

Benton County Fire Protection District #1

FIRE ADMINISTRATION CENTER
8656 W GAGE BLVD – SUITE 302
KENNEWICK, WA 99336-7145
(509) 737-0911 • FAX (509) 737-0927 • staff@bentonone.org

INTRODUCTION

Thank you for considering becoming part of our team at Benton County Fire District #1. This section is dedicated to explaining a little bit about our program, layout the application process, and list of the benefits offered by Benton County Fire District #1. We hope this brief explanation will help you make the decision to join our team.

PROGRAM OVERVIEW

Benton County Fire District #1 provides fire suppression, basic life support response, and hazardous materials response for an area that covers more than 350 square miles. The District is bordered by Kennewick to the North and extends to the Washington/Oregon border to the South. The District includes residential areas, commercial complexes, wildland areas, and more. To provide coverage to this diverse area, we currently have six fire stations, a fire training center and an administrative office. Our career staff consists of a Administrative Fire Chief, Division Chief, Training Officer, Financial Manager, Administrative Assistant, Office Assistant, Maintenance Supervisor, Logistics Supervisor, and six Firefighters. The rest of the District is comprised of people like you who are volunteer firefighters, officers, and support service personnel. Our entire operation utilizes approximately 110 people. The District is administered by an elected Board of Commissioners with three members. This Board meets twice a month and is the final authority on all actions performed by the District and its members.

Safety and training are high priorities throughout the District and each station has one safety meeting per month as well as weekly training meetings. District personnel are required to attend a minimum amount of training and incident responses per month. For those people who work shifts and are unable to attend a night drill, a daytime drill is held each week on Thursday morning at the Fire Training Center.

REQUIREMENTS TO APPLY

To apply, you must meet the following requirements:

1. Be 18 years of age.
2. Have a High School Diploma or GED.
3. Have a valid Washington State Drivers License.
4. Have no felony convictions within the last seven years that could interfere with your work as a firefighter.
5. Have an insurable driving record.
6. Must be able to read and write the English language.
7. Must reside within five miles of a District fire station.
8. Must pass an entrance exam.
9. Must pass a physical exam and drug screening.
10. Must be capable of sustained arduous work.
11. Height and weight commensurate.

APPLICATION PROCESS

The following is a step-by-step process that will be followed from the time you pick up your application until the completion of recruit school. After receiving this application, you will;

1. Return the completed application to the Fire District Office. The completed packet should include the following items:
 - 5-Year drivers' abstract from the Washington State Department of Motor Vehicles
 - Copy of Social Security Card
 - Copy of Washington State Driver's License
 - Copy of High School Diploma, GED, or College Diploma
 - Copy of Proof of Vehicle Insurance
 - Copy(s) of any applicable certifications or licenses (i.e., EMT, 1st Aid, CPR)
2. Personnel at the Fire District Office will review the application for completeness and request a criminal background check from the Washington State Patrol.
3. An interview will be set up with the potential candidate at which time they will be assigned to the appropriate fire station.
4. Completed application will be forwarded to the Fire Chief and Board of Trustees for final approval.
5. After approval by the Board of Trustees, the applicant will be scheduled a time and date for a written test, oral interview, and physical agility exam.
6. Upon successful completion of the written, oral, and agility assessment, the candidate will be issued training equipment and must schedule a physical exam through the Fire District Physician.
7. After passing the physical exam, the recruit may begin participating in all district training and will be scheduled for the next available recruit school.

BENEFITS

Along with being involved in exciting and challenging volunteer work, here are some benefits that are offered by the District. The following is a list of some of the programs that are either offered or provided;

1. Volunteer Relief and Pension Fund - *Offered*
2. Life Insurance Policy, \$10,000 - *Provided*
3. Death and Disability Insurance above and beyond the Volunteer Relief and Pension Fund - *Provided*
4. Reimbursement for pre approved fire related college courses - *Offered*
5. Additional Training Classes - *Provided*
6. Medical physical every other year, or as required - *Provided*

In addition, our volunteers receive compensation for expenses incurred during responses and training. A firefighter is reimbursed \$7.90 per response or training session.

CLOSING REMARKS

We hope that this information has helped you in your decision to join our organization. If you have any questions regarding the Fire District or the application process, please call (509)737-0911.



Benton County Fire District #1 Application for Membership

Membership Level:

Volunteer Firefighter Resident Firefighter Support Services Full-Time Employment

GENERAL INFORMATION

Name: _____		
(Last)	(First)	(Initial)
Address: _____		
(Street Address)		
(City)	(State)	(Zip)
Telephone Numbers: _____		
(Home)	(Work)	(Cell/Pgr)
E-Mail Address: _____		

EDUCATION INFORMATION

High School Diploma:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	GED or Equivalent:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
College:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Number of Years Attended:	_____	
Degree(s): _____					
<small>You may be required to provide copies of diplomas or transcripts.</small>					
Military Service:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, How Long:	_____	
Type of Discharge: _____					
<small>You may be required to provide a copy of your discharge papers or DD Form 214</small>					

REFERENCES

Name: _____	Phone Number: _____
Address: _____	
Name: _____	Phone Number: _____
Address: _____	

Are you familiar with the job description and requirements? Yes No

Do you currently have a valid Washington State Drivers' License? Yes No

Do you currently have a valid Washington State Commercial Drivers' License? Yes No

Please state in your own words why you are applying for this position: _____

EMPLOYMENT INFORMATION

Current Employer: _____	Phone Number: _____
Occupation: _____	Years with Current Employer: _____
Previous Employer: _____	Occupation: _____
Dates: From: _____ To: _____	Phone Number: _____
Previous Employer: _____	Occupation: _____
Dates: From: _____ To: _____	Phone Number: _____

FIREFIGHTER TRAINING/EXPERIENCE

Agency: _____	Phone Number: _____
Training/Experience: _____	
Dates: From: _____ To: _____	
Agency: _____	Phone Number: _____
Training/Experience: _____	
Dates: From: _____ To: _____	


EMS TRAINING/EXPERIENCE

Agency: _____	Phone Number: _____
Training/Experience: _____	
Dates: From: _____ To: _____	
<i>Present Qualifications:</i>	
<input type="checkbox"/> Basic First Aid - Expires: _____	<input type="checkbox"/> Advanced First Aid - Expires: _____
<input type="checkbox"/> First Responder - Expires: _____	<input type="checkbox"/> EMS - State: _____ Expires: _____
<input type="checkbox"/> Paramedic - State: _____ Expires: _____	<input type="checkbox"/> RN <input type="checkbox"/> LPN
<input type="checkbox"/> Other	

EMERGENCY CONTACT INFORMATION

Primary Name: _____	Phone Number: _____
Address: _____	
Relationship: _____	
Secondary Name: _____	Phone Number: _____
Address: _____	
Relationship: _____	

CERTIFICATION

I hereby certify that the answers given in this application are true and correct to the best of my knowledge.	
 _____	_____
Applicant Signature	Date

Benton County Fire District #1

Authorization for Release of Information

I hereby authorize Benton County Fire District #1 to conduct a background investigation for the purpose of verifying the information contained in my application and my fitness for the position that I have applied for or which I may be engaged. I further acknowledge and agree that the District may:

- A. Contact my present or former employers.
- B. Confirm the status of my drivers' license and driving record.
- C. Inquire into any criminal convictions on my record.
- D. Contact any personal references provided.
- E. Verify my educational background and training.

I specifically authorize any person, firm or corporation contacted by Benton County Fire District #1 to release any of the above records to the District and waive any privilege of confidentiality I may have with respects to said records.

Do you have any medical or physical impairment which may restrict you in the performance of your duties as a firefighter? Yes No

Is there any reason you would not be available for the work schedule for the position you are applying? Yes No

If applying for a position within the District, certain criminal convictions may make you ineligible for membership. If you have been convicted of any of the following, please check and provide information.

Use or sale of narcotics? Yes No

Crimes against children under 16 years of age or developmentally disabled persons? Yes No

If the answer to any of the above questions is "Yes", please explain:

Dated this _____ day of _____, 20 _____

Place of Birth: _____

Date of Birth: _____

Social Security Number: _____

Full Name Printed: _____



Signature: _____

**Group Insurance
Enrollment Form**

**Standard Insurance Co.
Portland, Oregon**

*****Applicant - Complete Shaded Areas*****

Policy Number 	Suffix 	Employer Name (Policyowner) <i>Benton County Fire District #1</i>	Social Security Number 			
Member Name (Last, First, M.I.) 		Male <input type="checkbox"/>	Birthdate 			
		Female <input type="checkbox"/>				
Date Employed 	Workplace Location (State) <i>Washington</i>	Does Employer's Plan Include: <input type="checkbox"/> Life/AD&D <input type="checkbox"/> Additional Life <input type="checkbox"/> Dependent Life <input type="checkbox"/> Voluntary AD&D <input type="checkbox"/> STD <input type="checkbox"/> LTD Other		Eff. Date of Insurance 		
Occupation 	Hours Worked Each Week For This Employer (Not Incl. Overtime) _____	Base Earnings From This Employer \$	Hr <input type="checkbox"/> Wk <input type="checkbox"/>	Mo <input type="checkbox"/> Yr <input type="checkbox"/>		

Beneficiary - Complete for Life and AD&D Insurance

Full Name, Address and Social Security #	Relationship

Complete for Life, AD&D, and Additional Life coverages only. Give full name, address, and relationship of your beneficiary. Examples:

- A. One Beneficiary Dorothy Q. Smith, 777 America St., Anytown, USA 77777, Wife (not Mrs. John Smith)
- B. Two Beneficiaries Peter Smith, Father, and Anna Smith, Mother, equally, or the survivor
- C. Two Beneficiaries in Unequal Shares Peter Smith, Father, three-fourths (¾), and Anna Smith, Mother, one-fourth (¼), or the survivor
- D. One Primary and One Contingent Beneficiary Dorothy Q. Smith, Wife, if living; otherwise Quincy Smith, Son
- E. One Primary and Two Contingent Beneficiaries Dorothy Q. Smith, Wife, if living; otherwise Quincy Smith, Son, and Mary Smith, Daughter, equally, or the survivor
- F. Trustee Dorothy Q. Smith, Trustee under trust agreement dated _____.
- G. Insured's Estate My Estate

Do you know that if death occurs and a minor (a person not of legal age) or the insured's estate is the beneficiary, it may be necessary to have a guardian or a legal representative appointed before any death benefit can be paid? This means legal expenses for the beneficiary and delay in the payment of the insurance. Please take this into consideration when naming your beneficiary.

Policyowner Use Only: (Use this area to record initial amounts as well as future changes)

Effective Date	Class	Life/AD&D Amount	Dependents Life Amount	Voluntary AD&D Amount	Additional Life Amount	STD Benefit Volume	LTD Insured Earnings

I apply for Insurance under the Group Insurance Plan.

X	Date
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Note: Beneficiary designation is not valid unless this card is signed and dated.

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.	I attest, under penalty of perjury, that I am (check one of the following):
	<input type="checkbox"/> A citizen or national of the United States
	<input type="checkbox"/> A Lawful Permanent Resident (Alien #) A _____
	<input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): _____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A	LIST B	LIST C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<ol style="list-style-type: none"> 1. U.S. Passport (unexpired or expired) 2. Certificate of U.S. Citizenship (<i>Form N-560 or N-561</i>) 3. Certificate of Naturalization (<i>Form N-550 or N-570</i>) 4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>Form I-94</i> indicating unexpired employment authorization 5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>Form I-151 or I-551</i>) 6. Unexpired Temporary Resident Card (<i>Form I-688</i>) 7. Unexpired Employment Authorization Card (<i>Form I-688A</i>) 8. Unexpired Reentry Permit (<i>Form I-327</i>) 9. Unexpired Refugee Travel Document (<i>Form I-571</i>) 10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (<i>Form I-688B</i>) 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center; font-weight: bold;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor or hospital record 12. Day-care or nursery school record
	AND	<ol style="list-style-type: none"> 1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>) 2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>) 3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (<i>Form I-197</i>) 6. ID Card for use of Resident Citizen in the United States (<i>Form I-179</i>) 7. Unexpired employment authorization document issued by DHS (<i>other than those listed under List A</i>)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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-earner/multiple job 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	_____
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 				
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____		
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____		
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____		
F	Enter "1" if you have at least \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____		
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)					
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 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. </td> </tr> </table>	{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 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. 		
{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 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. 				

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2009
1 Type or print 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 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (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, claim certain credits, adjustments to income, or an additional standard deduction

1 Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ _____

2 Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter “-0-” 3 \$ _____

4 Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) 4 \$ _____

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) 5 \$ _____

6 Enter an estimate of your 2009 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. If zero or less, enter “-0-” 7 \$ _____

8 Divide the amount on line 7 by \$3,500 and enter the result here. Drop any fraction 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” 2 _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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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.