# 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 *(Last, First, Middle Initial)*

2. Phone Number

3. Present Address *(Street, City, State, Zip)*

4. Email Address

5. Other Names Previously Used for Employment Purposes

6. Date of Birth *(complete only for law enforcement positions)*

### GENERAL

7. Are you a U.S. Citizen? ☐ YES ☐ NO If no, give the Country of your citizenship

8. a. Were you ever a federal civilian employee? ☐ YES ☐ NO If yes, give highest civilian grade: ______ / ______ / ______ (Pay Plan / Grade / Step)

b. Are you receiving a federal civilian annuity payment? ☐ YES ☐ NO

c. Are you receiving federal severance pay? ☐ YES ☐ NO If yes, give former agency contact/telephone:

d. Have you received a federal separation incentive payment in the past 5 years? ☐ YES ☐ 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? ☐ YES ☐ NO If yes, give their names, positions, and relationships to you.

10. Have you ever served on active duty with the military? ☐ YES ☐ 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? *(Include felonies, firearms or explosives violations, misdemeanors, and all other offenses)* ☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ 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? ☐ YES ☐ 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? *(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)).* ☐ YES ☐ 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? ☐ YES ☐ NO If yes, Date of Completion

| b. Name and location of colleges or universities attended *(including law schools)* | Dates Attended | Credit Hours Quarter | Credit Hours Semester | Degree | Date Received | Grade Point Average and/or scholastic standing |
|---|---|---|---|---|---|---|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

16. c. Other schools or training attended *(list name/location of school, dates attended, subject studied, certificates received, and other pertinent data):*

## JOB RELATED SKILLS, AWARDS, SPECIAL ACCOMPLISHMENTS

17. List any skills (e.g., language, computer, keyboarding speed), honors, awards, or special accomplishments (e.g., memberships in professional/honor societies, leadership activities, performance awards) that you believe are relevant to your ability to perform the job:

## APPLICANTS FOR LEGAL POSITIONS

18. a. Are you admitted to the Bar? ☐ YES ☐ NO If yes, list the Bar(s) to which admitted and date(s) of admission. If no, skip to 18b.

Is your Bar membership ☐ ACTIVE ☐ INACTIVE

b. What was your scholastic standing in law school? ☐ UPPER ½ ☐ UPPER ⅓ ☐ UPPER ¼

c. Were you a member of an editorial board of law review or a moot court participant? ☐ YES ☐ No

## 19. REMARKS *(Use this space for continuation of answers. List the item number being explained.)*

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

C

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

**D**

| Dates of Employment *(mm/dd/yyyy)*<br>From: ______ To: ______ | Number of hours worked per week: | Exact Title of Your Position |
|---|---|---|
| Salary or Earnings<br>Starting $ ______ Per ______<br>Final $ ______ Per ______ | Pay Plan/Grade *(If in federal Service)* | Place of Employment<br>City ______<br>State ______ |
| Name and Address of Employer *(firm, organization, etc.)*<br><br>Business Telephone: *(Area Code and Phone Number)* | | 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 ______________

Print Save As... Reset

# 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) | ☐ | American Indian or Alaska Native *(not Hispanic or Latino)* | 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) | ☐ | Asian *(not Hispanic or Latino)* | 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) | ☐ | Black/African American *(not Hispanic or Latino)* | A person having origins in any of the black racial groups of Africa. |
| (Q) | ☐ | Hawaiian or Other Pacific Islander *(not Hispanic or Latino)* | A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands. |
| (D) | ☐ | Hispanic | A person having origins in Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. |
| (E) | ☐ | White/Caucasian *(not Hispanic or Latino)* | 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) | ☐ | Declined to Report | The individual declines to report his or her race or national origin at this time. |

**For Office Use Only:**

Department ID ______________________

Print Save As... Reset

F A S T S T A R T

DIRECT DEPOSIT

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

TYPE OF PAYMENT

☑ Net Pay

☐ Travel

☐ Other Federal employment related payments

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

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)

☐ Savings (whole dollar amounts only)

☐ Discretionary or Third Party

TYPE OF ACCOUNT (Check One)

☐ SAVINGS

☐ CHECKING

ACTION (Check One)

☐ START

☐ CANCEL

☐ CHANGE

AMOUNT (Check One)

☐ INCREASE TO:

☐ DECREASE TO:

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:

FMS FORM 11-92 2231

EDITION OF 4-90 IS OBSOLETE

DEPARTMENT OF THE TREASURY
FINANCIAL MANAGEMENT SERVICE

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.*

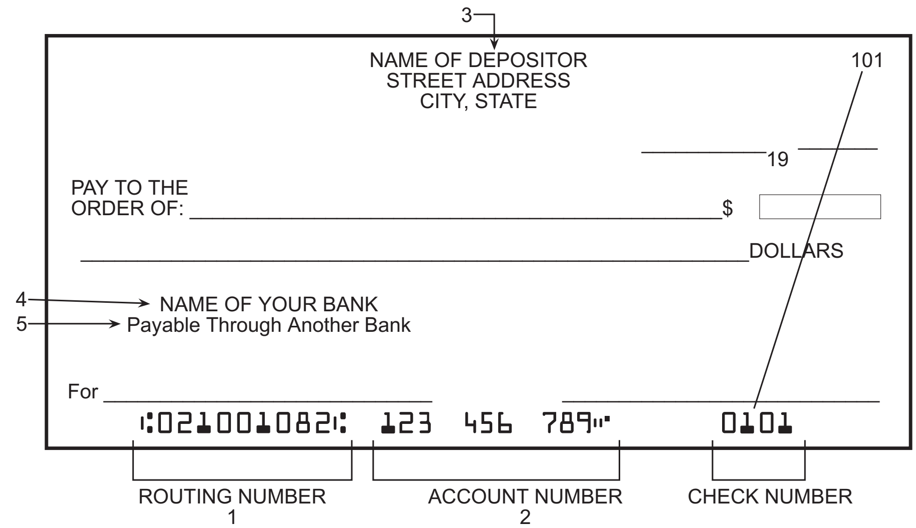
1. EMPLOYEE INFORMATION (always complete this section)

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. (Include dashes where the symbol ⑉ appears on the check or card.

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.

Revenue Form K-4
42A804 (11-10)

KENTUCKY DEPARTMENT OF REVENUE
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Payroll No. ____________________

Print Full Name ______________________________ Social Security No. ____________________

Print Home Address ______________________________________________

| 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. | **HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS** | |
|---|---|---|
| | 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 ☑ Single ☐ Married |

***SEE INSTRUCTIONS BELOW***

| | |
|---|---|
| 8. CHECK PROPER BOX<br>CITY OR COUNTY WHERE EMPLOYED ☐ RESIDENT ☐ NON-RESIDENT<br>*If you are not subject to the local tax* CHECK HERE ☐ *and explain below* | 9. CHECK PROPER BOX<br>*If your residence is not in the same state as your regular place of employment*<br>DO YOU CONSENT TO WITHHOLDING ☑ YES ☐ 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 certify that the information submitted on this certificate is true, correct and complete to the best of my knowledge and belief.*

SIGNATURE ________________________________ DATE ______________

REVIEWED BY ________________________________ DATE ______________

FMS FORM 1-89 7311 FORMERLY TFS FORM 7311 (7-79) WICH 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 country 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: | |
| ***Emergency Contact Information*** | | |
| **Primary Contact:** | Name: | |
| | Address: | |
| Relationship | Daytime Telephone | Alternate Telephone |
| **Alternate Contact:** | Name: | |
| | Address: | |
| Relationship: | Daytime Telephone | Alternate Telephone |
| ***Health Insurance Information:*** | | |
| Insurance Plan (optional): | | |
| Preferred Hospital (optional): | | |

For Office use only:

Employee ID #:______________

(Rev. 02.15.2018)

# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to *www.irs.gov/FormW4*.

**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.** You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at ***www.irs.gov/W4App*** to determine your tax withholding more accurately. Consider using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at *www.irs.gov/W4App* to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at *www.irs.gov/W4App* to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. *Head of household please note:*** Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

**Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.**

Form **W-4**
Department of the Treasury
Internal Revenue Service

## Employee's Withholding Allowance Certificate

▶ **Whether you're 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.**

OMB No. 1545-0074

**2018**

| | | |
|---|---|---|
| 1 Your first name and middle initial | Last name | 2 **Your social security number** |
| Home address (number and street or rural route) | 3 ☐ Single ☐ Married ☐ Married, but withhold at higher Single rate.<br>**Note:** If married filing separately, check "Married, but withhold at higher Single rate." | |
| 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 800-772-1213 for a replacement card.** ▶ ☐ | |

5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . | 5 |

6 Additional amount, if any, you want withheld from each paycheck . . . . . . . . . . . . . . . | 6 | $

7 I claim exemption from withholding for 2018, 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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) | 9 First date of employment | 10 Employer identification number (EIN) |

your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

## Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at *www.irs.gov/W4App*. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

## Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn $60,000 per year and your spouse earns $20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at *www.irs.gov/W4App* to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

# Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to ***www.acf.hhs.gov/programs/css/employers***.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).

## Personal Allowances Worksheet (Keep for your records.)

| | | | |
|---|---|---|---|
| A | Enter "1" for yourself | A | |
| B | Enter "1" if you will file as married filing jointly | B | |
| C | Enter "1" if you will file as head of household | C | |
| D | Enter "1" if: • You're single, or married filing separately, and have only one job; or • You're married filing jointly, 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. | D | |
| E | **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "4" for each eligible child.<br>• If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "2" for each eligible child.<br>• If your total income will be from $175,551 to $200,000 ($339,001 to $400,000 if married filing jointly), enter "1" for each eligible child.<br>• If your total income will be higher than $200,000 ($400,000 if married filing jointly), enter "-0-" | E | |
| F | **Credit for other dependents.**<br>• If your total income will be less than $69,801 ($101,401 if married filing jointly), enter "1" for each eligible dependent.<br>• If your total income will be from $69,801 to $175,550 ($101,401 to $339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).<br>• If your total income will be higher than $175,550 ($339,000 if married filing jointly), enter "-0-" | F | |
| G | **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here | G | |
| H | Add lines A through G and enter the total here ▶ | H | |

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed $52,000 ($24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

## Deductions, Adjustments, and Additional Income Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

| | | | |
|---|---|---|---|
| 1 | Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details | 1 | $ |
| 2 | Enter: $24,000 if you're married filing jointly or qualifying widow(er); $18,000 if you're head of household; $12,000 if you're single or married filing separately | 2 | $ |
| 3 | **Subtract** line 2 from line 1. If zero or less, enter "-0-" | 3 | $ |
| 4 | Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) | 4 | $ |
| 5 | **Add** lines 3 and 4 and enter the total | 5 | $ |
| 6 | Enter an estimate of your 2018 nonwage income (such as dividends or interest) | 6 | $ |
| 7 | **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses | 7 | $ |
| 8 | **Divide** the amount on line 7 by $4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction | 8 | |
| 9 | Enter the number from the **Personal Allowances Worksheet,** line H above | 9 | |
| 10 | **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/ Multiple Jobs Worksheet,** also enter this total on line 1, page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 | 10 | |

## Two-Earners/Multiple Jobs Worksheet

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

**1** Enter the number from the **Personal Allowances Worksheet,** line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** ______

**2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However,** if you're married filing jointly and wages from the highest paying job are $75,000 or less and the combined wages for you and your spouse are $107,000 or less, don't 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 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. 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

| 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 |
| $0 - $5,000 | 0 | $0 - $7,000 | 0 |
| 5,001 - 9,500 | 1 | 7,001 - 12,500 | 1 |
| 9,501 - 19,000 | 2 | 12,501 - 24,500 | 2 |
| 19,001 - 26,500 | 3 | 24,501 - 31,500 | 3 |
| 26,501 - 37,000 | 4 | 31,501 - 39,000 | 4 |
| 37,001 - 43,500 | 5 | 39,001 - 55,000 | 5 |
| 43,501 - 55,000 | 6 | 55,001 - 70,000 | 6 |
| 55,001 - 60,000 | 7 | 70,001 - 85,000 | 7 |
| 60,001 - 70,000 | 8 | 85,001 - 90,000 | 8 |
| 70,001 - 75,000 | 9 | 90,001 - 100,000 | 9 |
| 75,001 - 85,000 | 10 | 100,001 - 105,000 | 10 |
| 85,001 - 95,000 | 11 | 105,001 - 115,000 | 11 |
| 95,001 - 130,000 | 12 | 115,001 - 120,000 | 12 |
| 130,001 - 150,000 | 13 | 120,001 - 130,000 | 13 |
| 150,001 - 160,000 | 14 | 130,001 - 145,000 | 14 |
| 160,001 - 170,000 | 15 | 145,001 - 155,000 | 15 |
| 170,001 - 180,000 | 16 | 155,001 - 185,000 | 16 |
| 180,001 - 190,000 | 17 | 185,001 and over | 17 |
| 190,001 - 200,000 | 18 | | |
| 200,001 and over | 19 | | |

### Table 2

| Married Filing Jointly | | All Others | |
|---|---|---|---|
| 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 - $24,375 | $420 | $0 - $7,000 | $420 |
| 24,376 - 82,725 | 500 | 7,001 - 36,175 | 500 |
| 82,726 - 170,325 | 910 | 36,176 - 79,975 | 910 |
| 170,326 - 320,325 | 1,000 | 79,976 - 154,975 | 1,000 |
| 320,326 - 405,325 | 1,330 | 154,976 - 197,475 | 1,330 |
| 405,326 - 605,325 | 1,450 | 197,476 - 497,475 | 1,450 |
| 605,326 and over | 1,540 | 497,476 and over | 1,540 |

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You aren't required to provide the information requested on a form that's 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.