



State of New York  
Schoharie County  
Personnel & Civil Service Department  
Application for Employment  
(Please Print or Type)

Date: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Department: \_\_\_\_\_

NAME \_\_\_\_\_ SSN \_\_\_\_\_  
Last First Middle Social Security Number

ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
Number Street City State Zip Code Home & Cell

Please list any other names that you have used or use

OTHER NAME(S) \_\_\_\_\_

DRIVERS LICENSE NUMBER \_\_\_\_\_ STATE OF ISSUE \_\_\_\_\_

COMMERCIAL DRIVING LICENSE NUMBER \_\_\_\_\_ CLASS \_\_\_\_\_

If you are applying for a position that requires driving, your driving record will be verified and reviewed as part of the hiring process through our NYS LENS Program

### EDUCATION

Type of School	Name of School	Location of School	Major or Course	# of yrs. Attended	From (Mo/Yr) to (Mo/Yr)	Diploma or Degree
High School						
College (Undergraduate)						
College (Undergraduate)						
College (Graduate)						
Business or Trade						

Professional Licenses and Registrations: (List States & Expiration Dates) \_\_\_\_\_

Professional Memberships: \_\_\_\_\_

Briefly describe additional trainings/classes, experiences, skills or qualifications you believe would qualify you for the position for which you applied:

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Have you ever been employed by any of Schoharie County's departments or agencies?  Yes  No

If yes,  Full Time  Part Time  Temporary  For Summer Programs

If yes, what Department/Agency \_\_\_\_\_ Dates \_\_\_\_\_

Do you currently have any family or friends that work for Schoharie County  Yes  No

If yes, list Name (s) and Department (s) \_\_\_\_\_

### Important Instructions for Completing Employment History

This portion must be accurate and complete. APPLICATIONS LACKING SUFFICIENT INFORMATION COULD BE REJECTED. List your entire work history including part-time, temporary and volunteer jobs. List jobs in reverse order, starting with your present or last job. List each promotion as a separate job. To evaluate your qualifications we must have accurate and complete information on previous job tasks and levels of responsibility. Please be thorough and specific in the detailing of duties. *SPECIAL NOTE: If additional space is needed, attach separate sheets.*

<b>Employer #1</b>	From (MO. & YR.) To:
Telephone	_____
Complete Address	Last Weekly Pay \$
Your Job Title	_____
Describe your duties	Hours/Week
	Supervisor's Name & Title
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain:
<b>Employer #2</b>	From (MO. & YR.) To:
Telephone	_____
Complete Address	Last Weekly Pay \$
Your Job Title	_____
Describe your duties	Hours/Week
	Supervisor's Name & Title
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain:
<b>Employer #3</b>	From (MO. & YR.) To:
Telephone	_____
Complete Address	Last Weekly Pay \$
Your Job Title	_____
Describe your duties	Hours/Week
	Supervisor's Name & Title
Reason for leaving:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If no, please explain:

Employer #4	From (MO. & YR.) To:
Telephone	_____
Complete Address	Last Weekly Pay \$
Your Job Title	Hours/Week
Describe your duties	Supervisor's Name & Title
	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Reason for leaving:	If no, please explain:

## Background Check

A background check may be required for the position you are applying for so, please fill out the information accurately

Have you ever been convicted of any violation of law by any court of law?  Yes  No  
 PLEASE REMEMBER TO INCLUDE: Any military court martial and any guilty pleas.

DO NOT INCLUDE any conviction(s) occurring before your 18th birthday, or traffic violation(s), unless the conviction was for operating a vehicle under the influence (DUI or DWI) or resulted in your driver license being suspended:

If yes, please list: Offense(s) Date of Conviction(s)


*Please Note: Not all conviction(s) will automatically disqualify you from employment but will be considered in relation to specific job requirements. Omission or misrepresentation of this information will result in employment ineligibility.*

Only U.S. citizens or aliens who have a legal right to work and remain permanently in the U.S. are eligible for employment.  
 Can you, after employment, submit verification of your legal right to work in the United States?  Yes  No

Are you at least 18 years of age?  Yes  No

Are you willing to travel on the job? If yes, are you willing to use your own vehicle?  Yes  No

Are you willing to work overtime?  Yes  No

What shifts are you willing to work?  AM  PM  Overnight

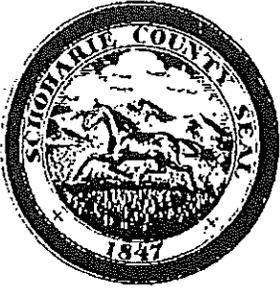
Are you willing to work:  Saturdays  Sundays  Holidays

If you got this job how soon could you start? \_\_\_\_\_

## References

Please list three references (preferably PROFESSIONAL & other than RELATIVES) that you have worked with

NAME	ADDRESS	TITLE	PHONE #	YRS. ACQUAINTED



State of New York  
Schoharie County  
Personnel & Civil Service Department  
284 Main Street, Room 310  
P.O. Box 675  
Schoharie, NY 12157-0675  
Phone: (518) 295-8374 Fax: (518) 295-8434  
<http://www.schohariecounty-ny.gov>

**RELEASE AUTHORIZING CHECK OF APPLICANT CREDENTIALS  
&  
CERTIFICATION OF ACCURACY**

(PLEASE READ AND SIGN YOUR NAME)

In consideration of Schoharie County's evaluation of my suitability for employment, I hereby authorize the County to perform all checks of my credentials allowed by law, including but not limited to discussions with Supervisors, co-workers, friends, business associates, or other individuals that the County, in its sole discretion, believes may have relevant information regarding my suitability for employment. I further authorize the County to perform the following checks on my credentials: request of police and/or background check, and such other checks as the County deems appropriate.

I AGREE NOT to assert any claims of causes of action of any kind against the County, its agents, its employees, or any individual contacted by the County, arising out of the County's investigation. I further release and forever discharge the County, its agents, its employees, and the individuals and companies contracted by the County as part of its investigation, from any and all claims, demands, damages, actions, cause of actions, or suits of any kind of nature whatsoever arising from the County's investigation of my credentials. I acknowledge that the County has made no representation of any kind as to whether employment will be offered at the conclusion of its investigation.

I also understand that if I am offered a position with the County I will be required to submit to and pass a drug test and a medical physical prior to placement in a position. I understand that I will have a probationary period for a minimum of eight (8) and/or (12) twelve weeks for a maximum of fifty-two (52) weeks during which time I must demonstrate my ability for continued employment with the County. I also understand that if I am hired in a Competitive position I cannot be put into the position permanently until after I have taken the required Civil Service Exam, pass and be reachable.

I am aware that willfully withholding information or making false statements on this application may be the basis for dismissal from County Service. I agree to these conditions and hereby certify that all statements made by me on this application are true and complete to the best of my knowledge.

I understand that by signing below I am acknowledging that I have read and understand the above statement.

Signature of Applicant \_\_\_\_\_

**HOW DID YOU FIND OUT ABOUT THIS POSITION?**

County Website

Friend or Family

County Bulletin Boards

Newspaper Ad

Other \_\_\_\_\_

Name of Paper \_\_\_\_\_



# Certificate of Exemption from Withholding

New York State • New York City • Yonkers

# IT-2104-E

This certificate will expire on April 30, 2016.

To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

**Group A**

- you must be under age 18, or over age 65, or a full-time student under age 25; **and**
- you did not have a New York income tax liability for 2014; **and**
- you do not expect to have a New York income tax liability for 2015 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

**Group B**

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses*.

If you **do not meet all** of the conditions in either Group A or Group B above, **stop**; you cannot claim exemption from withholding (see *Note* below).

First name and middle initial	Last name	Social security number	Filing status: Mark an <b>X</b> in only one box
Mailing address ( <i>number and street or rural route</i> )	Apartment number	Date of birth ( <i>mm-dd-yyyy</i> )	<b>A</b> Single <input type="checkbox"/> <b>B</b> Married <input type="checkbox"/>
City, village, or post office	State	ZIP code	<b>C</b> Qualifying widow(er) with dependent child, or head of household with qualifying person..... <input type="checkbox"/>

Are you a full-time student?..... Yes  No

Are you a military spouse exempt under the SCRA? ..... Yes  No

I certify that the information on this form is correct and that, for the year 2015, I expect to qualify for exemption from withholding of New York State income tax under section 671(a)(3) of the Tax Law or under the SCRA. I will notify my employer within 10 days of any change requiring revocation of the exemption from withholding as explained in the instructions.

**Employee's signature** (*give the completed certificate to your employer*)

Date

**Employer: complete this section only if you must send a copy of this form to the NYS Tax Department (see instructions).**

Employer name and address

Employer identification number

Mark an **X** in the box if a newly hired employee or a rehired employee .....

First date employee performed services for pay (*mm-dd-yyyy*) (*see instructions*):

Are dependent health insurance benefits available for this employee? ..... Yes  No

If Yes, enter the date the employee qualifies (*mm-dd-yyyy*): .....

## Instructions

### Employee

**Who qualifies** – To claim exemption from withholding for New York State personal income tax (and New York City and Yonkers personal income tax, if applicable), you must meet the conditions in either Group A or Group B:

**Group A**

- you must be under age 18, or over age 65, or a full-time student under age 25; **and**
- you did not have a New York income tax liability for 2014; **and**
- you do not expect to have a New York income tax liability for 2015 (for this purpose, you have a tax liability if your return shows tax before the allowance of any credit for income tax withheld).

**Group B**

- you meet the conditions set forth under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act. See *Military spouses*.

If you meet the conditions in Group A or Group B, file this certificate, Form IT-2104-E, with your employer. Otherwise, your employer must withhold New York State income tax (and New York City and Yonkers

personal income tax, if applicable) from your wages. Do not send this certificate to the Tax Department.

Generally, as a resident, you are required to file a New York State income tax return if you are required to file a federal income tax return, or if your federal adjusted gross income plus your New York additions is more than \$4,000, regardless of your filing status. However, if you are single and can be claimed as a dependent on another person's federal return, you must file a New York State return if your federal adjusted gross income plus your New York additions is more than \$3,100.

If you are a nonresident and have income from New York sources, you must file a New York return if the sum of your federal adjusted gross income and New York additions to income is more than your New York standard deduction.

A penalty of \$500 may be imposed for furnishing false information that decreases your withholding amount.

**Note:** If you do not qualify for exemption, or you want New York State, New York City, or Yonkers personal income tax withheld from your pay, file Form IT-2104, *Employee's Withholding Allowance Certificate*, with your employer. Follow the instructions on Form IT-2104 to determine the correct number of allowances to claim for withholding tax purposes.

**When to claim exemption from withholding** – File this certificate with your employer if you meet the conditions listed in Group A or Group B above. **You must file a new certificate each year if you wish to continue to claim the exemption.**

**Military spouses** – Under the Servicemembers Civil Relief Act (SCRA), as amended by the Military Spouses Residency Relief Act, you may be exempt from New York income tax (and New York City and Yonkers personal income tax, if applicable) on your wages if: 1) your spouse is a member of the armed forces present in New York in compliance with military orders; 2) you are present in New York solely to be with your spouse; and 3) you are domiciled in another state.

**Liability for estimated tax** – If, as a result of this exemption certificate, your employer does not withhold income tax from your wages and you later fail to qualify for exemption from tax, you may be required to pay estimated tax and be subject to penalty if it is not paid. For further information, see Form IT-2105, *Estimated Tax Payment Voucher for Individuals*.

**Multiple employers** – If you have more than one employer, you may claim exemption from withholding with each employer as long as your total expected income will not cause you to incur a New York income tax liability for the year 2015 and you had no liability for 2014.

**Revocation by employee** – You must revoke this exemption certificate (1) within 10 days from the day you expect to incur a New York income tax liability for the year 2015, (2) on or before December 1, 2015, if you expect to incur a tax liability for 2016, or (3) when you no longer qualify for exemption under the SCRA.

If you are required to revoke this certificate, if you no longer meet the age requirements for claiming exemption, or if you want income tax withheld from your pay (because, for example, you expect your income to exceed \$3,100), you **must** file Form IT-2104, *Employee's Withholding Allowance Certificate*, with your employer. Follow the instructions on Form IT-2104 to determine the correct number of allowances to claim for withholding tax purposes.

**Filing status** – Mark an **X** in one box on Form IT-2104-E that shows your present filing status for federal purposes.

## Employer

Keep this certificate with your records. If an employee who claims exemption from withholding on Form IT-2104-E usually earns more than \$200 per week, you **must** send a copy of that employee's Form IT-2104-E to: **NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227**. If the employee is also a new hire or rehire, see **Note** below.

The Tax Department will not accept this form if it is incomplete. We will review these certificates and notify you of any adjustments that must be made.

Due dates for sending certificates received from employees who claim exemption and earn more than \$200 per week are:

Quarter	Due date	Quarter	Due date
January – March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

**Revocation by employer** – You must revoke this exemption within 10 days if, on any day during the calendar year, the date of birth stated on the certificate filed by the employee indicates the employee no longer meets the age requirements for exemption. The revocation must be in the form of a written notice to the employee.

**New hires and rehires** – Mark an **X** in the box if you are submitting a copy of this form to comply with New York State's New Hire Reporting Program. A newly hired or rehired employee means an employee previously not employed by you, or previously employed by you but separated from such employment for 60 or more consecutive days. Enter the first day any services are performed for which the employee will be paid wages, commissions, tips and any other type of compensation. For services based solely on commissions, this is the first day an employee working for commissions is eligible to earn commissions. Also, mark an **X** in the *Yes* or *No* box indicating if dependent health insurance benefits are available to this employee. If *Yes*, enter the date the employee qualifies for coverage. Mail the completed form, within 20 days of hiring, to:

**NYS TAX DEPARTMENT  
NEW HIRE NOTIFICATION  
PO BOX 15119  
ALBANY NY 12212-5119**

To report newly hired or rehired employees online go to [www.nynewhire.com](http://www.nynewhire.com).

**Note:** If the newly hired or rehired employee has also claimed exemption from withholding but usually earns more than \$200 per week, mail Form IT-2104-E to the Tax Department at the New Hire Notification address above.

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## Privacy notification

New York State Law requires all government agencies that maintain a system of records to provide notification of the legal authority for any request, the principal purpose(s) for which the information is to be collected, and where it will be maintained. To view this information, visit our Web site, or, if you do not have Internet access, call and request Publication 54, *Privacy Notification*. See *Need help?* for the Web address and telephone number.

## Need help?

- Information and forms are available on the Tax Department's Web site (at [www.tax.ny.gov](http://www.tax.ny.gov)).
- For help completing this form, **employees** may call (518) 457-5181, and **employers** may call (518) 485-6654.

# Form W-4 (2015)

**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 2015 expires February 16, 2016. 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 \$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 do not apply to supplemental wages greater than \$1,000,000.

**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 2015. 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](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>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.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2015</span>
1 Your first name and middle initial <span style="float: right;">Last name</span>		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. <b>Note.</b> 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 2015, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> 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.

<b>1</b>	Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$	
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,250 \text{ if head of household} \\ \$6,300 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$	
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$	
<b>4</b>	Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$	
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2015 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$	
<b>6</b>	Enter an estimate of your 2015 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$	
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$	
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,000 and enter the result here. Drop any fraction . . . . .	<b>8</b>		
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>		
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>		

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>		
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>		
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>		
<b>Note.</b> If line 1 is <b>less than</b> 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.				
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>		
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>		
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>		
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$	
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$	
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$	

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.