INSTITUTION NAME _____

5. AUTHORIZATION

* _____
EMPLOYEE'S SIGNATURE DATE

6. AGENCY USE:

PRIVACY ACT STATEMENT

The collection of the information you are requested to provide on this form is authorized under 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent.

INSTRUCTIONS FOR PROCESSING FASTSTART AUTHORIZATION

PURPOSE

You may use this form to provide instructions for processing your net salary. You may also use this for to provide instructions for processing allotments and other agency - approved payments associated with your Federal employment.

- 1. EMPLOYEE INFORMATION (always complete this section)
2. TYPE OF ACCOUNT/PAYMENT (Put an "X" in the appropriate space to indicate a checking or savings account and type of payment.)
3. DIRECT DEPOSIT ACCOUNT INFORMATION
ROUTING TRANSIT NUMBER (your financial institution's 9-digit routing transit number)
ACCOUNT NUMBER (your account number at your financial institution)
ACCOUNT TITLE (the depositor's name on the account to which payments are to be directed)
FINANCIAL INSTITUTION NAME (the name of the institution to which payments are to be directed)

The Routing Transit Number (RTN) can be obtained from the financial institution or found on the bottom of a check.

- 1. ROUTING TRANSIT NUMBER - Here you would put "021001082"
2. ACCOUNT NUMBER - Here you would put "123-456-789". Note the use of the dash symbol.
3. ACCOUNT TITLE (must include employee name)
4. FINANCIAL INSTITUTION NAME
5. If your check or sharedraft includes "payable through" under the bank name, contact the financial institution to help obtain the correct Routing Transit Number for Direct Deposit processing.

4. ALLOTMENT INFORMATION

ALLOTMENT TYPE

SAVINGS (If this option is checked, this will allow the specified allotment to be credited to an account owned by the payee.) Savings allotments are limited to two. Savings allotments must be in whole dollar amounts (no cents). The dollar amount of allotments may not exceed the pay due an employee per pay period.

DISCRETIONARY OR THIRD PARTY (If this option is checked, this will allow the specified allotment to be credited to an account not owned by the payee.) Certain restrictions may apply as to the kind of allotments your agency will allow. Check with your agency to determine what kinds of allotments it will allow. ANY CHANGES TO THE ALLOTMENT INFORMATION FURNISHED ON THIS REQUEST MUST BE MADE USING A NEW FASTSTART FORM.

TYPE OF ACCOUNT (Put an "X" in the appropriate space to indicate a checking or savings account.)
ACTION (Put an "X" in the appropriate space to indicate start/cancel/change.)
AMOUNT (Put an "X" in the appropriate space to indicate if an allotment is an increase, decrease and always indicate \$ amount.)

ALLOTTEE'S ROUTING NUMBER: Enter person's/company financial institution 9-digit routing transit number.
ALLOTTEE'S ACCOUNT NUMBER: Enter the account number to which the allotment payment will be deposited.
ALLOTTEE'S ACCOUNT NUMBER: Enter account holder's name on the account at the financial institution.
FINANCIAL INSTITUTION NAME: Enter the name of the financial institution to which the payment should be sent.

5. AUTHORIZATION

Sign and date the request form after you have carefully read the instructions and Privacy Act Statement.

6. AGENCY USE (This space is reserved for agency use.)

CHANGES AND CANCELLATIONS - Contact your agency for instructions.

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't 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 \$2,000 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. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
▶ 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.				2017	
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5			
6	Additional amount, if any, you want withheld from each paycheck	6	\$		
7	I claim exemption from withholding for 2017, 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	
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)	

KENTUCKY DEPARTMENT OF REVENUE
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Payroll No. _____

Print Full Name _____

Social Security No. _____

Print Home Address _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

EMPLOYEE:

Failure to file this form with your employer will result in withholding tax deductions from your wages at the maximum rate.

EMPLOYER:

Keep this certificate with your records.

1. If SINGLE, and you claim an exemption, enter "1," if you do not, enter "0" _____
2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate.
 - (a) If you claim both of these exemptions, enter "2" _____
 - (b) If you claim one of these exemptions, enter "1" _____
 - (c) If you claim neither of these exemptions, enter "0" _____
3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents):
 - (a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter "2"; if both will be 65 or older, and you claim both of these exemptions, enter "4" _____
 - (b) If you or your spouse are blind, and you claim this exemption, enter "2"; if both are blind, and you claim both of these exemptions, enter "4" _____
4. If you claim exemptions for one or more dependents, enter the number of such exemptions _____
5. National Guard exemption (see instruction 1) _____
6. Exemptions for Excess Itemized Deductions (Form K-4A) _____
7. Add the number of exemptions which you have claimed above and enter the total _____
8. Additional withholding per pay period under agreement with employer. See instruction 1\$ _____

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date _____

Signed _____

INSTRUCTIONS

1. NUMBER OF EXEMPTIONS—Do not claim more than the correct number of exemptions. However, if you have unusually large amounts of itemized deductions, you may claim additional exemptions to avoid excess withholding. You may also claim an additional exemption if you will be a member of the Kentucky National Guard at the end of the year. If you expect to owe more income tax for the year than will be withheld, you may increase the withholding by claiming a smaller number of exemptions or you may enter into an agreement with your employer to have additional amounts withheld. If you claim more than 10 exemptions this information is sent to the Department of Revenue.

2. CHANGES IN EXEMPTIONS—You may file a new certificate at any time if the number of your exemptions **INCREASES**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **DECREASES** for any of the following reasons.

(a) You are divorced or legally separated from your spouse for whom you have been claiming an exemption or your spouse claims his or her own exemption on a separate certificate.

(b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.

(c) Your itemized deductions substantially decrease and a Form K-4A has previously been filed.

OTHER DECREASES in exemption, such as the death of a spouse or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

3. DEPENDENTS—To qualify as your dependent (line 4 on reverse), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must not be claimed as an exemption by such person's spouse, and (c) must be a citizen of the United States, or a resident of the United States, Canada, or Mexico, or (d) must have lived with you for the entire year as a member of your household or be related to you as follows:

- your child, stepchild, legally adopted child, foster child (if he lived in your home as a member of the family for the entire year), grandchild, son-in-law, or daughter-in-law;
- your father, mother, or ancestor of either, stepfather, stepmother, father-in-law, or mother-in-law;
- your brother, sister, stepbrother, stepsister, brother-in-law, or sister-in-law;
- your uncle, aunt, nephew, or niece (but only if related by blood).

4. PENALTIES—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.

**EMPLOYEE'S WITHHOLDING CERTIFICATE FOR LOCAL TAXES
CITY OR COUNTY:**

1. PRINT FULL NAME	2. SOCIAL SECURITY NUMBER	3. AGENCY USE
4. HOME ADDRESS (Street Number, City, County, State and ZIP Code)		County:
5. DEPARTMENT-AGENCY-OFFICE US District Court, Western Dist of Kentucky	6. PLACE OF EMPLOYMENT (City, County, and State)	7. MARITAL STATUS <input type="checkbox"/> Single <input type="checkbox"/> Married
SEE INSTRUCTIONS BELOW		
8. CHECK PROPER BOX CITY OR COUNTY WHERE EMPLOYED <input type="checkbox"/> RESIDENT <input type="checkbox"/> NON-RESIDENT <i>If you are not subject to the local tax CHECK HERE <input type="checkbox"/> and explain below</i>		9. CHECK PROPER BOX <i>If your residence is not in the same state as your regular place of employment</i> DO YOU CONSENT TO WITHHOLDING <input type="checkbox"/> YES <input type="checkbox"/> NO
10. I ESTIMATE THAT _____% OF MY ANNUAL COMPENSATION IS FOR SERVICES PERFORMED OUTSIDE THE CITY OR COUNTY		
11. TOTAL NUMBER OF EXEMPTIONS CLAIMED (If applicable)	12. OTHER ALLOWANCES (If applicable)	
13. <i>I certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.</i>		
SIGNATURE _____		DATE _____
REVIEWED BY _____		DATE _____

FMS FORM 1-89 **7311** FORMERLY TFS FORM 7311 (7-79) WHICH IS OBSOLETE

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

The social security number is required under the authority of Executive Order 9397 to provide taxpayer identification. The other information is required under the provisions of 5 U.S.C., 5520, Executive Order 11997, dated June 22, 1977, and 31 CFR 215 for the purpose of implementing a Federal agreement with the city or county concerned relating to withholding of local income or employment taxes pursuant to a city or county ordinance. The information provided will be disclosed to local officials to assure the taxpayer's account has been properly credited for the amounts withheld. Failure to provide the information requested may affect determination of the proper amount to be withheld.

INSTRUCTIONS

This certificate is to be filed with your employer to be used as the basis to (1) either withhold or not withhold local taxes and (2) determine the proper amount to be withheld. A new certificate should be filed whenever your tax status changes. Failure to submit this form will result in the maximum withholding if you are employed in or reside in the city or county.

EXPLANATION OF CERTAIN ITEMS

Item 8. - If the local ordinance contains a provision which exempts you from the local tax, you should complete this item by placing a check in the box to indicate that you are not subject to the tax, and explain below.

I am not subject to the local tax withholding because:

Item 9. - Out of State employees. Local taxes will not be withheld from your compensation if you are not a resident of or are not employed in the State in which the city or county is located unless you consent to the withholding. If you are subject to the local tax, you must indicate either that you do, or do not, consent to withholding by checking the proper box.

Item 10. - Based on the local ordinance you may be liable for taxes only on compensation paid for services performed within the city or county. If so, and if you perform some part of your services outside the city or county, away from your regular place of employment, the amount to be withheld from your compensation may be reduced to approximate your actual tax liability by completing this item with an estimate of the percentage of your total compensation paid which is for services performed outside the city or county. Your withholding will be adjusted only where a substantial amount is involved, i.e., where 25% or more of your services are performed outside the city or county.

***United States District Court
Western District of Kentucky***

Emergency Contact Information

Employee Name:		
Home Address:		
Personal Cell Phone:		Home Phone:
Additional Contact Number:		Personal email address:
<i>Emergency Contact Information</i>		
Primary Contact:	Name:	
	Address:	
Relationship	Daytime Telephone	Alternate Telephone
Alternate Contact:	Name:	
	Address:	
Relationship:	Daytime Telephone	Alternate Telephone
<i>Health Insurance Information:</i>		
Insurance Plan (optional):		
Preferred Hospital (optional):		

For Office use only:

Employee ID #: _____