



Town of Standish

Public Safety

175 Northeast Rd.
Standish, ME 04084
Bus.207-642-4343
Fax 207-642-8213

Dear Standish Pubic Safety Applicant,

I would like to welcome you to our application process for positions within the Department of Public Safety, this maybe within the Fire/EMS Division, the Communications Division or our Safety Support Division. Our application process is lengthy and includes submission of your application, an interview, a license and criminal background check, a medical/physical exam, a department orientation and one year probationary period. Applications are reviewed and processed quarterly (March, June, September, and December)

Our requirements are that an individual must be above the age of 18 years old, in good health and ready to take on the responsibility and requirements needed to be an active member of our organization. You must have a valid driver's license, no past criminal history or significant traffic violations.

Active member requirements include but are not limited to the following:

- 1) Attend mandatory training as required by the department, Maine Department of Labor & Federal OSHA.
- 2) Attend required Public Safety Division specific training.
- 3) Respond to a minimum of 24 hours of calls per calendar year.
- 4) Attend a minimum of 24 hours of training per year.
- 5) Follow the Public Safety Rules & Regulation, Division SOP's & SOG's and job description.

If you would like to become an active member of our organization please submit all requested information. You will be offered many opportunities for training and advancement. Training & Safety are paramount to our organization.

Please contact me by e-mail at standishfirechief@roadrunner.com or 642-4343 if you have any further questions about Standish Public Safety or our hiring process.

Respectfully,

A handwritten signature in black ink, appearing to read "Brent J. Libby".

Brent J. Libby, Chief

STANDISH FIRE/EMS

FORM # SFD 1

APPLICATION FOR EMPLOYMENT

Date: ____ / ____ / ____ Function: Fire, EMS or Both _____

Name: _____ Social Security #: ____ - ____ - ____

Date of Birth: ____ / ____ / ____ Sex: M ____ F ____

Mailing Address: _____

Town: _____ Zip Code: _____

Street Address: _____

Town: _____ Zip Code: _____

Home Phone #: ____ - ____ - ____ Work Phone #: ____ - ____ - ____ Cell # ____ - ____ - ____

Email Address: _____

Do you hold a valid Driver's License: Yes ____ No ____ State: _____

Drivers License #: _____ Class of License: ____ Expires _____

Conditions/Restrictions: _____

Is your right to operate a motor vehicle under suspension: Yes ____ No ____

Do you have a vehicle: Yes ____ No ____

Make of Vehicle: _____ Year: _____

Plate #: _____ Color: _____

Current Employer: _____

Address: _____

Supervisor: _____

Pay Rate: _____ Contact Phone # ____ - ____ - ____

Next of Kin: _____ Relationship: _____ Phone: _____

Beneficiary: _____ Relationship: _____ Phone: _____

Person to notify in case of injury: _____

Relationship: _____ Phone: H - ____ W - ____

Family Physician: _____ Phone: _____

Do you have any health problems or restrictions: Yes ____ No ____

If Yes please explain: _____

Do you have a High School Diploma: _____ Highest Grade Completed _____

Education and/or Special Training: _____

Previous Fire/Rescue Experience: (Please provide all certificates of training) _____

Reason for Leaving: _____

Supervisor: _____ Phone: _____

EMS License # and level _____ State: _____

References (Include Name, Address & Phone #):

- 1. _____
- 2. _____
- 3. _____

I hereby apply for membership in Standish Fire/EMS. I certify that the information above is accurate and current. I understand that a six (6) month probationary period. By signing this application I agree to allow the Town of Standish to conduct a complete back ground check that may consist of a Police Check of my Drivers License, Criminal Record (State & Federal), Past Work History, Education and References.

I also agree that upon my termination of service to Standish Fire/EMS I will return all issued equipment including protective gear, radios, and any training materials (Manuals and Workbooks) that were issued . I understand that my final pay check will be with held until all items are returned, inspected and accepted. Failure to comply with this may result in further legal action.

Signature: _____ Date: ____/____/____

Do not write below this line (for office use only)

Date Received: ____/____/____

Captain's Approval: _____ Date ____/____/____

Fire Chief's Approval: _____ Date ____/____/____

Date of Hire: ____/____/____

HEPATITIS B VACCINATION CONSENT/WAIVER FORM

To: All employees with occupational exposure to blood or other infectious materials on an average of one or more times per month.

OSHA and the CDC have identified the potential exposure of health care workers to Hepatitis B virus (HBV) in the course of performing their duties. For the protection of our employees, we are offering HBV vaccination with follow up evaluation to all employees who are exposed to blood or other potentially infectious materials on an average of one or more times per month.

In accordance with recommended OSHA guidelines this vaccine will be offered at no cost to the employee. You have the right to decide whether or not you want the vaccine. Pre-screening testing is not necessary before getting the vaccine.

Please indicate your choice below, complete the middle section, and return to the Medical Department.

I want to receive the HBV vaccine and follow up evaluation testing: _____

I DO NOT want the HBV vaccine and testing: _____

Name: _____ **Date:** ____/____/____

Signature: _____

Date Received in Office: ____/____/____

Action Taken: _____

Comments: _____

STANDISH FIRE/EMS

FORM # SFD 7

EMPLOYEE CONSENT AND AUTHORIZATION FOR HIV/HBV TESTING FOLLOWING SIGNIFICANT EXPOSURE

Name of Employee: _____ Date: ____/____/____
Address: _____
D.O.B. ____/____/____ S.S. # ____ - ____ - ____ District: _____
Home Phone # _____ Work Phone # _____

1. I have been advised by the physician(s) listed below to have a blood test for the purpose of detecting the presence of antibodies to the Human Immunodeficiency Virus (HIV), the virus that causes Acquired Immunodeficiency Syndrome (AIDS). I understand that test is performed by withdrawing blood for testing. The blood will also be tested for Hepatitis B virus (HBV).

2. I have been provided with information about the test for antibodies to HIV virus and the meaning of its results, and about AIDS and I have been given the opportunity to ask questions regarding this information and have had my questions answered fully and completely or to my satisfaction. I understand that in some cases the test results may indicate that a person has antibodies to the virus when the patient does not have the virus (false positive) or that it may fail to detect that a person has antibodies to the virus when the person has the virus (False negative). I understand that a positive antibody result will require an additional confirmatory test. I also understand that a positive blood test result does not mean that I have AIDS and that in order to diagnose AIDS, other means must be used in conjunction with the blood test.

3. A physician has informed me that if I consent to have the test done, it is important, both for my health care and for the health of others who will be providing care to me, that the test results be placed in my health record. Therefore, if I agree to have the test done, the results of the test will be recorded in my health record and persons involved in my health care will have access to that information.

4. I have been informed that the performance and results of the HIV antibody test are confidential. I have been informed by a physician that the test results will not be released without my written permission, except to the individuals and organizations that have been given access by law who are also required to keep my health record information confidential. These include : (a) myself, (b) my physician(s), and agents and employees thereof ; (c) company or other health care facility staff who provide my health care and handle specimens of my body fluids or tissues ; (d) The Department of Health if AIDS or ARC are diagnosed ; (e) funeral director or other persons who would prepare my body for burial or other disposition if I should die ; (f) medical staff who are conducting program monitoring, evaluation, or service review ; (g) court of record under lawful order.

The undersigned acknowledge that he/she is the patient and that he/she consents to the test for antibodies to the human immunodeficiency virus and has read, understands and accepts the terms of this consent:

Signature of Employee _____ Date ____/____/____

Name of Physician/Counselor _____ Date ____/____/____

Signature of Physician/Counselor _____

STANDISH FIRE/EMS

FORM # SFD 29

MEDICAL QUESTIONNAIRE

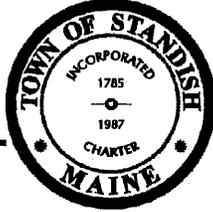
NAME _____ DATE ____/____/____

Please Answer Yes or No to all Questions - If Yes Please Explain.

1. Are you currently under a doctor's care for any illness or injury? Yes No
2. Do you now take, or have you ever taken medication, either prescription or over the counter for more than 14 days per year? Yes No
3. Have you ever had surgery? Yes No
4. Have you ever been advised to have surgery which you refused? Yes No
5. Do you have any hernias, abdominal, umbilical, or groin problems? Yes No
6. Do you have a vision problem? Yes No
7. Do you have gallstones, kidney stones, or history of ulcers? Yes No
8. Do you have a hearing problem? Yes No
9. Have you had any illness, injury or congenital malformation which will restrict normal use of hands, arms, elbows, feet, ankles, knees, hips or back? Yes No
10. Do you have recurrent problems with sinuses, lungs, ears, nose or throat? Yes No
11. Do you have, or have you ever had lingering back pain or pain which has kept you out of work? Yes No
12. Have you ever been told you have high blood pressure? Yes No
13. Do you have a heart murmur or history of heart disease or chest pain? Yes No
14. Do you have, or have you ever had seizures, fits, convulsions, blackouts, or unconsciousness? Yes No
15. Do you drink alcoholic beverages?
If yes, how much and how often? Yes No
16. Do you smoke?
If yes, how much and for how long? Yes No
17. When was your last physical? Year _____
18. Do you have any physical / mental health limitations that would affect your ability to perform on this job?
If yes, please explain below. Yes No

TOWN OF STANDISH

175 Northeast Road
Standish, ME 04084



(207) 642-3461
Fax (207) 642-5181

PAYROLL - Direct Deposit

Finance Department
standishfinance@fairpoint.net

You may use this form to request that your net pay be automatically deposited to the bank account(s) of your choice. Our payroll system will allow you to deposit to up to three (3) different accounts and it will take two pay periods before the transactions will start (a limitation imposed by the ACH [automated clearing house] system). Please supply us with a voided check or a deposit ticket for each account and forward along with this completed form to the finance department.

Account 1:

Account Name:	Add or Change: <input type="checkbox"/> Add <input type="checkbox"/> Change
Bank Name:	Location:
Bank Routing Number:	Account Number:
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount: \$

Account 2:

Account Name:	Add or Change: <input type="checkbox"/> Add <input type="checkbox"/> Change
Bank Name:	Location:
Bank Routing Number:	Account Number:
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount: \$

Account 3:

Account Name:	Add or Change: <input type="checkbox"/> Add <input type="checkbox"/> Change
Bank Name:	Location:
Bank Routing Number:	Account Number:
Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Amount: \$

I authorize the Town of Standish Finance Department to affect direct deposit(s) as detailed above effective ___/___/___, understanding that there will be a two week prenote period before this takes effect.

Signature:

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9 CNMI, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

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

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature _____ Date (month/day/year) _____

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

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

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

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

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

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

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

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

Document Title: _____ Document #: _____ Expiration Date (if any): _____

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	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

	OR	AND	
1. U.S. Passport or U.S. Passport Card	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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States	
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)	
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		4. Voter's registration card	
		5. U.S. Military card or draft record	
	6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)	
	7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security	
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	9. Driver's license issued by a Canadian government authority		
	For persons under age 18 who are unable to present a document listed above:		
	10. School record or report card		
	11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record		

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

Form W-4 (2013)

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 2013 expires February 17, 2014. 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 \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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 2013. 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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you 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 \$40,000 (\$10,000 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.

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="margin: 0;">2013</h1>
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. 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 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (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.

1	Enter an estimate of your 2013 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, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details	1	\$ _____						
2	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;">\$12,200 if married filing jointly or qualifying widow(er)</td> </tr> <tr> <td></td> <td>\$8,950 if head of household</td> </tr> <tr> <td></td> <td>\$6,100 if single or married filing separately</td> </tr> </table>	{	\$12,200 if married filing jointly or qualifying widow(er)		\$8,950 if head of household		\$6,100 if single or married filing separately	2	\$ _____
{	\$12,200 if married filing jointly or qualifying widow(er)								
	\$8,950 if head of household								
	\$6,100 if single or married filing separately								
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____						
4	Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____						
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____						
6	Enter an estimate of your 2013 nonwage income (such as dividends or interest)	6	\$ _____						
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____						
8	Divide the amount on line 7 by \$3,900 and enter the result here. Drop any fraction	8	_____						
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____						
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____						

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2013. 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 2013. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.