



**For Official Use Only**

Date Received: \_\_\_\_\_, 20\_\_\_\_

Reviewed by: \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**EMPLOYMENT APPLICATION**

Spring Staffing Services provides equal employment opportunity to all qualified persons, and does not unlawfully discriminate against any person on the basis of race, color, creed, religion, sex, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

**Please -**

- Complete all items on the application, even if the information is included on your resume or other document submitted by you.
- Sign and date your application.
- Specify the exact title of the position in which you are interested.
- Type or print all requested information.
- If necessary, attach additional 8 ½ " x 11" sheets of paper to this application.
- Submit your application to HR department in person or email it to: [admin@springstaffing.com](mailto:admin@springstaffing.com)

**Personal Information**

|                                 |                              |                                 |
|---------------------------------|------------------------------|---------------------------------|
| 1. Name (Last, First Middle)    | 3. Social Security #<br>- -  | 6. Driver's License (State/No.) |
| 2. Address (Street)             | 4. Telephone Number<br>( ) - | 7. Alternate Telephone<br>( ) - |
| Address (City, State, Zip Code) | 5. Email Address             |                                 |

**General Information**

Are you legally eligible for work in the U.S.A.? (if yes, verification will be required)  Yes  No

Have you ever applied to or worked for Spring Staffing Services before? If so, when?  Yes  No

Are any of your relatives currently working for Spring Staffing Services? If so, please list name and department, if applicable.  Yes  No

Have you ever been convicted of a felony? If yes, please explain.  Yes  No

### Employment Request

Minimum Salary Requested: \$ \_\_\_\_\_

If applicable, are you available for overtime?  Yes  No

What is the earliest date you can begin work? \_\_\_\_\_

How did you hear about this position?

Recruiter  Internet Job Posting  Newspaper Classified  Company Website  Other \_\_\_\_\_

### Employment History

\*Please begin with most recent employment

May we contact your current employer?  Yes  No  Not Applicable

| Employer: _____<br>Address: _____<br>Supervisor: _____<br>Telephone: ( ) _____ - _____ | Dates of Employment:<br>_____<br>to<br>_____ | Pay or salary<br>Start: _____<br>Final: _____ | Position:<br>Duties: _____ | Reason for Leaving: _____ |
|--|--|---|----------------------------|---------------------------|
| Employer: _____<br>Address: _____<br>Supervisor: _____<br>Telephone: ( ) _____ - _____ | Dates of Employment:<br>_____<br>to<br>_____ | Pay or salary<br>Start: _____<br>Final: _____ | Position:<br>Duties: _____ | Reason for Leaving: _____ |
| Employer: _____<br>Address: _____<br>Supervisor: _____<br>Telephone: ( ) _____ - _____ | Dates of Employment:<br>_____<br>to<br>_____ | Pay or salary<br>Start: _____<br>Final: _____ | Position:<br>Duties: _____ | Reason for Leaving: _____ |
| Employer: _____<br>Address: _____<br>Supervisor: _____<br>Telephone: ( ) _____ - _____ | Dates of Employment:<br>_____<br>to<br>_____ | Pay or salary<br>Start: _____<br>Final: _____ | Position:<br>Duties: _____ | Reason for Leaving: _____ |

### Education

| School             | Name | Location | Course of Study | Degree Obtained |
|--------------------|------|----------|-----------------|-----------------|
| High School/GED    |      |          |                 |                 |
| College/University |      |          |                 |                 |
| Graduate School    |      |          |                 |                 |

|   |                |                      |                            |  |
|---|----------------|----------------------|----------------------------|--|
| <i>Vocational / Specialized</i>   |                |                      |                            |  |
| <b><i>Military</i></b>  |                |                      |                            |  |
| <i>Military Service:</i> <input type="checkbox"/> <i>Yes</i> <input type="checkbox"/> <i>No</i> |                | <i>Branch:</i> _____ |                            |  |
| <i>Specialized Training:</i>  |                |                      |                            |  |
| <b><i>References</i></b>  |                |                      |                            |  |
| <i>Name</i>   | <i>Company</i> | <i>Title</i>         | <i>Contact Information</i> |  |
|   |                |                      |                            |  |
|   |                |                      |                            |  |
|   |                |                      |                            |  |
|   |                |                      |                            |  |

|  |                     |
|--|---------------------|
| <b><i>Signature / Certification</i></b>  |                     |
| <p><i>I certify that the facts set forth in this application are true, complete, and correct to the best of my knowledge. I understand that any misrepresentations, falsifications, or omissions on this application can be grounds for rejection of my application or, if I am employed by this company, for my immediate termination from employment. I authorize Spring Staffing Services to make any necessary inquiries and investigations into my education, military, or employment history. I further authorize, unless otherwise indicated on this application, the release of my information to Spring Staffing Services by any of the schools, services, or employers listed on this application.</i></p> |                     |
| <b><i>Signature:</i></b>   | <b><i>Date:</i></b> |
|  |                     |



**POSITIVE PPD RESULTS QUESTIONNAIRE**

To meet federal and state regulations, Spring Excellence Surgical Hospital is required to have information on members of the Medical and Allied Health Staff regarding their Tuberculin Skin Test.

To that effect, please provide us with the following information:

Tuberculin Skin Test (STU PPD)

Date Administered \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Administered/Read by: \_\_\_\_\_

(Print Name)

(Signature)

Please check the appropriate result:

Negative

1<sup>st</sup> Positive (See No. 1)

Previously Positive (See No. 2)

1. If your PPD skin test was previously negative and now it is positive, please provide a current chest x-ray and statement regarding prolonged symptoms of respiratory illness.
2. If your PPD skin test was previously positive and retesting ins not indicated OR if you have not obtained a PPD skin test within the last 12 months, please answer the following questions regarding prolonged symptoms of respiratory illness.

**Do you have any of the following symptoms?**

|                               |                             |                              |
|-------------------------------|-----------------------------|------------------------------|
| Prolonged Cough               | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Malaise                       | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Sputum Production             | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Weight Loss                   | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Night Sweats                  | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| Previous Negative Chest X-Ray | <input type="checkbox"/> No | <input type="checkbox"/> Yes |

All information indicated above is correct and complete to the best of my knowledge and belief.

\_\_\_\_\_  
Physician Applicant Name  
(Please Print)

\_\_\_\_\_  
Physician Signature

\_\_\_\_\_  
Date



**Consent for Drug and Alcohol Testing**

I, \_\_\_\_\_, hereby give my consent to authorize my employer known as Spring Staffing Services and the testing laboratory designated to conduct analytical tests deemed necessary, on an ongoing basis, to determine the absence or the presence of  - Alcohol  - Class A Drugs (heroin, cocaine, etc.)  - Class B Drugs (cannabis, amphetamines, etc.) in my body through the use of urine, hair, blood, breath or any sample as specified by statute and regulation. I give my consent to release the results of the test(s) and other medical information from the laboratory to my employer pursuant to statute or regulation with the condition that the results may not be used in any criminal proceeding. My employer may request proof that I am taking a controlled substance as directed pursuant to a lawful prescription issued in my name. If requested, I agree to provide such proof within 72 hours. I have the right to request a re-test of the initial specimen at a licensed laboratory of my choice if and when I have a positive test for drugs. All requests for a re-test of the sample must be made within ten (10) working days of the receipt of the original positive test result. The results of the samples must be forwarded to me by the appointing authority of the licensed laboratory.

I further understand that a positive test, refusal to authorize this form, refusal to take the test, or failure to produce a specimen, may result in disciplinary action up to and including dismissal in accordance with any local, State, or Federal statute, regulation, and policy.

\_\_\_\_\_

Signature

\_\_\_\_\_

Date



TO COMPLY WITH AMERICANS WITH DISABILITIES ACT, THIS INFORMATION WILL BE REMOVED FROM YOUR APPLICATION PACKET BY THE MEDICAL STAFF SERVICES DEPARTMENT AND WILL NOT BE USED DURING THE CONSIDERATION FOR INITIAL APPOINTMENT.

Please answer the following questions:

|   |
|---|
| 1. Have you been treated for the use or misuse of prescription drugs or illegal substance chemicals in the past five (5) years? <input type="radio"/> Yes <input type="radio"/> No  |
| 2. Have you ever been hospitalized or a patient in a mental or other institution of confinement, or have you ever been treated or received medication for a mental or behavioral condition? <input type="radio"/> Yes <input type="radio"/> No        |
| 3. Would your physical or mental health affect your ability to practice medicine and/or perform the privileges requested such that others could be exposed to significant health and safety risks? <input type="radio"/> Yes <input type="radio"/> No |
| 4. Is your ability, relevant to current privileges granted, to practice medicine impaired by any physical, mental or emotional condition that cannot be overcome with reasonable accommodations? <input type="radio"/> Yes <input type="radio"/> No   |
| 5. If accommodations are necessary, please describe:  |

I understand that my staff appointment and clinical privileges are conditional upon my demonstrating that I can exercise my privileges safely and competently and performing the duties and essential functions of staff appointment. I understand that the burden is on me to request any proposed accommodations and to justify its reasonableness. By my signature below, I hereby certify that all the information provided above is true, complete, and correct. I agree to inform the hospital should any statement of the information contained above, although true when made, become untrue due to change in circumstances or discovery of new information

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

APPLICANT'S PRINTED NAME: \_\_\_\_\_



### Signature Authentication

|   |  |
|---|--|
| <b><u>PRINT</u></b> First Name:           |  |
| <b><u>PRINT</u></b> Last Name:            |  |
| <b><u>PRINT</u></b> Middle Name:          |  |
| Signature:                                |  |
| Type of Professional:<br>(MD, CRNA, etc.) |  |
| License Credentials:                      |  |



### Pre-Employment Health History

Spring Staffing Services is committed to the health and safety of its staff. As part of this commitment, this Pre-employment questionnaire is required to be completed by all staff prior to taking up employment with Spring Staffing Services. We are required to make assessments of risks to which employees may be exposed at work, and a proper risk assessment involves considering not only the nature of the job, but also the fitness of the employee to carry out that work. In addition, the Disability Discrimination Act imposes a further obligation on the prospective employer to make, where appropriate, reasonable adjustments to enable a suitably qualified candidate to take up propose employment. This Pre-employment questionnaire, supplemented where necessary by a further medical assessment, is part of Spring Staffing Services' fulfilment of our legal responsibilities, but more importantly it is our way to take care of our employees.

Please complete the following questions by ticking the appropriate box. If the answer

is 'yes', give details including date, amount of time lost from work/school, treatment, as appropriate.

|   |     |    |
|---|-----|----|
| Visual impairment/eye conditions (including colour-blindness)   | Yes | No |
| Hearing impairment/ear conditions   | Yes | No |
| Severe anxiety, depression, other psychiatric disorder  | Yes | No |
| Paralysis or other neurological disorder  | Yes | No |
| Fainting attacks, blackouts, epilepsy or fits   | Yes | No |
| Recurrent headaches, migraine   | Yes | No |
| Vertigo, giddiness or tinnitus  | Yes | No |
| Heart disease, high blood pressure  | Yes | No |
| Asthma, bronchitis, tuberculosis or other chest disease Peptic ulcer or other digestive or bowel disorder | Yes | No |
| Kidney or bladder problems  | Yes | No |
| Recurrent backache, arthritis, rheumatism   | Yes | No |
| Are you currently under the care of a doctor and/or taking medications                                    | Yes | No |
| Have you ever had any serious injuries  | Yes | No |
| Any blood disorder  | Yes | No |
| Eczema, dermatitis, other skin conditions   | Yes | No |
| Diabetes, thyroid or other gland problems   | Yes | No |
| Hay fever, allergies to drugs, animals etc.   | Yes | No |
| Any recurrent infections  | Yes | No |
| Any impairment of immunity to infection   | Yes | No |
| Any alcohol or drug related problem or illness  | Yes | No |
| Have you been immunized against TB?   | Yes | No |
| Have you been immunized against Hepatitis B?  | Yes | No |
| Any other medical condition, physical or mental, not mentioned above                                      | Yes | No |

I, the undersigned, applying for employment, do hereby certify that the answers to the above questions are true and I understand that a false statement may be considered sufficient cause for dismissal or failure to hire. I also understand and agree that this examination is a condition of employment. I hereby authorize personnel of the group to conduct this examination and to release any pertinent information to authorized personnel of the group. I release Spring Staffing Services and my attending physician from all liability and all claims of any nature whatsoever pertaining to disclose of information contained in my medical record.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





**Confidentiality Agreement**

I agree to protect the confidentiality, privacy and security of patient, staff, business and other confidential, sensitive electronic or proprietary information (collectively, "Confidential Information") of Spring Staffing Services, Spring Staffing Health System, Spring Staffing Physicians, from any source and in any form (spoken, paper, electronic). I understand that I have an obligation to protect the Confidential Information that I may create, access, use or disclose as part of my job including the following, among others:

- PATIENTS AND/OR FAMILY MEMBERS (such as patient records, conversations and billing information)
- MEDICAL STAFF, EMPLOYEES, VOLUNTEERS, STUDENTS, or CONTRACTORS (such as social security numbers, salaries, clinical information, billing information, employment records, disciplinary actions)
- BUSINESS INFORMATION (such as financial records, research or clinical trial data, reports, contracts, computer programs, technology)
- THIRD PARTIES (such as vendor contracts, computer programs, technology)
- OPERATIONS, PERFORMANCE IMPROVEMENT, QUALITY ASSURANCE, MEDICAL OR PEER REVIEW (such as utilization, data reports, quality improvement, presentations, survey results)

**I AGREE THAT:**

1. I WILL protect Spring Staffing Services Confidential Information in any form. I WILL follow federal and state statutes and regulation and Spring Staffing Policies, procedures and other privacy and security requirements.
2. I WILL NOT post, discuss, or otherwise share any Confidential Information, including patient pictures or videos, financial or personnel information on any social media sites such as Facebook or Twitter, Etc.
3. I WILL NOT take any pictures of patients for personal use with devices or other methods.
4. I WILL complete all required privacy and security training.
5. I WILL ONLY access information that I need to perform my job responsibilities or services at Duke.
6. I WILL NOT access, show, tell, use, release, e-mail, copy, give, sell, review, change or dispose of Confidential Information unless it is part of my job responsibility or to provide service at Spring Staffing Services. I WILL follow Policies (such as shredding confidential papers using confidential Shred-it™ lock bins or deleting electronic files from devices) and only access/use the minimum necessary of the information to complete the required task.
7. When my work or service ends, I WILL NOT disclose any Confidential Information, and I WILL NOT take any Confidential information with me if I leave or am terminated.
8. I WILL NOT use another's User ID (Net ID) or password to access any system, and I WILL NOT share my User ID (Net ID) password or other computer password with anyone.
9. I WILL create a strong password\*\* and change it in accordance with policies. I WILL notify a supervisor and change my password at once if I think someone knows or used my password. I WILL ask my supervisor if I do not know how to change my password.
13. I WILL log out or secure my workstation when I leave the computer unattended.
14. I WILL NOT maintain or send Confidential Information to any unencrypted mobile or portable storage device in accordance with Spring Staffing policies.me.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## HIPAA PRIVACY AND SECURITY AGREEMENT & ACKNOWLEDGEMENT

As an employee, I commit to maintaining confidentiality in accordance with surgery center policies and the law.

I will:

- Take patient privacy seriously
- Maintain the confidentiality of patients' Protected Health Information (PHI)
- NEVER share my password
- Only access PHI that I have been authorized to access
- Disclose PHI to the appropriate individual or entity if necessary for the treatment of a patient
- Disclose PHI to the appropriate individual or entity to the minimal extent necessary to facilitate payment or hospital operations
- Disclose PHI at the direction of only physicians involved in the patient's care
- Complete all required training by end of each year
- Know HIPAA Policies
- Abide by urgent center policies governing the use of computers as outlined in the Acceptable Use Policy and internet access as outlined in the Internet Usage Policy
- Seek advice when unsure of how HIPAA applies to a situation
- Refer patients that ask for copies of their medical records to the Health Information Management (HIM) department
- Never directly access my relatives, my friends and even my own medical information
- Contact Health Information Management to obtain my medical information
- Be sure Spring Excellence Surgical Hospital Official PHI Fax Coversheet accompanies all faxed PHI
- Make sure computer screens containing PHI are not accessible to the public view
- Report all HIPAA violations and suspected-violations immediately to the Corporate Responsibility Office
- Report privacy and security concerns to the Officer/Information Security Officer, Administration, or manager.

I have read, understand, and agree that as an associate or employed, I am committed to uphold the highest standard of individual ethical and legal business practices as outlined in the Conduct Policies. I also understand that knowingly disclosing PHI contrary to the protections as provided by the Health Insurance Portability and Accountability Act of 1996 (as amended) may result in immediate termination and I may be held accountable in a court of law, fined up to \$50,000 per disclosing instance and receive up to 10 years imprisonment. In addition, any violation may result in appropriate disciplinary action, including termination and/or removal of non-associate.

\_\_\_\_\_  
Name (Print Clearly)

\_\_\_\_\_  
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 (Family Name)          |   | First Name (Given Name) |                           | Middle Initial | Other Last Names Used (if any) |                   |
| Address (Street Number and Name) |   |                         | Apt. Number               | City or Town   |                                | State<br>ZIP Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number<br>[ ][ ] - [ ][ ] - [ ][ ][ ][ ] |                         | Employee's E-mail Address |                | Employee's Telephone Number    |                   |

**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): _____<br>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:<br/>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: _____<br/> <b>OR</b><br/>         2. Form I-94 Admission Number: _____<br/> <b>OR</b><br/>         3. Foreign Passport Number: _____<br/>         Country of Issuance: _____</p> |  |
| QR Code - Section 1<br>Do Not Write In This Space  |  |

|                       |                           |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

**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 (mm/dd/yyyy) |                   |
| Last Name (Family Name)             |  | First Name (Given Name)   |                   |
| Address (Street Number and Name)    |  | City or Town              | State<br>ZIP Code |

**STOP** Employer Completes Next Page **STOP**



**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

**Section 2. Employer or Authorized Representative Review and Verification**  
*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

|                                     |                         |                         |      |                                |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| List A<br>Identity and Employment Authorization | OR | List B<br>Identity                    | AND | List C<br>Employment Authorization                     |
|---|----|---------------------------------------|-----|--|
| Document Title                                  |    | Document Title                        |     | Document Title   |
| Issuing Authority                               |    | Issuing Authority                     |     | Issuing Authority                                      |
| Document Number                                 |    | Document Number                       |     | Document Number  |
| Expiration Date (if any) (mm/dd/yyyy)           |    | Expiration Date (if any) (mm/dd/yyyy) |     | Expiration Date (if any) (mm/dd/yyyy)                  |
| Document Title                                  |    | Additional Information                |     | QR Code - Sections 2 & 3<br>Do Not Write In This Space |
| Issuing Authority                               |    |                                       |     |  |
| Document Number                                 |    |                                       |     |  |
| Expiration Date (if any) (mm/dd/yyyy)           |    |                                       |     |  |
| Document Title                                  |    |                                       |     |  |
| Issuing Authority                               |    |                                       |     |  |
| Document Number                                 |    |                                       |     |  |
| Expiration Date (if any) (mm/dd/yyyy)           |    |                                       |     |  |

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See instructions for exemptions)

|  |   |  |  |          |
|--|---|--|--|----------|
| Signature of Employer or Authorized Representative                   |   | Today's Date (mm/dd/yyyy)                | Title of Employer or Authorized Representative |          |
| Last Name of Employer or Authorized Representative                   | First Name of Employer or Authorized Representative | Employer's Business or Organization Name |  |          |
| Employer's Business or Organization Address (Street Number and Name) |   | City or Town                             | State  | ZIP Code |

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

|                                    |                         |                |  |  |
|------------------------------------|-------------------------|----------------|--|--|
| <b>A. New Name (if applicable)</b> |                         |                | <b>B. Date of Rehire (if applicable)</b> |  |
| Last Name (Family Name)            | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy)                        |  |

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

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

|  |                           |   |
|--|---------------------------|---|
| Signature of Employer or Authorized Representative | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

## 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.

| LIST A<br>Documents that Establish<br>Both Identity and<br>Employment Authorization  | OR | LIST B<br>Documents that Establish<br>Identity  | AND | LIST C<br>Documents that Establish<br>Employment Authorization  |
|--|----|---|-----|---|
| <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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. 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>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

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

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

# Employee's Withholding Certificate

▶ **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.**

**2020**

**Step 1:  
Enter  
Personal  
Information**

|   |           |   |
|---|-----------|---|
| (a) First name and middle initial   | Last name | (b) Social security number  |
| Address   |           | ▶ Does your name match the name on your social security card? 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"/> Single or Married filing separately  |           |   |
| <input type="checkbox"/> Married filing jointly (or Qualifying widow(er))   |           |   |
| <input type="checkbox"/> Head of household (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 online estimator, 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 2020 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.)

**Step 3:  
Claim  
Dependents**

If your 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> | \$ |  |

**Step 4  
(optional):  
Other  
Adjustments**

(a) **Other income (not from jobs).** 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) **Deductions.** 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) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . . .

|             |    |  |
|-------------|----|--|
|             |    |  |
| <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**

**Employers  
Only**

|                             |                          |                                      |
|-----------------------------|--------------------------|--------------------------------------|
| Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------------|--------------------------|--------------------------------------|

## General Instructions

### 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.

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

**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 the 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.** Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2020 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](http://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 . . . . . 1 \$ \_\_\_\_\_
- 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 . . . . . 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 . . . . . 2b \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 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. . . . . 3 \_\_\_\_\_
- 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) . . . . . 4 \$ \_\_\_\_\_

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



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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 . . . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \bullet \$24,800 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,650 \text{ if you're head of household} \\ \bullet \$12,400 \text{ if you're single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . 5 \$ \_\_\_\_\_

**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<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|  | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999  | \$0   | \$220                | \$850                | \$900                | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,020              | \$1,210              | \$1,870                | \$1,870                |
| \$10,000 - 19,999                                    | 220   | 1,220                | 1,900                | 2,100                | 2,220                | 2,220                | 2,220                | 2,220                | 2,410                | 3,410                | 4,070                  | 4,070                  |
| \$20,000 - 29,999                                    | 850   | 1,900                | 2,730                | 2,930                | 3,050                | 3,050                | 3,050                | 3,240                | 4,240                | 5,240                | 5,900                  | 5,900                  |
| \$30,000 - 39,999                                    | 900   | 2,100                | 2,930                | 3,130                | 3,250                | 3,250                | 3,440                | 4,440                | 5,440                | 6,440                | 7,100                  | 7,100                  |
| \$40,000 - 49,999                                    | 1,020   | 2,220                | 3,050                | 3,250                | 3,370                | 3,570                | 4,570                | 5,570                | 6,570                | 7,570                | 8,220                  | 8,220                  |
| \$50,000 - 59,999                                    | 1,020   | 2,220                | 3,050                | 3,250                | 3,570                | 4,570                | 5,570                | 6,570                | 7,570                | 8,570                | 9,220                  | 9,220                  |
| \$60,000 - 69,999                                    | 1,020   | 2,220                | 3,050                | 3,440                | 4,570                | 5,570                | 6,570                | 7,570                | 8,570                | 9,570                | 10,220                 | 10,220                 |
| \$70,000 - 79,999                                    | 1,020   | 2,220                | 3,240                | 4,440                | 5,570                | 6,570                | 7,570                | 8,570                | 9,570                | 10,570               | 11,220                 | 11,240                 |
| \$80,000 - 99,999                                    | 1,060   | 3,260                | 5,090                | 6,290                | 7,420                | 8,420                | 9,420                | 10,420               | 11,420               | 12,420               | 13,260                 | 13,460                 |
| \$100,000 - 149,999                                  | 1,870   | 4,070                | 5,900                | 7,100                | 8,220                | 9,320                | 10,520               | 11,720               | 12,920               | 14,120               | 14,980                 | 15,180                 |
| \$150,000 - 239,999                                  | 2,040   | 4,440                | 6,470                | 7,870                | 9,190                | 10,390               | 11,590               | 12,790               | 13,990               | 15,190               | 16,050                 | 16,250                 |
| \$240,000 - 259,999                                  | 2,040   | 4,440                | 6,470                | 7,870                | 9,190                | 10,390               | 11,590               | 12,790               | 13,990               | 15,520               | 17,170                 | 18,170                 |
| \$260,000 - 279,999                                  | 2,040   | 4,440                | 6,470                | 7,870                | 9,190                | 10,390               | 11,590               | 13,120               | 15,120               | 17,120               | 18,770                 | 19,770                 |
| \$280,000 - 299,999                                  | 2,040   | 4,440                | 6,470                | 7,870                | 9,190                | 10,720               | 12,720               | 14,720               | 16,720               | 18,720               | 20,370                 | 21,370                 |
| \$300,000 - 319,999                                  | 2,040   | 4,440                | 6,470                | 8,200                | 10,320               | 12,320               | 14,320               | 16,320               | 18,320               | 20,320               | 21,970                 | 22,970                 |
| \$320,000 - 364,999                                  | 2,720   | 5,920                | 8,750                | 10,950               | 13,070               | 15,070               | 17,070               | 19,070               | 21,290               | 23,590               | 25,540                 | 26,840                 |
| \$365,000 - 524,999                                  | 2,970   | 6,470                | 9,600                | 12,100               | 14,530               | 16,830               | 19,130               | 21,430               | 23,730               | 26,030               | 27,980                 | 29,280                 |
| \$525,000 and over                                   | 3,140   | 6,840                | 10,170               | 12,870               | 15,500               | 18,000               | 20,500               | 23,000               | 25,500               | 28,000               | 30,150                 | 31,650                 |

**Single or Married Filing Separately**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|  | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999  | \$460   | \$940                | \$1,020              | \$1,020              | \$1,470              | \$1,870              | \$1,870              | \$1,870              | \$1,870              | \$2,040              | \$2,040                | \$2,040                |
| \$10,000 - 19,999                                    | 940   | 1,530                | 1,610                | 2,060                | 3,060                | 3,460                | 3,460                | 3,460                | 3,640                | 3,830                | 3,830                  | 3,830                  |
| \$20,000 - 29,999                                    | 1,020   | 1,610                | 2,130                | 3,130                | 4,130                | 4,540                | 4,540                | 4,720                | 4,920                | 5,110                | 5,110                  | 5,110                  |
| \$30,000 - 39,999                                    | 1,020   | 2,060                | 3,130                | 4,130                | 5,130                | 5,540                | 5,720                | 5,920                | 6,120                | 6,310                | 6,310                  | 6,310                  |
| \$40,000 - 59,999                                    | 1,870   | 3,460                | 4,540                | 5,540                | 6,690                | 7,290                | 7,490                | 7,690                | 7,890                | 8,080                | 8,080                  | 8,080                  |
| \$60,000 - 79,999                                    | 1,870   | 3,460                | 4,690                | 5,890                | 7,090                | 7,690                | 7,890                | 8,090                | 8,290                | 8,480                | 9,260                  | 10,060                 |
| \$80,000 - 99,999                                    | 2,020   | 3,810                | 5,090                | 6,290                | 7,490                | 8,090                | 8,290                | 8,490                | 9,470                | 10,460               | 11,260                 | 12,060                 |
| \$100,000 - 124,999                                  | 2,040   | 3,830                | 5,110                | 6,310                | 7,510                | 8,430                | 9,430                | 10,430               | 11,430               | 12,420               | 13,520                 | 14,620                 |
| \$125,000 - 149,999                                  | 2,040   | 3,830                | 5,110                | 7,030                | 9,030                | 10,430               | 11,430               | 12,580               | 13,880               | 15,170               | 16,270                 | 17,370                 |
| \$150,000 - 174,999                                  | 2,360   | 4,950                | 7,030                | 9,030                | 11,030               | 12,730               | 14,030               | 15,330               | 16,630               | 17,920               | 19,020                 | 20,120                 |
| \$175,000 - 199,999                                  | 2,720   | 5,310                | 7,540                | 9,840                | 12,140               | 13,840               | 15,140               | 16,440               | 17,740               | 19,030               | 20,130                 | 21,230                 |
| \$200,000 - 249,999                                  | 2,970   | 5,860                | 8,240                | 10,540               | 12,840               | 14,540               | 15,840               | 17,140               | 18,440               | 19,730               | 20,830                 | 21,930                 |
| \$250,000 - 399,999                                  | 2,970   | 5,860                | 8,240                | 10,540               | 12,840               | 14,540               | 15,840               | 17,140               | 18,440               | 19,730               | 20,830                 | 21,930                 |
| \$400,000 - 449,999                                  | 2,970   | 5,860                | 8,240                | 10,540               | 12,840               | 14,540               | 15,840               | 17,140               | 18,440               | 19,730               | 20,830                 | 21,930                 |
| \$450,000 and over                                   | 3,140   | 6,230                | 8,810                | 11,310               | 13,810               | 15,710               | 17,210               | 18,710               | 20,210               | 21,700               | 23,000                 | 24,300                 |

**Head of Household**

| Higher Paying Job<br>Annual Taxable<br>Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                      |                      |                      |                      |                      |                      |                      |                      |                      |                        |                        |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
|  | \$0 -<br>9,999                                | \$10,000 -<br>19,999 | \$20,000 -<br>29,999 | \$30,000 -<br>39,999 | \$40,000 -<br>49,999 | \$50,000 -<br>59,999 | \$60,000 -<br>69,999 | \$70,000 -<br>79,999 | \$80,000 -<br>89,999 | \$90,000 -<br>99,999 | \$100,000 -<br>109,999 | \$110,000 -<br>120,000 |
| \$0 - 9,999  | \$0   | \$830                | \$930                | \$1,020              | \$1,020              | \$1,020              | \$1,480              | \$1,870              | \$1,870              | \$1,930              | \$2,040                | \$2,040                |
| \$10,000 - 19,999                                    | 830   | 1,920                | 2,130                | 2,220                | 2,220                | 2,680                | 3,680                | 4,070                | 4,130                | 4,330                | 4,440                  | 4,440                  |
| \$20,000 - 29,999                                    | 930   | 2,130                | 2,350                | 2,430                | 2,900                | 3,900                | 4,900                | 5,340                | 5,540                | 5,740                | 5,850                  | 5,850                  |
| \$30,000 - 39,999                                    | 1,020   | 2,220                | 2,430                | 2,980                | 3,980                | 4,980                | 6,040                | 6,630                | 6,830                | 7,030                | 7,140                  | 7,140                  |
| \$40,000 - 59,999                                    | 1,020   | 2,530                | 3,750                | 4,830                | 5,860                | 7,060                | 8,260                | 8,850                | 9,050                | 9,250                | 9,360                  | 9,360                  |
| \$60,000 - 79,999                                    | 1,870   | 4,070                | 5,310                | 6,600                | 7,800                | 9,000                | 10,200               | 10,780               | 10,980               | 11,180               | 11,580                 | 12,380                 |
| \$80,000 - 99,999                                    | 1,900   | 4,300                | 5,710                | 7,000                | 8,200                | 9,400                | 10,600               | 11,180               | 11,670               | 12,670               | 13,580                 | 14,380                 |
| \$100,000 - 124,999                                  | 2,040   | 4,440                | 5,850                | 7,140                | 8,340                | 9,540                | 11,360               | 12,750               | 13,750               | 14,750               | 15,770                 | 16,870                 |
| \$125,000 - 149,999                                  | 2,040   | 4,440                | 5,850                | 7,360                | 9,360                | 11,360               | 13,360               | 14,750               | 16,010               | 17,310               | 18,520                 | 19,620                 |
| \$150,000 - 174,999                                  | 2,040   | 5,060                | 7,280                | 9,360                | 11,360               | 13,480               | 15,780               | 17,460               | 18,760               | 20,060               | 21,270                 | 22,370                 |
| \$175,000 - 199,999                                  | 2,720   | 5,920                | 8,130                | 10,480               | 12,780               | 15,080               | 17,380               | 19,070               | 20,370               | 21,670               | 22,880                 | 23,980                 |
| \$200,000 - 249,999                                  | 2,970   | 6,470                | 8,990                | 11,370               | 13,670               | 15,970               | 18,270               | 19,960               | 21,260               | 22,560               | 23,770                 | 24,870                 |
| \$250,000 - 349,999                                  | 2,970   | 6,470                | 8,990                | 11,370               | 13,670               | 15,970               | 18,270               | 19,960               | 21,260               | 22,560               | 23,770                 | 24,870                 |
| \$350,000 - 449,999                                  | 2,970   | 6,470                | 8,990                | 11,370               | 13,670               | 15,970               | 18,270               | 19,960               | 21,260               | 22,560               | 23,770                 | 24,870                 |
| \$450,000 and over                                   | 3,140   | 6,840                | 9,560                | 12,140               | 14,640               | 17,140               | 19,640               | 21,530               | 23,030               | 24,530               | 25,940                 | 27,240                 |