

GUIDELINES FOR PERSONAL CARE ATTENDANTS

AS A PERSONAL CARE ATTENDANT WITH THE FORT BELKNAP PERSONAL ASSISTANCE SERVICES PROGRAM YOU WILL BE PROVIDING AN ESSENTIAL SERVICE TO AN ASSIGNED PROGRAM RECIPIENT. YOUR ASSIGNED CLIENT WILL RELY ON YOU TO BE TIMELY AND RESPONSIBLE IN YOUR DUTIES. IF YOU FAIL IN YOUR RESPONSIBILITIES AND ARE NOT TIMELY YOU DISRUPT THE FRAGILE SYSTEM ESTABLISHED TO ALLOW YOUR ASSIGNED CLIENT THE MAXIMUM INDEPENDENCE UNDER A RESTRICTIVE SETTING. THEREFORE, YOU WILL BE EXPECTED TO BE RELIABLE AND RESPONSIBLE TO ENHANCE THE QUALITY OF THE PROGRAM AND THE CLIENT'S LIVING ENVIRONMENT.

DUTIES AND LIMITATIONS:

- IF YOU ARE UNABLE TO MAKE AN ASSIGNMENT, YOU ARE EXPECTED TO NOTIFY THE PROGRAM MANAGER AS SOON AS POSSIBLE SO THAT YOUR ASSIGNED CLIENT WILL HAVE ANOTHER PCA RESCHEDULED TO HIM/HER.
- AT ALL TIMES, ALL CLIENT INFORMATION IS TO BE KEPT IN STRICT CONFIDENTIALITY AND SHOULD ONLY BE DISCLOSED TO THE PROGRAM MANAGER.
- PLANS OF CARE SHOULD BE ADHERED TO AT ALL TIMES AND NO CHANGES OF THE PLANS SHOULD TAKE PLACE UNLESS ABSOLUTE AUTHORIZATION HAS BEEN GRANTED BY THE CONSULTING NURSE.
- ABSENCE OR DELAY IN STARTING AN ASSIGNMENT, YOU MUST CONTACT THE PROGRAM MANAGER AND NOT YOUR CLIENT.
- ALL INCIDENTS MUST BE REPORTED TO THE PROGRAM MANAGER WITH PROPER DOCUMENTATION. (INCIDENT REPORT FORM)

THE PERSONAL CARE ATTENDANTS SHALL NOT PERFORM THE FOLLOWING:

- CONDUCT ANY PERSONAL BUSINESS OF ANY KIND OR MAKE PERSONAL TELEPHONE CALLS DURING ASSIGNED HOURS.
- GIVE OUT PERSONAL TELEPHONE NUMBERS OF CLIENT OR CLIENT'S FAMILY.
- OFFER ANY FINANCIAL ADVICE, MAKE ANY BANKING TRANSACTION FROM CLIENT'S ACCOUNTS OR ADVANCE ANY PERSONAL FUNDS TO CLIENT OR CLIENT'S FAMILY.
- BORROW MONEY FROM A CLIENT OR CLIENT'S FAMILY.
- ADMINISTER MEDICATIONS OF ANY KIND OR PERFORM ANY MEDICAL PROCEDURE THAT IS USUALLY PERFORMED BY A HEALTH PROFESSIONAL.
- OFFER MEDICAL SERVICE OF ANY KIND.
- INFLUENCE THE CLIENT OR CLIENT'S FAMILY ON POLITICAL AND/OR ANY RELIGIOUS ISSUES.

- SELL ANY PRODUCT OR SLICIT FROM CLIENT OR CLIENT'S FAMILY.
- SUBSTITUTE OR TRADE ASSIGNMENTS WITH ANY OTHER PCA WORKER WITHOUT PRIOR APPROVAL FROM THE PROGRAM MANAGER.
- SMOKE OR USE ANY OTHER TOBACCO PRODUCTS IN CLIENT'S HOME.
- TAKE ANY OTHER FAMILY MEMBER OR FRIEND WITH YOU TO AN ASSIGNMENT AT CLIENTS HOME.

CONFIDENTIALITY

ANY INFORMATION THAT RELATES TO A CLIENT, THEIR FAMILY OR HEALTH ISSUES WILL NOT BE DISCUSSED WITH ANYONE OTHER THAN THE PROGRAM MANAGER/NURSE SUPERVISOR. THE PCA WILL ESPECIALLY NOT DISCUSS INFORMATION WITH EVEN THEIR OWN FAMILIES OR THE CLIENT'S FAMILY.

SIGNATURE _____ DATE _____

FORT BELKNAP PERSONAL CARE ASISSTANCE PROGRAM
FORT BELKNAP TRIBAL HEATHLH DEPARTMENT
FORT BELKNAP AGENCY, 656 AGENCY MAIN STREET
HARLEM, MT -59526-
TELEPHONE: 406 353-2525

HEALTH VERIFICATION FORM

NAME: _____

ADDRESS: _____

Date when Time/Montoux Test was given: _____

Administration Site of Test: _____

Signature of Person Giving Test: _____

Test was Read (Date): _____

POSITIVE: _____ NEGATIVE: _____

Signature of Person Reading Test: _____

Note: Persons showing positive results must provide proof of freedom from active tuberculosis through another method. Those alternative methods may include a chest x-ray or certification from a physician that they do not have active TB. Should the person show positive results from an alternative test they shall be required to notify the Consulting Nurse immediately.

EMPLOYEE SIGNATURE DATE

CONSULTING NURSE DATE

PROGRAM ADMINISTRATOR DATE

Fort Belknap Indian Community



Fort Belknap Agency
656 Agency Main Street
Harlem, Montana 59526-9455
PH: (406) 353-2205
FAX: Council - (406) 353-4541
FAX: Departments - (406) 353-2797

Fort Belknap Indian Community
(Tribal Govt.)
Fort Belknap Indian Community
(Elected to administer the affairs of the community and
to represent the Assiniboine and the Gros Ventre
Tribes of the Fort Belknap Indian Reservation)

FINANCE DEPARTMENT ATTN: PAYROLL / PERSONNEL

As an employee of the Fort Belknap Indian Community, I certify the following:

(Please initial all that may apply)

_____ **I am an enrolled member of the Fort Belknap Gros Ventre/
Assiniboine Tribes**

_____ **I reside on the Fort Belknap Indian Reservation**

_____ **I am not an enrolled member of the Fort Belknap Gros Ventre/
Assiniboine Tribes.**

_____ **I do not reside on the Fort Belknap Indian Reservation**

PRINT NAME

SIGNATURE

DATE

CERTIFICATION

I HEREBY CERTIFY THAT I WORK SOLELY ON

MY SALARIES AND WAGES ARE SUPPORTED 100% FROM THIS GRANT
FOR THE PERIOD.

_____ TO _____

PRINTED NAME

SIGNATURE

Acknowledgement of Substance Abuse Policy

I hereby acknowledge having received and read the FORT BELKNAP COMMUNITY COUNCIL'S substance abuse policy. I am aware that if I have any questions concerning this policy that I am to advise my supervisor and, that if I fail to comply with the policy, I may be subject to disciplinary action, which can include suspension or termination of employment.

Employee Signature

Date

CC. Personnel Folder Employee

CONSENT AND RELEASE FORM
(Drug and Alcohol Testing)

I hereby consent to submit to the testing for drug and/or alcohol as shall be determined by the Fort Belknap Community Council in the selection process of applicants for employment, for the purpose of determining the drug/or alcohol content thereof.

I agree (Name of Clinic or Physician) _____
may collect these specimens for this test and may test them, if qualified, or forward them to a licensed laboratory designated by the Fort Belknap Community Council for analysis. I further agree to and hereby authorize the release of results of said test to the Fort Belknap Community Council.

I understand that if I should test positive for an illegal substance, this may prohibit me from employment within the Fort Belknap Community Council, per Tribal drug policy procedures.

I further agree that a reproduced copy of this pre-employment consent and release form shall have the same force and effect as the original.

I have carefully read the foregoing and fully understand its contents. I acknowledge that my signing of this consent and release form is voluntary act on my part and that I have not been coerced into signing this document by anyone.

APPLICANT:

Print Name: _____

SSN: _____ - _____ - _____

Applicant Signature: _____

Date: _____

Fort Belknap Indian Community



Fort Belknap Agency
656 Agency Main Street
Harlem, Montana 59526-9455
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Active Employee Certificate of Agreement

I do here by certify that I have received, read, and understood the Fort Belknap Indian Community Council Substance Abuse and Test Policy, and have had the Drug-Free Workplace Program explained to me. I understand that upon implementation of this policy, all employees will be required to submit to testing. Further, I acknowledge that random periodic testing will be conducted and if my performance indicates that it is necessary, I will submit to a drug test. I also understand that failure to comply with a drug testing request or a positive result may lead to sanctions as laid out in the policy, including upon a second positive test result, termination of employment.

Name: _____ (please print)

Signature: _____

Date: _____

Signature Witnessed: _____

Employee Confidentiality Agreement

AGREEMENT, made this _____ day of _____, 20__ by and between the FORT BELKNAP COMMUNITY COUNCIL, hereinafter referred to as the "Council" and _____, hereinafter referred to as the "Employee."

In consideration of the employment or continuance of employment (as the case may be) of the Employee by the Council, it is hereby agreed as follows:

1. **CONFIDENTIAL INFORMATION:** During the period of employment, the Council may disclose or cause to be disclosed to the Employee, confidential information relating to the business recognized by the Employee to be the property of the Council and the Employee agrees to hold such information in trust and solely for the Council's benefit and not to disclose such information to others, either during or after employment, without the written consent of an officer of the Council.
2. **SUBSEQUENT EMPLOYMENT AND TERMINATION OF EMPLOYMENT:** This agreement shall continue in any subsequent employment of the Employee by the Council, and extend to the Council's successors or assigns.
Upon leaving the Council's employ, the Employee shall not take with him or her, without first obtaining the written consent of an officer of the Council, any drawing or other document, whether an original or reproduction, or any tangible evidence of confidential information or data belonging to or under the control of the Council.
3. **FORMER OBLIGATIONS:** the Employee will strictly adhere to any obligations which he or she may have to former employers insofar as the use or disclosure of confidential information in concerned.

Employee

Personnel Officer

Witness

Part 1

Acknowledgement of Receipt of Personnel Policies Manual

I have received and read issue # _____ of the FORT BELKNAP COMMUNITY COUNCIL'S Personnel Policies Manual. I understand that I will be responsible for the custoday and control of this manual and that it must be surrendered should I leave the employment of the Council.

Employee Signature

Date

Part 2

Acknowledgement of Instructions—Personnel Policies Manual

I have a reviewed that FORT BELKNAP COMMUNITY COUNCIL'S Personnel Policies Manual, which has been made available through my supervision. I understand that the Council expect its employee to be familiar with and comply with these policies and procedures and if I have any questions concerning the manual, I should address these to my supervisor.

Employee Signature

Date



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State
Date of Birth (mm/dd/yyyy)		U.S. Social Security Number □□□□ - □□□□		Employee's E-mail Address		Employee's Telephone Number

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i>	
1. Alien Registration Number/USCIS Number: _____ OR	QR Code - Section 1 Do Not Write In This Space
2. Form I-94 Admission Number: _____ OR	
3. Foreign Passport Number: _____	
Country of Issuance: _____	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
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		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			

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2017)

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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're single and have only one job; or
• You're married, have only one job, and your spouse doesn't work; or
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** _____

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 \$2,000 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

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 \$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.
• 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. **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.** } • 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. -----

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate	OMB No. 1545-0074 2017
▶ 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.		
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 2017, 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 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details **1** \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4 Enter an estimate of your 2017 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 *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) **5** \$ _____
- 6 Enter an estimate of your 2017 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 \$4,050 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 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **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 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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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.