

## Palmer Staffing Paperwork Instructions

Please review all forms carefully to ensure all necessary signatures/documents are present before returning.

- Application Form- Please fill out completely and sign on last page.
- Reference form- Please list (3) contacts that I can reach out to, to complete your file. Please list former supervisors. **(Do not include peers, co-workers, or relatives)**
- Confidentiality form- Please read carefully and sign. You do not have to worry about a witness signature.
- Temporary Assignment Questionnaire- Please list any previous assignments you have completed.
- Temporary Policy Sheet- Please read carefully and initial/sign document.
- Direct Deposit (**don't worry about attaching a voided check, simply list your routing & account numbers**).
- Notice of Hire & Acknowledgment of Wages form- Please fill out the **highlighted** segments that I've indicated for you. **"Employee" section** and your **Signature in section 8**.
- I9 Verification form- Please fill out completely and sign. **\*\*Take a clear picture of any ID(s) and send back\*\*** Please refer to "List of Acceptable Documents sheet" for possible forms of ID.
- W4 form-Please fill out and sign at the bottom.
- State Taxes- Only fill out the state that is **applicable** to you.
- **Palmer Staffing Benefits and Family Leave Law 2021 information.**

Please reach out to us if you have any questions! Phone: 202-464-1000. Email: [admin@palmer-staffing.com](mailto:admin@palmer-staffing.com).

## CANDIDATE APPLICATION FORM

I. CANDIDATE INFORMATION					
Last Name (Please Print)		First		M.I.	Date:
Home Phone	Work	Cell	E-mail Address		
Street Address					Apt. #
City		State		Zip Code	

II. SUPPORTING INFORMATION									
Type of Employment:					Salary Desired:				
Temporary		Temp-to-Hire		Direct	Temp/Hourly:			Full Time/Salary:	
Education:	High School	College	Master's	JD	Degree:				GPA:
Are you a citizen of the U.S.?			Yes	No	If no, are you authorized to work in the U.S.?			Yes	No
Types of Position interested in:					Are you able to commit to a full time permanent position for a minimum of two years?			Yes	No
1.					If no, explain:				
2.									
3.					Available Date:		Do you have any time off scheduled in the next year?		
Preferred Hours					Willing to go to:	N. Va?	Georgetown?	DC?	Metro Only
8:30-5:00	9:00-5:30		9:30-6:00			Yes	Yes	Yes	Non-Metro (car)
					No	No	No	Both	
Language Skills:	Spanish	Read	Other:	Read	Other:	Read		How did you hear about us?	
		Write		Write		Write			
		Speak		Speak		Speak			
Please rate the following on a scale of 1-10 (1 poor, 10-excellent)									
How well do you work for demanding people?			How are your organizational skills?			Your punctuality?			
To avoid duplicating your job search, please list companies you have contacted on your own or through some other source:									
<b>Select your 5 greatest strengths:</b>									
Ability to prioritize	Self-Motivated	Follows Directions	Positive Attitude	Multitasking	Punctuality				
Client Interaction	Team Player	Detail-Oriented	Initiative	Reliability	Organization Skills				
Flexibility	Customer Service Skills	Computer Skills							

III. SOFTWARE SKILLS			
Please check experience in the following software programs and how long you have worked with them:			
COMPUTER SOFTWARE			
MS Word	Access	PowerPoint	Excel
Styles	TOC	TOA	Outlook

**LEGAL SOFTWARE**

iManage	LegalKEY	Carpe Diem	Kroll
Concordance	Westlaw	Relativity	Ringtail
Summation	LexisNexis	CPI	PATTSY

**ACCOUNTING SOFTWARE**

ADP	Quickbooks	Elite	
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Please list all other software programs and special skills or training:

**IV. LEGAL SKILLS**

Please check experience in the following software programs and level of expertise:

**ADMINISTRATIVE SKILLS**

Shorthand	Dictation	Fast Notes	Dictaphone
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**LEGAL SKILLS**

Bluebooking	Cite Checking	Shepardizing	Discovery	Document Production
Privilege Review	Privilege Log	Trial Preparation	Trial Experience	Document Coding
Bates Numbering	Foreign Filing	E-filing	Pleadings Index	Docketing

Please list all other software programs and special skills or training:

**V. LEGAL EXPERIENCE**

Areas of law you prefer or are interested in gaining experience in:

Areas of law you do not like?

Particular firms you are interested in?

Particular firms you are not interested in working for?

Firm size preference

Small	Medium	Large
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**Please check areas of law experience:**

Med. Malpractice	Administrative	Litigation	Patent
Intellectual Prop.	Immigration	Real Estate	Energy
Labor/Employment	Bankruptcy	Construction	Banking
Telecommunication	Mergers/Acq.	Trademark	Tax
Corporate	Estates/Trusts	Food & Drug	Health
Personal Injury	Gov't Contracts	Antitrust	Environmental

Other law areas:

## VI. PREVIOUS EMPLOYMENT

### Present/Last Position-please include salary information

Dates Employed		Position	Company/Firm Name
From (Mo./Yr.)	To		
Starting Salary	Ending Salary	Supervisor	Address
Overtime Salary	Next Raise	Supervisor's Position	Phone Number
Were you terminated?	Reason for Leaving	Number of People in Company/ Number Supervised	Type of Business
Yes      No			

### Previous Position

Dates Employed		Position	Company/Firm Name
From (Mo./Yr.)	To		
Starting Salary	Ending Salary	Supervisor	Address
Overtime Salary	Next Raise	Supervisor's Position	Phone Number
Were you terminated?	Reason for Leaving	Number of People in Company/ Number Supervised	Type of Business
Yes      No			

### Previous Position

Dates Employed		Position	Company/Firm Name
From (Mo./Yr.)	To		
Starting Salary	Ending Salary	Supervisor	Address
Overtime Salary	Next Raise	Supervisor's Position	Phone Number
Were you terminated?	Reason for Leaving	Number of People in Company/ Number Supervised	Type of Business
Yes      No			

## VII. DISCLAIMER & SIGNATURE

### PLEASE READ CAREFULLY

It is our policy to make referrals of employment candidates to employers based on merit only. Our selection process is not influenced by race, sex, religion, color, age, or national origin. I agree to the policy of conducting background reference check and understand that under the Fair Credit Reporting Act I have the right to a disclosure of the nature and substance of any background investigation.

Signature: \_\_\_\_\_

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

### Emergency Contact Information:

Contact Name:	Phone:	Relationship:
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## REFERENCE REQUEST

Please provide the names of former supervisors who can provide information about your work ability and experience. Please do not include peers, co-workers, or relatives.

**Reference 1:**

\_\_\_\_\_  
Contact Name & Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email/Fax

Employed from \_\_\_\_\_ to \_\_\_\_\_

**Reference 2:**

\_\_\_\_\_  
Contact Name & Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email/Fax

Employed from \_\_\_\_\_ to \_\_\_\_\_

**Reference 3:**

\_\_\_\_\_  
Contact Name & Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Email/Fax

Employed from \_\_\_\_\_ to \_\_\_\_\_

I, \_\_\_\_\_ (Applicant Name), authorize you to furnish Palmer Staffing Services with my employment record and any additional information about my job history and performance that may enable Palmer Staffing Services to determine my employment qualifications. I hereby release both you and Palmer Staffing Services from any and all liability for any damage that results from the disclosure of this information.

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

## CONFIDENTIALITY AGREEMENT

I understand that as a temporary employee of Palmer, I shall be working on assignments at various law firms, corporate legal departments and other companies where I will be privy to confidential and privileged documents and information. I understand that such documents and information are subject to attorney-client work product restrictions upon disclosure to others and are highly confidential in nature.

I agree not to disclose any documents and information that I see or hear while working on an assignment for a client firm to anyone outside of the principals and employees of that firm. I further agree not to discuss this information with employees of the firm unless necessary to my job performance or I am instructed to do so. I agree that I shall not use any information gained while on assignment for my personal benefit or for the benefit of others.

I declare that I do not have any business interest or proprietary interest with any person or in any business that would create a conflict of interest with respect to the work I shall perform for the law firm or client of Palmer where I am to be assigned. I further declare that I shall not accept any future assignment with any law firm or client of Palmer, if my work for the firm or client would create a conflict of interest because of any business interest I shall then have, or any proprietary interest I shall then have with any person or in any business.

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Signature

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Witness Signature

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Name

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Witness Name

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Title

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Date

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Date



## TEMPORARY POLICY SHEET

**Welcome to Palmer.** We are glad you have chosen to register with us! The right attitude is critical to having a successful assignment and will carry over into a successful career. Please read through our policies and sign at the end, any questions please ask your recruiter.

**Time Sheets** - All temporaries are employees of Palmer. You **MUST** completely and properly complete the PLS timesheet for every assignment. Have your time sheet signed by your immediate supervisor at the firm. If you do not sign up for direct deposit or clearly indicate where you would like the check mailed to, it will be sent to your home address. **Email your time sheet** no later than **Monday Noon** for work completed the previous week to [rbeckwith@plsdc.com](mailto:rbeckwith@plsdc.com). When totaling your hours for the day, round to the nearest quarter hour (.25, .5 or .75). We do not pay for lunch.

**Pay Checks** – Paychecks are processed on Mondays, provided the above requirements are met, and funds are guaranteed in your possession by Thursdays.

**Punctuality** - It is very important to arrive on time to your assignment. Plan to arrive 10-15 minutes early on the first day of a new assignment. Please always be prepared and allow for possible delays such as weather or traffic and leave your home early.

**Sickness or Late Arrival** - It is critical to notify Palmer immediately if there is any type of problem that will delay or prevent you from going to your assignment. You may contact Palmer at anytime of the day or night. **WE ARE ACCESSIBLE TO YOU AND THE CLIENT 24-HOURS.** Normal business hours are Monday through Friday, 8:30 AM-5:30 PM with the exception of some holidays. When calling after business hours, please leave a complete detailed voice-mail message including a phone number where you can be reached. If Palmer personnel are not available, leave a message with complete details (running 15 minutes late, out all day but in tomorrow, etc.) and then call the assignment directly. **ALWAYS CALL PLS FIRST.** There may be instances where Palmer may require appropriate documentation verifying an emergency for unscheduled leave.

**No Call/No Show Policy** – If for any reason you are unable to show for work, it is important for you to contact Palmer immediately. If you do not show for work and do not call Palmer informing us of your absence, it will be considered abandonment of your job. We will not be able to work with you in the future except for situations where you may be able to provide proof that you were unable to contact Palmer.

**Overtime** – Overtime pay begins at time-and-one-half after forty hours in one week. Prior to working any overtime, it **must** be approved by your supervisor at the law firm or corporation. All overtime hours that have not been authorized by the client will not be paid.

**Lunch/Hours of Assignment** – When you are contacted for an assignment by Palmer, you will be given specific information including the address of the firm, a contact person and the exact hours and days you will be working. Please remember that you are required to take a one-hour lunch/break each day of the assignment unless you have been granted special authorization by the contact at the firm. Any changes to your scheduled hours must also be pre-authorized by your immediate supervisor or your consultant at Palmer.

**Ending Assignment Early** – Even though your assignment is expected to last a certain amount of time, the client may choose to end it earlier than expected. There may also be other circumstances where a client will close their offices due to uncontrollable situations, which include but are not limited to inclement weather, bomb threats or special functions. Palmer will not be responsible to pay you for any portion of the original assignment that you do not work. As a temporary employee, you will only be paid for actual hours worked.

Initial \_\_\_\_\_

**Communication** – Communication with your assignment is to be conducted through Palmer. Do not communicate with your assignment directly unless cleared with a Palmer personnel if it is regarding requesting time off, scheduling job interviews other than on your lunch break, personal & work related problems, questioning when an assignment will end or why an assignment is ending, chance of permanent hiring, etc.

**Time Off (while on an assignment)** – Once you have accepted a temporary assignment from Palmer, we expect you to fulfill your commitment. If you cannot honor the length of the commitment stated to you when the assignment was presented, please do not accept it. If you must take an entire day off, this should be arranged at least one week in advance. Interviews, doctor appointments etc. should be arranged at least 48 hours in advance if you require it to be scheduled at anytime other than on your lunch break.

**Personal Calls** - You should not make personal calls from your assignment, unless it is an emergency. **No long distance or collect calls are allowed.** No pagers or cellular phones are to be used during working hours at your assignment.

**Dress** - Appropriate business attire is mandatory at all times unless instructed otherwise by Palmer or your assignment supervisor. Appropriate dress means tie and jacket for men, and dress, skirt or suit for women. Business attire **DOES NOT** include sneakers, blue jeans, leggings, flip flop shoes, shorts, skorts, capri pants, logo t-shirts or athletic wear. Hats are inappropriate to be worn indoors. Please use good judgment in choosing your attire.

**Change of Address** - If you have moved, you must contact Palmer with your new address. We will not stop payment on paychecks that have been sent to your old address when you failed to inform us of your new address. If you move and do not update us with new address information, your W-2 form will be sent to the last address we have listed in our office.

**Completed Assignments** - After you have completed or left an assignment, there must be no further contact with the client or its employees. No further contact includes, but is not limited to phone calls, e-mail messages, mail, fax or visitation. We ask that you do not return to the firm after an assignment has ended. Should you have any questions or follow-up issues with the firm, your consultant at Palmer will contact the client.

**Miscellaneous** - Under no circumstances should a temporary on assignment ask anyone at the firm for money. Do not decorate desks with personal items, i.e., pictures, radios, mirrors, heaters, etc. Palmer is not responsible for personal items that cannot be retrieved after an assignment ends.

If Palmer is unable to bill a client due to the performance of a temporary or breaking of the above policies, Palmer may elect to pay the temporary minimum wage.

Palmer is committed to providing equal opportunity employment. We do not discriminate in any aspect of employment on the basis of race, color, national origin, sex, age, marital status, sexual orientation, family responsibility, disability or any other improper criterion. Palmer will not tolerate unlawful harassment of any kind. Concerns about sexual harassment or equal employment opportunity should be raised with your consultant or anyone in management, at Palmer. Any complaints will be investigated promptly. Confidentiality will be maintained to the extent practical and appropriate under the circumstances. Palmer will not retaliate, nor will it tolerate any attempt at retaliation, against person who raised employment discrimination or harassment concerns in good faith. Any Palmer employee found to have violated the company's policy would be subject to discipline up to and including termination.

I have read and understand the information listed above \_\_\_\_\_ Date: \_\_\_\_\_



## AUTHORIZATION FOR DIRECT DEPOSIT EMPLOYEE FORM

This authorizes **Palmer Staffing Services** to send credit entries electronically or by any other commercially accepted method, to my account as indicated below. This authorizes the financial institution holding the Account to post all such entries.

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**Employee Bank Name**

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**Routing #**

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**Account #**

This authorization will be in effect until Palmer Staffing Services receives a written termination notice from myself and has a reasonable opportunity to act on it.

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Signature

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Printed Name

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Date

**IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check their accounts to help verify their account numbers and bank routing numbers.**

**Employee: Please fill out and return to your employer.**

**Employer: Please save for your files only.**



**TEMPORARY STAFFING FIRMS  
NOTICE OF HIRE – EMPLOYMENT STATUS  
AND ACKNOWLEDGEMENT OF WAGE RATE(S)**

**Notice of Hire (Check only one)**

Initial Interview       Assignment       Range of Dates able to work: \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

**Section 1**

**Temporary Staffing Agency**

**Client Employer**

(The hire's assignment location of employment)

Company Name: Palmer Staffing Services

DBA: \_\_\_\_\_

Permanent Address: 1211 Connecticut Avenue NW

Street Line 2: Suite 302

City: Wash., DC State: \_\_\_\_\_ Zip Code: 20036

Mailing Address:  Same as Permanent Address

Street Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: ( 202 ) 464 - 1000

Name of Client: \_\_\_\_\_

DBA: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Employee**

Employee Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Street Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Section 2**

**Pay Frequency and Payday**

Pay Frequency: Weekly  
(Weekly, bi-weekly,  
semi-monthly, monthly, etc)

Designated Pay Day: Thursday  
(Day of week when wages  
are payable/available)

Range of Potential Pay Rate: \_\_\_\_\_ - \_\_\_\_\_

Any Benefits:

Payday may vary depending upon the usual practice at the assignment

**Assignment Particulars**

Anticipated length of the assignment: \_\_\_\_\_ - \_\_\_\_\_

Training or Safety equipment required:  Yes  No

Who is obligated to provide and pay for equipment?

Legal entity responsible for Workers' Compensation  
should the employee be injured on the job:

Palmer Staffing Services

**Section 3**

**Allowances Claimed As Part of Wages:**  None, or:

- Tips            \$ \_\_\_\_\_ per hour  
 Meals          \$ \_\_\_\_\_ per meal  
 Lodging        \$ \_\_\_\_\_ per \_\_\_\_\_  
 Other            \$ \_\_\_\_\_ per \_\_\_\_\_

**Section 4**

**Tipped Employees**

As of July 1, 2021, the minimum wage required to be paid by any employer in the District of Columbia to any employee who receives gratuities shall be **\$5.05** an hour, provided that the employee actually receives gratuities in an amount at least equal to the difference between the hourly wage paid and the minimum wage. Also, all gratuities received by the employee must be retained by the employee. This employee (will or will not) participate in the following company tip pool:

**Tip Pool Policy:** *(Explain if applicable)*

**Section 5**

Basis of Wage Payment

- Minimum Wage**   
 **Living Wage**   
 **Living Wage Exempt**   
 **Employer Determined Wage Rate**

Pay Basis: Hourly (hourly, shift, day, week, salary, piece, commission)

**Hourly**

**Multiple Rates or Basis (for each type of basis)**

Rate of Pay: \_\_\_\_\_ per hour

Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_ Overtime Rate: \_\_\_\_\_

Overtime Rate of Pay\* \_\_\_\_\_ per hour

Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_ Overtime Rate: \_\_\_\_\_

Rate of Pay: \_\_\_\_\_ per \_\_\_\_\_ Overtime Rate: \_\_\_\_\_

**Overtime Pay Exemption for bona fide**

\*No employer shall employ any employee for a workweek that is longer than 40 hours, unless the employee receives compensation for employment in excess of 40 hours at a rate not less than 1 ½ times the regular rate at which the employee is employed.

**Administrative**

**Executive**

**Professional**

**Section 6**

**Prevailing Rate (if Applicable)**

Prevailing Rate Jobs: Your rate of pay will be the posted rate for the classification(s) listed.

Classification 1: \_\_\_\_\_ Prevailing Rate: \_\_\_\_\_

Classification 2: \_\_\_\_\_ Prevailing Rate: \_\_\_\_\_

Classification 3: \_\_\_\_\_ Prevailing Rate: \_\_\_\_\_

**Section 7**

The Department of Employment Services, specifically the Office of Wage-Hour (OWH), is to be contacted as that office is the designated enforcement agency for the concerns about safety, wage and hour, or discrimination. The OWH can be contacted at 202-671-1880 or via e-mail at [owh.ask@dc.gov](mailto:owh.ask@dc.gov). The office is located at 4058 Minnesota Avenue, NE, Suite 4300 Washington, D.C. 20019. The office is open Monday –Thursday 8:30-4:30 and Friday 9:30-4:30 .

**Section 8**

**Employee Acknowledgement:** By signing below, I acknowledge that I have received the foregoing information regarding my pay and my Employer. I told my employer what my primary language is:

Check one:

**English**

I have been given this pay notice in English.

**Other Language**

\_\_\_\_\_. I have been given this pay notice in English only, because Office of Wage-Hour does not yet offer a pay notice form in my primary language.

**Employee's Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_

**Employer's Signature:** \_\_\_\_\_ **Date** \_\_\_\_/\_\_\_\_/\_\_\_\_



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State
Date of Birth <i>(mm/dd/yyyy)</i>		U.S. Social Security Number		Employee's E-mail Address		Employee's Telephone Number
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>						

**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 boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State
			ZIP Code

Employer Completes Next Page

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**

# Employee's Withholding Certificate

**2022**

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	<b>(b) Social security number</b>
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single</b> or <b>Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly</b> or <b>Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____ Add the amounts above and enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each <b>pay period</b> . . . . .	<b>4(c)</b>	\$

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**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

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er), \$19,400 if you're head of household, \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may 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 to the Department of Health and Human Services for use 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.

You are not required to provide the information requested on a form that is 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.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

Social security number

First name  M.I.  Last name

Home address (number and street)

City  State  Zip code +4

1 Tax filing status Fill in only one:  Single  Married/domestic partners filing jointly  Married filing separately  
 Head of household  Married/domestic partners filing separately on same return

2 Total number of withholding allowances from worksheet below.  
 Enter total from Sec. A, Line i  Enter total from Sec. B, Line n  Total number of withholding allowances from Line o

3 Additional amount, if any, you want withheld from each paycheck \$

4 Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box.

5 My domicile is a state other than the District of Columbia  Yes  No If yes, give name of state of domicile \_\_\_\_\_  
 I am exempt because: last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me; and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on federal Form W-4.  
 If claiming exemption from withholding, are you a full-time student?  Yes  No

**Signature** Under penalties of law, I declare that the information provided on this certificate is, to the best of my knowledge, correct.

Employee's signature  Date

**Employer** Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information please send a copy to: Office of Tax and Revenue, 1101 4th St., SW, Washington, DC 20024 Attn: Compliance Administration  
 Detach and give the top portion to your employer. Keep the bottom portion for your records.

D-4 DC Withholding Allowance Worksheet

**Section A Number of withholding allowances**

a	Enter 1 for yourself	a	<input type="text"/>
b	Enter 1 if you are filing as a head of household	b	<input type="text"/>
c	Enter 1 if you are 65 or over	c	<input type="text"/>
d	Enter 1 if you are blind	d	<input type="text"/>
e	Enter number of dependents	e	<input type="text"/>
f	Enter 1 for your spouse/registered domestic partner if filing jointly	f	<input type="text"/>
g	Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over	g	<input type="text"/>
h	Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind	h	<input type="text"/>
i	Number of allowances. Add Lines a through h and enter on Line 2 above. If you want to claim additional withholding allowances, complete section B below.	i	<input type="text"/>

**Section B Additional withholding allowances**

j	Enter estimate of your itemized deductions	j	<input type="text"/>
k	Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000	k	<input type="text"/>
l	Subtract Line k from Line j	l	<input type="text"/>
m	Multiply \$1,675 by the number of allowances on Line i	m	<input type="text"/>
n	Divide Line l by Line m. Round to the nearest whole number.	n	<input type="text"/>
o	Add Lines n and i and enter on Line 2 above.	o	<input type="text"/>

**MARYLAND  
FORM  
MW507**

**Purpose.** Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

**Basic Instructions.** Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

**Additional withholding per pay period under agreement with employer.** If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

**Exemption from withholding.** You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- a. Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,
- b. This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

**Certification of nonresidence in the State of Maryland.** Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.

Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from

their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**

**Duties and responsibilities of employer.** Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

1. You have any reason to believe this certificate is incorrect;
2. The employee claims more than 10 exemptions;
3. The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
4. The employee claims an exemption from withholding on the basis of nonresidence; or
5. The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

**Duties and responsibilities of employee.** If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

**FORM  
MW507 Employee's Maryland Withholding Exemption Certificate**

Print full name	Social Security Number
Street Address, City, State, ZIP	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)
<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. . . . . 1. \_\_\_\_\_
2. Additional withholding per pay period under agreement with employer. . . . . 2. \_\_\_\_\_
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
  - a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
  - b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements).  
If both a and b apply, enter year applicable \_\_\_\_\_ (year effective) Enter "EXEMPT" here . . . . . 3. \_\_\_\_\_
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
  - District of Columbia       Virginia       West Virginia
  - I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. . . . . 4. \_\_\_\_\_
5. I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. . . . . 5. \_\_\_\_\_
6. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 6. \_\_\_\_\_
7. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 7. \_\_\_\_\_
8. I certify that I am a legal resident of the state of \_\_\_\_\_ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here. . . . . 8. \_\_\_\_\_

**Under the penalty of perjury,** I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Employee's signature	Date
Employer's name and address including ZIP code (For employer use only)	Federal Employer Identification Number

# FORM VA-4

## COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1" .....
2. If you are married and your spouse is not claimed on his or her own certificate, write "1" .....
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
  - (a) If you will be 65 or older on January 1, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1" .....
6. Exemptions for blindness
  - (a) If you are legally blind, write "1" .....
  - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" .....
7. Subtotal exemptions for age and blindness (add lines 5 through 6).....
8. Total of Exemptions - add line 4 and line 7 .....

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Detach here and give the certificate to your employer. Keep the top portion for your records  
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### FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

#### COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
  - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
  - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet .....
  - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions ..... (check here)
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act ..... (check here)

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

## BENEFITS SHEET

### Holiday Pay

Palmer Staffing Services observes 6 holidays (**New Year's Day, Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving, Christmas**). Candidates are eligible for holiday pay once they have worked 1,000 hours or more within a one-year period from the holiday date and work the full week before and after the holiday.

### Paid-Time Off (PTO)

Paid-Time Off (PTO) provides payment to employees for scheduled and unscheduled time off from work, including vacation, personal business, appointments, personal illness, and time off for family members and for other domestic situations. PTO generally must be scheduled in advance and have supervisory approval, except in the case of illness or emergency. PTO is in addition to time off which Palmer may make available to employees for holidays, military leave, or jury duty leave. Candidates are eligible for PTO after they have worked 1,500 hours within a one-year period. PTO equals 35 hours. You will be paid the average hourly rate worked during the 1,500 hours.

### Accrued Sick and Safe Leave

Employees who are not yet eligible for PTO may be eligible for paid leave to cover absences related to their own or a family member's illness or absences related to stalking or domestic violence pursuant to the D.C. Accrued Sick and Safe Leave Act of 2008 ("ASSLA"). Employees begin accruing leave on their date of hire (one hour of paid leave for every 43 hours worked, not to exceed 5 days per year) and can start using accrued leave as soon as they have worked at Palmer for 90 days. Unused paid leave will carry over annually, but an employee can only use a maximum of 5 days per year. Any sick leave used by an eligible employee pursuant to ASSLA will be counted towards the 35 hours of PTO, and employees will not be compensated for unused sick leave at the end of employment.

Palmer may require that an employee who is out on leave for 3 consecutive days provide a medical certification, police report, court order, or signed victim or witness statement supporting the reason for leave. If leave is foreseeable, employees must make a written request at least 10 days in advance of the leave, including the reason for the absence and the expected duration of the leave. If the leave is unforeseeable, an oral request for paid leave must be made prior to the start of the work shift for which paid leave is requested. In the case of emergency, employees must notify Palmer prior to the start of the next work shift or within 24 hours of the onset of the emergency, whichever occurs sooner.

**Direct Deposit** – All candidates are encouraged to utilize direct deposit.

### DC Commuter Benefit Ordinance

If you get to work by bus, Metro, commuter rail or vanpool, you can elect to withhold up to **\$280 per month** from your pay, **tax-free**, toward commuting costs. Full-time and part-time employees are eligible to enroll. You must have a registered Metro SmarTrip® card. Signing up is easy — just ask us for an enrollment form!

# NOTICE TO EMPLOYEES

## Information on Paid Family Leave in the District of Columbia

Your employer is subject to the District of Columbia's Paid Family Leave law, which provides covered employees paid time off from work for qualifying parental, family, medical, and prenatal events. For more information about the Paid Family Leave program, please visit the Office of Paid Family Leave's website at [dcpaidfamilyleave.dc.gov](https://dcpaidfamilyleave.dc.gov).

### Covered Workers

To receive benefits under the Paid Family Leave program, you must work for a covered employer in DC. To find out if you are a covered worker, you can ask your employer or contact the Office of Paid Family Leave using the contact information below. Your employer is required to tell you if you are covered by the Paid Family Leave program. Additionally, your employer is required to provide you information about the Paid Family Leave program at these three (3) times:

1. At the time you were hired;
2. At least once a year; and
3. If you ask your employer for leave that could qualify for benefits under the Paid Family Leave program.

### Covered Events

There are four (4) kinds of Paid Family Leave benefits:

1. Parental leave - receive benefits to bond with a new child for up to 8 weeks in a year;
2. Family leave - receive benefits to care for a family member for up to 6 weeks in a year;
3. Medical leave - receive benefits for your own serious health condition for up to 6 weeks in a year; and
4. Prenatal leave - receive benefits for prenatal medical care for up to 2 weeks in a year.

### Maximum Leave Entitlement

Each kind of leave has its own eligibility rules and its own limit on the length of time you can receive benefits in a year. The maximum amount of leave for any combination of parental, family, and medical leave is 8 weeks. However, there is an exception for pregnant women who take prenatal leave. Pregnant women are eligible for 2 weeks of prenatal leave while pregnant and 8 weeks of parental leave after giving birth, for a maximum of 10 weeks.

For more information about Paid Family Leave, please visit the Office of Paid Family Leave's website at [dcpaidfamilyleave.dc.gov](https://dcpaidfamilyleave.dc.gov), call 202-899-3700, or email [does.opfl@dc.gov](mailto:does.opfl@dc.gov).

### Applying for Benefits

If you have experienced an event that may qualify for benefits, be sure to apply no more than 30 days after beginning your leave. You can learn more about applying for benefits with the Office of Paid Family Leave at [dcpaidfamilyleave.dc.gov](https://dcpaidfamilyleave.dc.gov).

### Benefit Amounts

Paid Family Leave benefits are based on the wages your employer paid to you and reported to the Department of Employment Services. If you believe your wages were reported incorrectly, you have the right to provide proof of your correct wages. The current maximum weekly benefit amount is \$1,009.

### Employee Protection

The Paid Family Leave program does not provide job protection to you when you take leave and receive Paid Family Leave benefits. However, you may be protected against actions taken by your employer that are harmful to you if those actions were taken because you applied for or claimed Paid Family Leave benefits. If harmful actions were taken against you because you applied for or claimed Paid Family Leave benefits, it is known as "retaliation." If you believe you have been retaliated against, you may file a complaint with the DC Office of Human Rights (OHR), which receives complaints at the following web address: [ohr.dc.gov](https://ohr.dc.gov).

You may be eligible for job protection under the DC Family and Medical Leave Act (DCFMLA). For more information on DCFMLA, please visit the following web address: [ohr.dc.gov](https://ohr.dc.gov).