

| | |
|--|--|
| May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why Not? | |
| Facility/Employer Name | From: Mo _____ Yr _____ to Mo _____ Yr _____ |
| Street Address | Title |
| City State Zip | Name of Supervisor |
| Describe Duties and Specialty Areas: | Telephone No. |
| Pay Rate/Salary <input type="checkbox"/> Yearly <input type="checkbox"/> Hourly \$ _____ | Charge Experience: <input type="checkbox"/> Yes <input type="checkbox"/> No How Often? _____ |
| If This Was A Travel Assignment, Name Of Agency | Are your employment records listed under another name? |
| Reason for Leaving | |
| May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Why Not? | |

References (Please list three people whom you have worked with in a position to evaluate your performance)

| | |
|------------------------------|---------------------------------|
| Name | Title |
| Address | Telephone # |
| Where did you work together? | How long did you work together? |
| Name | Title |
| Address | Telephone # |
| Where did you work together? | How long did you work together? |
| Name | Title |
| Address | Telephone # |
| Where did you work together? | How long did you work together? |

Additional Information

| |
|---|
| Have you ever been convicted of a felony or misdemeanor crime? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| How were you referred to 3D Medical Staffing, LLC? |

Applicant Acknowledgment of Truth

I certify that the information contained with this application is accurate, current and complete. I understand that omissions or misrepresentations of the truth may result in disqualification or may result in termination of employment.

I authorize 3D Medical Staffing, LLC to disclose any information gathered (including criminal background checks, employment history, credentials, references, drug screening, verification of state nursing licenses etc.) for state, federal, contractual or accreditation purposes as well as any performance appraisals, disciplinary records or skill tests. I release 3D Medical Staffing, LLC and any persons or entities providing information to 3D Medical Staffing, LLC from all liability for any damages from the disclosure of this information.

I authorize 3D Medical Staffing, LLC permission to conduct an investigation to obtain information which the company thinks is necessary to determine my qualifications for employment with the company, including but not limited to, my permission to contact any former employer, or any other local, state or federal government agency, any police department, law enforcement agency or organization, or any other local, state or federal government agency, any consumer reporting agency, or any other appropriate source or individual for the purpose of gathering information, personal or otherwise, that such sources may have relating to my character, general reputation or criminal records, and I give my consent to any source to release to the company whatever information they have about me.

I understand and agree that if medical restrictions cannot be reasonably accommodated, I may not be hired, or if hired, employment may be terminated. I also understand that subject to state laws, 3D Medical Staffing, LLC reserves the right to conduct drug screening and testing for reasonable suspicion at any time during employment or pre-employment screening. Any violation of this policy may result in an applicant not being hired or adverse employment action such as immediate termination.

I also understand and agree that nothing contained in this employment application or in conducting an interview creates an employment contract between 3D Medical Staffing, LLC and myself for either employment or for any benefit. No guarantee of employment has been made to me. If employment is offered to me and a relationship is established, I understand that my employment will be termed "at will", and that I may terminate my employment at any time and that 3D Medical Staffing, LLC also has the right to terminate my employment at any time.

I also comprehend and agree to accommodate, upon an employment offer that my work assignments, schedule and locations may change according to the staffing needs of this Company and the Clients of 3D Medical Staffing, LLC.

3D Medical Staffing, LLC reserves the right to change this policy at anytime as it requires.

Applicant's Signature

Date

Equal Opportunity Employer

3D Medical Staffing, LLC is an Equal Opportunity Employer. This agency adheres to an equal opportunity policy for all people seeking admission as client or seeking employment and for all persons employed by this agency. 3D Medical Staffing, LLC does not discriminate because of age, color, religion, military status, marital status, gender preference, sex, national origin or disability pursuant to the Civil Rights Act of 1964, the Rehabilitation Act of 1973 and the Age Discrimination Act of 1975.

Policies and Procedures for 3D Medical Staffing LLC

Welcome to 3D Medical Staffing, LLC .We thank you for choosing us to represent you for supplemental staffing assignments. As a member of our staff your Suggestions to us for improvement are always welcomed and valued. We take Pride in each and every one of our employees. We take pride in our commitment to provide competent, caring quality care. The following is our commitment to our clients and describes the expectations of performance when you are working for 3D Medical Staffing, LLC.

1. You will call our office every Monday morning and give the staffing coordinator your available time that you make work for that week. If you don't want to work you will call us and just keep us informed of your status for that week. You are in charge of your schedule .We need this in order to confirm with our clients if you would be available to work that week, we get many special requests for our staff. If your availability changes please call us. We are happy to remove you from our list for that week.
2. You must sign in and out on your time card. This is your time sheet from which we will pay you and the time that the facility has, and what YOU HAVE RECORDED ON YOUR TIME CARD MUST MATCH. All overtime must be pre-approved *by the facility or we cannot pay this to you*. Record *all time out of the facility* (i.e. lunch etc). You are paid based on a 40 hour work week. The pay period runs Sunday through Saturday with checks paid every Friday. Time cards need to be turned in by 12pm on Mondays to ensure timely pay.
3. The clients MUST sign your timecards. If you do not get these signed we cannot pay you. The client will not pay us unless we can certify that you worked the shift indicated on your time card. Their signature represents this.
4. You must report to work 15 minutes prior to your scheduled shift. Check in with the staffing coordinator for the facility or with the charge nurse, this will be told to you when you are assigned the shift. We expect that you are going to be on time for all shifts and do a great job for 3D Medical Staffing.
5. Frequent cancellations and any no call, no shows will be grounds for termination by 3D Medical Staffing, LLC. You are representing us when you are an employee of 3D Medial Staffing, LLC. When this occurs you cast us all in a negative impression with the clients.
6. Please turn off your cell phone and pagers and any text devices when you are working. We understand that if you have children this may be a problem we then ask that you keep contact to emergency basis only.

7. If you have a problem when you are working a shift please know that we are Available for you to call us at 1-877-764-7400 after hours. We want to resolve issues that arise before they become a problem at the facility. Make sure that you contact us. Don't take the issue to the facility to solve.

8. Do not accept gifts, money or anything of value from a client or family members when you are working at the facility.

9. Late Calls- When the facility places a late order for staff we will be *contacting you for these shifts as well. If you accept the shift we will with best effort get the clients to pay you for the entire shift if you arrive within 1 hour of us contacting you.*

10. Always wear your ID Badge. This is required by all of our clients

11. Bring your own stethoscope, pen, lab coats, etc to work with you may need them during your shift and the facility will not have one available for you to use.

12. Dress code is as follows-

- A. You must be neat & clean. Hair washed & neat
- B. Clean uniform (Scrubs) including socks or hosiery.
- C. Nails must be neat & clean.
- D. Limited Jewelry. No excess body piercing showing.

13. *Employees will call 24 hours to reports to us if any injury occurs at the facility where they are working so that we may take the appropriate action needed.*

14. When you work a holiday shift please understand the every facility has a different policy for compensating for holiday pay. They do not always pay for this. Never assume.

15. We will pay you 2 hours of pay as show up time if your shift is cancelled less than 2 hours prior to your shift unless the facility has something different in their contract. Please ask the staffing coordinator when you are cancelled.

16. Active State Licensure is required for your specific specialty. RN, LPN or Certified Nursing Assistant must have an active license with no disciplinary action against it. Active BLS card is also required for licensed personnel.

ACLS Certification is required for all RN's working in ER, ICU & Tele units. NRP certification is required for all NICU & Nursery units. Other certifications may be required for certain areas based on other facilities requirements. Also these certifications are subject to change at any time at which you would be notified.

17. Proof of immunization record is required this would include (MMR & current Two-step TB. Also you will be required to have a drug screen performed as well as a background check will be completed.

I have read the above policies and agree to abide by all of these policies and procedures. When I am working for 3D Medical Staffing, LLC I will be covered by Workman's compensation and Liability insurance paid for by 3D Medical Staffing LLC. When I am working at the facilities contracted by my agency I represent 3D Medical Staffing, LLC. I will with all best efforts do my best to always Represent 3 D Medical Staffing, LLC, to give the clients a positive reflection of our company.

Employee signature _____ Date: _____



Confidentiality Statement

I _____ understand and acknowledge that:

I must hold confidential and private all information pertaining to patients, patient records, client facilities policies, and procedures.

All protected patient information shall be kept safeguarded pursuant to the policies and procedures at each facility, respectively and in accordance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the regulations issued there under, and any applicable state law to prevent impermissible disclosure, loss or misuse, and to ensure that only authorized persons have access to such protected information.

I will consult the Facility Privacy Officer in the event I have any questions regarding the scope or application of the privacy policies described in this statement.

Private and confidential information will only be released to an outside party when legally required to do so and to the extent minimally to respond to the request.

Failure to maintain confidentiality and privacy may lead to disciplinary action up to and including termination as well as any actions designated by the appropriate disciplinary and/or credentialing board.

I understand that any breach of confidentiality may be grounds for immediate termination of employment as well as any appropriate legal actions.

Employee Signature: _____

Date: _____

Employee Printed Name: _____



HEPATITIS B VACCINATION STATUS

JCAHO, OSHA and our contracted facilities require all health care workers to have the Hepatitis B Vaccination.

I understand that due to my occupational exposure to blood or other potentially infectious material I may be at risk of acquiring Hepatitis B Virus (HBV) infection.

Please check one and **submit** supporting documentation of the following as it applies to you:

- I have received the complete Hepatitis B vaccination series previously
- I am currently receiving the Hepatitis B Vaccinations
- Antibody testing indicates me to be immune
- The vaccine cannot be given for medical reasons

Employee _____ Date _____

DECLINATION STATEMENT

- I decline the Hepatitis B Vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B.
I understand that due to my occupational exposure to blood and other potentially infectious materials I may be at a higher risk of acquiring Hepatitis B.

Employee _____ Date _____



UNLAWFUL HARASSMENT/SEXUAL HARASSMENT POLICY ACKNOWLEDGEMENT FORM

The Company has always been committed to providing a work environment that is free of unlawful harassment. While demeaning or degrading actions, words, jokes or comments *of* any kind based upon an individual's gender, race, ethnicity, age, religion or disability will not be tolerated, this statement of policy is addressed particularly to the issue *of* sexual harassment and what activities constitute sexual harassment.

Sexual harassment includes any unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature where tolerance *of* such actions is made a condition of employment, interferes with an individual's *work* performance or simply creates an intimidating, hostile work environment.

The creation of a hostile or offensive working environment may include such actions as persistent sexual comments or the display of obscene or sexually oriented photographs or drawings. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior that is not welcome, is personally offensive and interferes with an individual's work effectiveness.

It is illegal and against Company policy for any employee, male or female, to sexually harass another employee or to create a hostile working environment by either committing or encouraging:

- Physical assaults on another employee;
- Intentional physical conduct that is sexual in nature, including but not limited to touching, pinching, patting or brushing up against another employee's body;
- Unwanted sexual advances, propositions or comments, including sexual gestures, jokes or comments made in the presence of any employee; or
- Posting or displaying pictures, posters, calendars, graffiti, objects or other material that are sexual in nature or pornographic.

Any employee who believes that he or she is or has been the subject of sexual harassment or any other form of harassment is encouraged to report the harassment to his/her supervisor immediately.

Complaints will be thoroughly investigated by the Human Resources Department. As much as possible, confidentiality will be maintained and only those *who* need to know about such a complaint will be advised of its existence. However complete anonymity may need to give way to the Company's obligation to interview witnesses and take appropriate action.

The Company assumes that anyone bringing a harassment complaint does so in good faith.

By signing this form, I acknowledge that:

- I have viewed 3D Medical Staffing, LLC Sexual Harassment Training in the written version.
- I have read and understand the Unlawful Harassment/Sexual Harassment Policy above.

Signature: _____

Date: _____ **D**

Name: _____
(Please Print)



Direct Deposit Agreement Form

Authorization Agreement

I hereby authorize **3D Medical Staffing, LLC** to initiate automatic deposits to my account at the financial institution named below. I also authorize **3D Medical Staffing, LLC** to make withdrawals from this account in the event that a credit entry is made in error. Further, I agree not to hold **3D Medical Staffing, LLC** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until **3D Medical Staffing, LLC** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking

Savings

Signature

Authorized Signature (Primary): _____ **Date:** _____

Authorized Signature (Joint): _____ **Date:** _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.

Form W-4 (2011)

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 2011 expires February 16, 2012. 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 \$950 and includes more than \$300 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: { • 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 | 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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children | 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.) ▶ 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 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. | H _____ |

----- Cut 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 | | Employee's Withholding Allowance Certificate | | OMB No. 1545-0074 2011 | |
| 1 Type or print 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 \$ _____ | |
| 6 Additional amount, if any, you want withheld from each paycheck | | 7 I claim exemption from withholding for 2011, 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 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions | 1 | \$ _____ |
| 2 | Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ | 2 | \$ _____ |
| 3 | Subtract line 2 from line 1. If zero or less, enter “-0-” | 3 | \$ _____ |
| 4 | Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919) | 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 2011 Form W-4 Worksheet</i> in Pub. 919.) | 5 | \$ _____ |
| 6 | Enter an estimate of your 2011 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 \$3,700 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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 - \$65,000 | \$560 | \$0 - \$35,000 | \$560 |
| 5,001 - 12,000 - | 1 | 8,001 - 15,000 - | 1 | 65,001 - 125,000 | 930 | 35,001 - 90,000 | 930 |
| 12,001 - 22,000 - | 2 | 15,001 - 25,000 - | 2 | 125,001 - 185,000 | 1,040 | 90,001 - 165,000 | 1,040 |
| 22,001 - 25,000 - | 3 | 25,001 - 30,000 - | 3 | 185,001 - 335,000 | 1,220 | 165,001 - 370,000 | 1,220 |
| 25,001 - 30,000 - | 4 | 30,001 - 40,000 - | 4 | 335,001 and over | 1,300 | 370,001 and over | 1,300 |
| 30,001 - 40,000 - | 5 | 40,001 - 50,000 - | 5 | | | | |
| 40,001 - 48,000 - | 6 | 50,001 - 65,000 - | 6 | | | | |
| 48,001 - 55,000 - | 7 | 65,001 - 80,000 - | 7 | | | | |
| 55,001 - 65,000 - | 8 | 80,001 - 95,000 - | 8 | | | | |
| 65,001 - 72,000 - | 9 | 95,001 -120,000 - | 9 | | | | |
| 72,001 - 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.