



**MetropPlex Staffing "Staffing Made Easy"**  
www.metrostaffingnow.com ■ 817-590-0136  
227 N. E. Loop 820, Ste.100, Hurst, TX 76053

Note: We MUST have a copy of your driver's license and social security card.

Today's Date: \_\_\_\_\_ Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver's License#: \_\_\_\_\_

Personal Information:

Position applying for: \_\_\_\_\_

Name: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_  
Number Street Apt. #  
\_\_\_\_\_  
City State Zip

Best phone number to reach you at: ( \_\_\_\_\_ ) \_\_\_\_\_

Alternate phone number: ( \_\_\_\_\_ ) \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Name Relationship Phone

Have you ever been convicted of a crime? \_\_\_\_\_  
Explain: \_\_\_\_\_  
\_\_\_\_\_

Do you have experience in Rent Roll, AMSI, or YARDI? Please list \_\_\_\_\_  
Are you HVAC or EPA Certified? \_\_\_\_\_ Please attach certifications  
Are you Bi-lingual? \_\_\_\_\_ If so, what languages? \_\_\_\_\_  
What areas are you available to work in? \_\_\_\_\_



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## Employment History

Position: _____	Phone#: _____
Starting Salary: _____	End Salary: _____
Start Date: _____	End Date: _____
Supervisor: _____	Reason for Leaving: _____
Company: _____	_____

Position: _____	Phone#: _____
Starting Salary: _____	End Salary: _____
Start Date: _____	End Date: _____
Supervisor: _____	Reason for Leaving: _____
Company: _____	_____

Position: _____	Phone#: _____
Starting Salary: _____	End Salary: _____
Start Date: _____	End Date: _____
Supervisor: _____	Reason for Leaving: _____
Company: _____	_____

I, \_\_\_\_\_ (Print Name) authorize Metro Staffing to verify that all the information given by me regarding my work history is true and correct. Metro Staffing will do so by verifying all of my previous work history and employers.

When accepting an assignment with Metro Staffing, I will complete the assignment until it has ended. I will be considered as labor contract under exclusive contract with and to Metro Staffing for the duration of the assignment. I may call and request to be released from the assignment, and when possible may be excused or reassigned. If I fail to call and/or I walk off (regardless of my reason why) all wages due to me from Metro Staffing will be dropped to minimum wage and I will be classified as a "DO NOT USE" person.

Signature \_\_\_\_\_ Date \_\_\_\_\_



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## SKILLS SHEET

Please Reply Yes or No:

### Software

- AMSI
- Rent Roll
- Resiman
- MRI
- YARDI
- One Source
- Blue Moon
- CBC
- Microsoft Word
- Microsoft Excel
- Power Point
- Magic
- Key Track
- Peak
- Tops
- PeachTree
- ADP
- QuickBooks
- WIZ

### On Site Skills

- HUD
- Section 8
- Tax Credit
- Property Take Over
- Affordable Housing
- Renewals
- Credit Checks
- Background Checks
- Resident Verifications
- Type A Lease
- Submit Work Orders
- Closing Ratio
- Walking Move-Outs
- Mini Models
- Lease-Up
- Re-hab
- New Construction
- Run Availability Report
- Resident Retention
- Work with Locators
- Key Codes
- Fair Housing
- Answering Service
- Guest Card
- Vendor Scheduling
- Budgets
- Weekly/Monthly Reports
- Filing Evictions
- Due Diligence
- Diligence
- Rent Collection
- Marketing

### Maintenance

- Universal
- Certifications
- Type I
- Type II
- Type III
- EPA
- Pool Certifications
- Dishwashers
- Garbage Disposals
- Refrigerators
- Re-keying Locks
- Tile
- Carpet
- Tape & Bed
- Wall Texture
- Caulk
- Plumbing
- Electrical
- Water Heaters
- GMDS Maintenance
- Fire Sprinklers
- Cleaning Pools
- Trash Outs
- Sheet Rock
- HVAC Installation
- Snake a toilet
- Appliance Installation



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Please initial letters A-J

\_\_\_\_\_ A. All candidates are eligible for an assignment either temporary or permanent without disqualification of age, sex, creed, race, national origin, marital status, disability, or veteran status. In screening and referring all said applicants we do solely on the basis of job-related qualifications and without reference to prohibited classifications established by state or federal laws.

\_\_\_\_\_ B. Calling in availability on a daily basis is productive and required. Job orders change on a daily basis and the prime hours to check in are at 9:30 am or 4:30 pm. Please be on stand by to go to work that morning to replace a contractor that was unable to fill the position for the day. **If you are sent to an assignment and you do not complete the assignment for the day or the entire assignment, your pay will be reduced to minimum wage for the completed work.** All contractors are required to call in if work cannot be performed that day. Failure to do so may result in the denial of unemployment benefits.

\_\_\_\_\_ C. Timesheets are the most important step in the temporary process. Your timesheets are due Mondays by 12:00 (noon). Any timesheets that arrive after 12:00 (noon) will be processed on the following week payroll. **NO EXCEPTIONS!!!!** (We will not collect timesheets for you. This is your responsibility!!!!) The timesheet is considered invalid without the approved signature of the supervisor you reported to. Timesheets not turned in on time or without proper supervisors signature will not be processed. **NO overtime will be paid without proper supervisors approved signature.**

\_\_\_\_\_ D. Drugs and alcohol in the work place **WILL NOT** be tolerated. Any temporary personnel under the influence will be **TERMINATED**.

\_\_\_\_\_ E. The temporary worker is an independent contractor and not an employee of Metro Staffing. The said contractor shall be compensated for the performance of service rendered on the work date. Metro Staffing does not guarantee the placement at the facility that the contract labor was performed. The work schedule is based solely upon the needs of the client community that the said contractor is performing services for.

\_\_\_\_\_ F. The contractor shall invoice Metro Staffing every seven days submitting a timesheet detailing the time expended on the contract labor provided under the agreement. Metro Staffing will not issue payment until the timesheet is signed and approved by all the three parties: the contractor, the client property, and Metro Staffing. Metro Staffing will not honor timesheets submitted more than thirty (30) days after services are performed.

\_\_\_\_\_ G. Metro Staffing has initiated an insurance plan designed to cover the event of a major loss or accident to the client or property while the contractor is performing services for the client or property. Participation of the program is mandatory unless the contractor can provide proof of financial responsibility such as insurance policies that meet the said clients minimum. The plan is for general liability purposes only. This is not health insurance or workman's comp. This insurance will be deducted out of all payments as a reasonable rate of coverage.

\_\_\_\_\_ H. Metro Staffing is responsible to withhold child support payments, and/or other court ordered garnishments.

\_\_\_\_\_ I. If the said contractor secures a full or part-time position with the client, the client shall pay Metro Staffing a placement fee. If the client refuses to pay, and the contractor accepts the position that was found by means of Metro Staffing, within ninety (90) days of the date the property and/or the contractor is then responsible for the placement fee.

\_\_\_\_\_ J. Metro Staffing will not be responsible for the contractor's illegal or unlawful behavior, including, but not limited to theft, assault, drug use, or damage to the property while on assignment through Metro Staffing.



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## NEW ASSOCIATE ORIENTATION POLICIES AND PROCEDURES

Associate must report immediately when your assignment has ended to MetroPlex Staffing office failure to do so may affect unemployment benefits.

No smoking while on an assignment in or around the property unless there is a designated area and approved by property management.

Do not take keys or supplies from the property. Failure to return any property keys, radios, supplies, etc. will result in deduction from your check for replacement fees.

No soliciting of personal business to the client/staff or residents of the property.

Do not accept/offer side jobs or money from residents or client/staff including after hours. Failure to do so may result in termination from MetroPlex Staffing.

No use of personal phones, facebook or instagram unless it is an emergency or during your assigned break time.

Please speak and treat all employees with respect.

Absolutely no drugs or alcohol at your assignment.

Please cover all tattoos while working at an assignment. Please be as professional as possible.

You must dress professionally while working at your assigned office.

Maintenance staff must dress presentably which may consist of a plain colored shirt and jeans or utility pants.

Associate is responsible to have the time sheet signed and faxed/emailed into our office by 12:00 p.m. Monday. Failure to do so will result in delay of processing your pay check.

When you are going to be late you must contact our office immediately. Do not call the assigned office. Failure to do so may result in assignment being cancelled and pay dropped to minimum wage.

When you are going to be absent, please call our office immediately! Failure to do so will result pay being dropped to minimum wage.

If client reports to MetroPlex Staffing a negative or unproductive report of performance, this will result in a drop of pay to minimum wage.

Do not leave the assignment without giving proper notice. Proper notice is to call the office of MetroPlex Staffing for approval, if you fail to do so pay will be dropped to minimum wage.

Keep yourself busy at ALL times while you are at your assignment. Remember you are representing yourself and MetroPlex Staffing.

You cannot take full time employment and/or fill out an application from our client until agreed upon by MetroPlex Staffing.

Do not try to operate machinery or perform duties you do not understand.

Do not accept money from anyone/property management without permission from MetroPlex Staffing.

Think safety first at all times, and take safety precautions to protect yourself. Accidents can be prevented.

By signing below, I acknowledge that I have read and understand MetroPlex Staffings policies and procedures.

Associate's Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_



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**Release for mailed checks - Please complete all blank areas**

I, \_\_\_\_\_ (printed name) am authorizing any MetroPlex Staffing member to mail my check to the address listed below. I understand by doing so I am releasing Metroplex Staffing of any and all responsibilities regarding my check.

I, \_\_\_\_\_ (printed name) understand if my check is lost, not delivered to me I must wait an additional 14 days to have my check reissued. I also understand should my check be returned to MetroPlex they will call me and I will have the option to come pick my check up at the office.

I, \_\_\_\_\_ (printed name) understand if I cash a check that is not in my name, reported stolen or lost I will be charged with theft. I understand MetroPlex Staffing will file a police report immediately and I will face criminal charges.

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First Name	Middle Name	Last Name
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Address

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City	State	Zip Code
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Signature	Date
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**Pay Day Pro** for  **Direct Deposit – Employee Authorization**

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MetroPlex Staffing  
Company Name

MEST  
Company Client Code

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

\_\_\_\_\_  
Employee Soc Sec No

I hereby authorize PayDay Pro (hereafter "Company") and the financial institution(s) (hereafter "Bank") listed below to direct deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if my employer does not make them available.

I also authorize Company to deposit any amounts owed me by initiating credit entries to my accounts at the Bank(s) indicated on the bottom of this form. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my accounts. In the event that Company deposit funds erroneously into my account, I authorize Company to debit my account for the amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

**Attach a VOIDED CHECK for each checking account. Verify ALL bank information if using a savings account. ONLY completed and signed forms will be processed.**

**DEPOSIT SLIPS CANNOT BE USED.**

A. \_\_\_\_\_  
Bank Name/City/State  
\_\_\_\_ Checking \_\_\_\_ Savings Account no. \_\_\_\_\_ Routing no. \_\_\_\_\_  
Deposit\$ \_\_\_\_\_ or \_\_\_\_\_ Entire Net amount or \_\_\_\_\_ Remaining Amount

B. \_\_\_\_\_  
Bank Name/City/State  
\_\_\_\_ Checking \_\_\_\_ Savings Account no. \_\_\_\_\_ Routing no. \_\_\_\_\_  
Deposit\$ \_\_\_\_\_ or \_\_\_\_\_ Entire Net amount or \_\_\_\_\_ Remaining Amount

C. \_\_\_\_\_  
Bank Name/City/State  
\_\_\_\_ Checking \_\_\_\_ Savings Account no. \_\_\_\_\_ Routing no. \_\_\_\_\_  
Deposit\$ \_\_\_\_\_ or \_\_\_\_\_ Entire Net amount or \_\_\_\_\_ Remaining Amount

Deposits are normally available on check date between 8:00 am and 12:00 midnight. It is my responsibility to verify deposits on a pay period basis before writing checks against these funds. This Authorization can take up to two (2) pay periods to activate. I understand that neither my employer nor Pay Day Pro is responsible for bank errors or bank fees. I have read, understood, and agreed to the above information. I may cancel this Direct Deposit(s) at any time by written request. Banking services are provided in accordance with the limitations and restrictions of the National Automated Clearing House Association.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

# Form W-4 (2017)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

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

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b>				<b>2017</b>
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> 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"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b> _____		
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ _____		
<b>7</b> I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____		
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	



### Deductions and Adjustments Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

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

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

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note:</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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. 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 who claims no withholding allowances; 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.