

REFUGIO I.S.D.  
EMPLOYMENT APPLICATION FOR SUBSTITUTE TEACHER

*An Equal Opportunity Employer\**

|                              |  |                                 |  |   |
|------------------------------|--|---------------------------------|--|---|
| Date of application _____    |  |                                 |  |   |
| <b>Personal Data</b>         | Name _____<br><span style="margin-left: 100px;"><i>Last</i></span> <span style="margin-left: 150px;"><i>First</i></span> <span style="margin-left: 100px;"><i>Middle initial</i></span>  |                                 |  |   |
|                              | Current address _____<br><span style="margin-left: 100px;"><i>Street/Box</i></span> <span style="margin-left: 100px;"><i>City</i></span> <span style="margin-left: 100px;"><i>State</i></span> <span style="margin-left: 50px;"><i>ZIP Code</i></span>   |                                 |  |   |
|                              | Other address where you may be reached _____   |                                 |  |   |
|                              | Home phone _____ Cell phone _____ Other phone _____  |                                 |  |   |
|                              | Other name that may appear on records _____<br><small>(Used for certification, reference, and criminal history record checks)</small>  |                                 |  |   |
| <b>Assignment Preference</b> | Please list the days you are available to substitute and your assignment preferences.<br>Day(s) of week <input type="checkbox"/> Every day<br><input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday  |                                 |  |   |
|                              | Assignment <input type="checkbox"/> Any assignment<br><input type="checkbox"/> Elementary <input type="checkbox"/> Intermediate <input type="checkbox"/> Secondary <input type="checkbox"/> Special Education<br>Preferred campuses _____<br>_____<br>Are you receiving Texas Teacher Retirement (TRS) benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No<br><small>(The amount of time that an individual receiving TRS benefits may be employed without affecting benefits is governed by TRS rules and laws.)</small> |                                 |  |   |
| <b>Position Data</b>         | Credentials included with application:<br><input type="checkbox"/> Résumé<br><input type="checkbox"/> All teaching and professional certificates or licenses<br><input type="checkbox"/> All transcripts showing degrees   |                                 |  |   |
|                              | Have you been employed by _____ ISD in the past? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If you answered yes, provide dates of employment _____  |                                 |  |   |
| <b>Education/Training</b>    | List the highest level of education attained: _____  |                                 |  |   |
|                              | Licenses and certificates granted _____  |                                 |  |   |
|                              | Name and location of schools attended  | Course of study and major/minor | Diploma, degree, certificate, or license granted | Year graduated<br><small>(College only)</small> |
|                              |  |                                 |  |   |
|                              |  |                                 |  |   |

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|                      |   |
|----------------------|---|
| <b>Certification</b> | <p>Certificates or Licenses Currently Held:</p> <p><input type="checkbox"/> None</p> <p><input type="checkbox"/> Valid Texas</p> <p><input type="checkbox"/> Valid Other State _____</p> <p><input type="checkbox"/> Texas One-Year (out-of-state/country): Expiration date: _____</p> <p><input type="checkbox"/> Other: _____</p> <p>Category/Level(s) of Certification: _____</p> <p>Areas of Specialization/Supplemental Certificates/Endorsements (as listed on certification):</p> <p>_____</p> <p>_____</p> <p>_____</p> |
|----------------------|---|

|  |                             |  |                             |  |
|--|-----------------------------|--|-----------------------------|--|
| List teaching experience beginning with most recent years. |                             |  |                             |  |
| <b>Teaching Experience</b>                                 | Name and location of school |  | Name and location of school |  |
|  | Type of assignment          |  | Type of assignment          |  |
|  | Dates taught                |  | Dates taught                |  |
|  | Principal's name and phone  |  | Principal's name and phone  |  |
|  | Reason for leaving          |  | Reason for leaving          |  |
|  | Name and location of school |  | Name and location of school |  |
|  | Type of assignment          |  | Type of assignment          |  |
|  | Dates taught                |  | Dates taught                |  |
|  | Principal's name and phone  |  | Principal's name and phone  |  |
|  | Reason for leaving          |  | Reason for leaving          |  |

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|                       |  |                               |                             |                            |
|-----------------------|--|-------------------------------|-----------------------------|----------------------------|
| Other Work Experience | Please provide a list of all other jobs or administrative positions you have held in the past 10 years. Attach additional sheets if necessary. Attach résumé if available. |                               |                             |                            |
|                       | Employer name and location   |                               | Employer name and location  |                            |
|                       | Position/title held  |                               | Position/title held         |                            |
|                       | Dates employed   |                               | Dates employed              |                            |
|                       | Supervisor's name and phone  |                               | Supervisor's name and phone |                            |
|                       | Reason for leaving   |                               | Reason for leaving          |                            |
|                       | Employer name and location   |                               | Employer name and location  |                            |
|                       | Position/title held  |                               | Position/title held         |                            |
|                       | Dates employed   |                               | Dates employed              |                            |
|                       | Supervisor's name and phone  |                               | Supervisor's name and phone |                            |
| Reason for leaving    |  | Reason for leaving            |                             |                            |
| References            | Please list references the district can contact regarding your work history.   |                               |                             |                            |
|                       | Full name of reference   | School district/<br>firm name | Mailing address             | Position/title             |
|                       |  |                               |                             | Area code/<br>phone number |
|                       |  |                               |                             |                            |
|                       |  |                               |                             |                            |

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|                            |  |
|----------------------------|--|
| <b>General Information</b> | <p>Have you ever been convicted of, pled guilty or no contest (nolo contendere) to, or received probation, suspension, or deferred adjudication for a felony or any offense involving moral turpitude (including, but not limited to, theft, rape, murder, swindling, and indecency with a minor)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please state where, when, and the nature of the offense _____<br/>         _____<br/>         _____</p> <p>(A felony conviction is not an automatic bar to employment. The district will consider the nature, date, and relationship between the offense and the position for which you are applying.)</p> <p>Do you have a relative who serves on the Board of Education or is an employee of Refugio Independent School District?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide the relative's name and relationship:<br/>         _____</p>   |
| <b>Verification</b>        | <p>I hereby affirm that all information provided in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the district is required by Texas Education Code to review criminal history record information of substitute teachers.</p> <p style="text-align: center;">             _____<br/>             Signature <span style="margin-left: 200px;">_____</span><br/>             Date         </p> <p>This application becomes the property of the district. The district reserves the right to accept or reject it.</p> |

*\*Applicants for all positions are considered without regard to race, color, national origin, religion, sex, marital status, veteran or military status, disability, or any other legally protected status*

The district Title IX Coordinator is Jack Gaskins, Superintendent.

EXHIBIT E

CRIMINAL HISTORY INFORMATION REQUEST

**CONFIDENTIAL\***

The \_\_\_\_\_ SD is required by Texas Education Code Chapter 22, Subchapter C to review the criminal history of applicants, employees, independent contractors, student teachers, and certain volunteers. The information requested below is necessary to obtain criminal history record information.

Please print:

Name \_\_\_\_\_  
*Last First Middle*

Social Security Number \_\_\_\_\_

Date of birth \_\_\_\_\_

Driver's license \_\_\_\_\_  
*State and Number*

Mailing address \_\_\_\_\_  
*Street City State Zip Code*

Sex:  Male  Female

Ethnicity:  Black  White/Other

I understand the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

Signature \_\_\_\_\_

Date \_\_\_\_\_

\*This form will be removed from the application and filed separately in the HR office.

# DPS Computerized Criminal History (CCH) Verification

(AGENCY COPY)

I, \_\_\_\_\_, acknowledge that a Computerized Criminal

APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check will be performed by accessing the Texas Department of Public Safety Secure Website and will be based on name and DOB identifiers I supply. (This is not a consent form.) Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subchapter F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history, therefore the organization conducting the criminal history check is not allowed to discuss with me any criminal history record information obtained using this method. The agency may request that I have a fingerprint search performed to clear any misidentification based on the result of the name and DOB search. Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

In order to complete the process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vendor at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$24.95 to the fingerprinting services company.

**(This copy must remain on file by your agency. Required for future DPS Audits)**

\_\_\_\_\_  
Signature of Applicant or Employee

\_\_\_\_\_  
Date

Refugio Independent School District

\_\_\_\_\_  
Agency Name (Please print)

Brenda Schumann

\_\_\_\_\_  
Agency Representative Name (Please print)

\_\_\_\_\_  
Signature of Agency Representative

\_\_\_\_\_  
Date

|  |               |
|--|---------------|
| <b>Please:<br/>Check and Initial each Applicable Space</b> |               |
| CCH Report Printed:  |               |
| YES _____ NO _____   | _____ initial |
| Purpose of CCH: _____                                      |               |
| Empl ___ Vol/Contractor ___                                | _____ initial |
| Date Printed: _____  | _____ initial |
| Destroyed Date: _____                                      | _____ initial |
| <b>Retain in your files</b>                                |               |

Rev. 09/2013

REFUGIO INDEPENDENT SCHOOL DISTRICT

Texas Education Agency  
Texas Public School Student/Staff Ethnicity and Race Data Questionnaire

The United States Department of Education (USDE) requires all state and local education institutions to collect data on ethnicity and race for students and staff. This information is used for state and federal accountability reporting as well as for reporting to the Office of Civil Rights (OCR) and the Equal Employment Opportunity Commission (EEOC).

School district staff and parents or guardians of students enrolling in school are requested to provide this information. If you decline to provide this information, please be aware that the USDE requires school districts to use observer identification as a last resort for collecting the data for federal reporting.

Please answer both parts of the following questions on the student's or staff member's ethnicity and race. *United States Federal Register (71 FR 44866)*

**Part 1. Ethnicity:** Is the person Hispanic/Latino? *(Choose only one)*

- Hispanic/Latino - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
- Not Hispanic/Latino

**Part 2. Race:** What is the person's race? *(Choose one or more)*

- American Indian or Alaska Native - A person having origins in any of the original peoples of North and South America (including Central America), and who maintains a tribal affiliation or community attachment.
- Asian - A person having origins in any of the original peoples of the Far East, Southeast Asia; or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Black or African American - A person having origins in any of the black racial groups of Africa.
- Native Hawaiian or Other Pacific Islander - A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- White - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

\_\_\_\_\_  
Student/Staff Name (please print)

\_\_\_\_\_  
(Parent/Guardian)/(Staff) Signature

\_\_\_\_\_  
Student/Staff Identification Number

\_\_\_\_\_  
Date

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:

\_\_\_\_\_ Hispanic/Latino

\_\_\_\_\_ Not Hispanic/Latino

Race – choose one or more:

\_\_\_\_\_ American Indian or Alaska Native

\_\_\_\_\_ Asian

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_\_ White

\_\_\_\_\_  
Observer signature

\_\_\_\_\_  
Campus and Date

REFUGIO INDEPENDENT SCHOOL DISTRICT

Agencia de Educación de Texas

Cuestionario de Información de Datos Raciales y de Etnicidad de Estudiantes/Miembros de Personal de las Escuelas Públicas de Texas

El Departamento de Educación de Estados Unidos (USDE) requiere que todas las instituciones estatales y locales de educación, recopilen datos sobre etnicidad y raza de los estudiantes y de miembros de personal. Esta información es utilizada para los reportes estatales y federales así como para reportar a la Oficina de Derechos Civiles (OCR) y a la Comisión de Igualdad en el Empleo (EEOC).

Al personal del distrito escolar y los padres o representante legal de estudiantes que deseen matricularse en la escuela, se le requiere proporcionar esta información. Si usted rehúsa proporcionarla, es importante que sepa que el USDE requiere que los distritos escolares usen la observación para identificación como último recurso para obtener estos datos utilizados para reportes federales.

Favor de contestar ambas partes de las siguientes preguntas sobre la etnicidad y raza del estudiante así como del miembro de personal. Registro Federal de Estados Unidos (71 FR 44866).

**Parte 1. Etnicidad:** ¿Es la persona Hispana/Latina? (Escoja solo una respuesta)

- Hispano/Latino – Una persona de origen cubano, mexicano, puertorriqueño, centro o sudamericano o de otra cultura u origen español, sin importar la raza.
- No Hispano/Latino

**Parte 2. Raza.** ¿Cuál es la raza de la persona? (Escoja uno o más de uno)

- Indio Americano o Nativo de Alaska – Una persona con orígenes o de personas originarias de Norte y Sudamérica (incluyendo America Central), y que mantiene lazos o apego comunitario con una afiliación de alguna tribu.
- Asiático – Una persona con orígenes o de personas originarias del Lejano Este, Sureste de Asia o el subcontinente indio, incluyendo, por ejemplo a Camboya, China, India, Japón, Corea, Malasia, Pakistán, las Islas Filipinas, Tailandia y Vietnam.
- Negro o Africano-Americano – Una persona con orígenes de cualquier grupo racial negro de África.
- Nativo de Hawai u otras islas del pacífico – Una persona con orígenes o de personas originarias de Hawai, Guam, Samoa u otras Islas del Pacífico.
- Blanco – Una persona con orígenes de personas originarias de Europa, el Medio Este o el Norte de África.

Nombre del Estudiante/Miembro de Personal  
(por favor use letra de imprenta)

Firma (Padre/Representante legal)  
/(Miembro de personal)

Número de Identificación del  
Estudiante/Miembro del personal

Fecha

This space reserved for Local school observer – upon completion and entering data in student software system, file this form in student's permanent folder.

Ethnicity – choose only one:  
 Hispanic / Latino  
 Not Hispanic/Latino

Race – choose one or more:  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian or Other Pacific Islander  
 White

Observer signature:

Campus and Date:



# Form W-4 (2016)

**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 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. 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 yourself if no one else can claim you as a dependent . . . . .   | <b>A</b> _____ |
| <b>B</b> | Enter "1" if:<br>{ • You are single and have only one job; or<br>• You are married, have only one job, and your spouse does not work; or<br>• 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 spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .  | <b>C</b> _____ |
| <b>D</b> | Enter number of dependents (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 head of household 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 child or dependent care expenses for which you plan to claim a credit . . . . .<br>(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)  | <b>F</b> _____ |
| <b>G</b> | <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.<br>• 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. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶  | <b>H</b> _____ |

For accuracy, complete all worksheets that apply.   
 • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

|   |  |   |  |                                  |
|---|--|---|--|----------------------------------|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service   |  | <b>Employee's Withholding Allowance Certificate</b> |  | OMB No. 1545-0074<br><b>2016</b> |
| 1 Your first name and middle initial  |  | Last name   |  | 2 Your social security number    |
| Home address (number and street or rural route)   |  |   | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |                                  |
| City or town, state, and ZIP code   |  |   | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>  |                                  |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)  |  |   |  | 5 _____                          |
| 6 Additional amount, if any, you want withheld from each paycheck   |  |   |  | 6 \$ _____                       |
| 7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ |  |   |  | 7 _____                          |
| Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.   |  |   |  |                                  |
| Employee's signature<br>(This form is not valid unless you sign it.) ▶  |  |   |  | Date ▶                           |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)   |  | 9 Office code (optional)                            | 10 Employer identification number (EIN)  |                                  |

**Deductions and Adjustments Worksheet**

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

|           |   |           |  |  |                              |  |  |          |          |
|-----------|---|-----------|--|--|------------------------------|--|--|----------|----------|
| <b>1</b>  | Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details . . . . . | <b>1</b>  | \$ _____   |  |                              |  |  |          |          |
| <b>2</b>  | Enter: <table border="0" style="display:inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding: 0 10px;">\$12,600 if married filing jointly or qualifying widow(er)</td> </tr> <tr> <td></td> <td>\$9,300 if head of household</td> </tr> <tr> <td></td> <td>\$6,300 if single or married filing separately</td> </tr> </table> . . . . .   | {         | \$12,600 if married filing jointly or qualifying widow(er) |  | \$9,300 if head of household |  | \$6,300 if single or married filing separately | <b>2</b> | \$ _____ |
| {         | \$12,600 if married filing jointly or qualifying widow(er)  |           |  |  |                              |  |  |          |          |
|           | \$9,300 if head of household  |           |  |  |                              |  |  |          |          |
|           | \$6,300 if single or married filing separately  |           |  |  |                              |  |  |          |          |
| <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 2016 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 2016 Form W-4</i> worksheet in Pub. 505.) . . . . .  | <b>5</b>  | \$ _____   |  |                              |  |  |          |          |
| <b>6</b>  | Enter an estimate of your 2016 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 2016. 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 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . | <b>9</b> | \$ _____ |

**Table 1**

**Table 2**

| Married Filing Jointly                      |                       | All Others                                  |                       | Married Filing Jointly                       |                       | All Others                                   |                       |
|---|-----------------------|---|-----------------------|--|-----------------------|--|-----------------------|
| If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$6,000                               | 0                     | \$0 - \$9,000                               | 0                     | \$0 - \$75,000                               | \$610                 | \$0 - \$38,000                               | \$610                 |
| 6,001 - 14,000                              | 1                     | 9,001 - 17,000                              | 1                     | 75,001 - 135,000                             | 1,010                 | 38,001 - 85,000                              | 1,010                 |
| 14,001 - 25,000                             | 2                     | 17,001 - 26,000                             | 2                     | 135,001 - 205,000                            | 1,130                 | 85,001 - 185,000                             | 1,130                 |
| 25,001 - 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 - 75,000                             | 5                     | 405,001 and over                             | 1,600                 |  |                       |
| 44,001 - 55,000                             | 6                     | 75,001 - 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 - 100,000                            | 10                    | 140,001 and over                            | 10                    |  |                       |  |                       |
| 100,001 - 115,000                           | 11                    |   |                       |  |                       |  |                       |
| 115,001 - 130,000                           | 12                    |   |                       |  |                       |  |                       |
| 130,001 - 140,000                           | 13                    |   |                       |  |                       |  |                       |
| 140,001 - 150,000                           | 14                    |   |                       |  |                       |  |                       |
| 150,001 and over                            | 15                    |   |                       |  |                       |  |                       |

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