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.
- OFF 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 FORM 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____________________
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
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: ______________________
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 custodiy 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 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
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
- ZIP Code
- 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):

- 1. A citizen of the United States
- 2. A noncitizen national of the United States (See instructions)
- 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- 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. (See instructions)

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.
- 1. Alien Registration Number/USCIS Number:
- 2. Form I-94 Admission Number:
- 3. Foreign Passport Number:
  - Country of Issuance:

Signature of Employee

Today’s Date (mm/dd/yyyy)

Preparer and/or Translator Certification (check one):

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

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

Signature of Preparer or Translator

Today’s Date (mm/dd/yyyy)

Last Name (Family Name)

First Name (Given Name)

Address (Street Number and Name)

City or Town

State

ZIP Code
**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."

**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)

---

### List A

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### List B

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

### List C

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

**Additional Information**

**QR Code - Sections 2 & 3** Do Not Write in This Space

---

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

**A. New Name (if applicable)**

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**B. Date of Rehire (if applicable)**

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Date (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.**

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**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.**

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Today's Date (mm/dd/yyyy)</th>
<th>Name of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

Form I-9 07/17/17 N  
Page 2 of 3
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>OR</td>
<td>Documents that Establish Identity</td>
</tr>
<tr>
<td>Documents that Establish Employment Authorization</td>
<td>AND</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>(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.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
</tr>
<tr>
<td></td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
</tr>
<tr>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1550, FS-545, FS-240)</td>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1550, FS-545, FS-240)</td>
<td></td>
</tr>
<tr>
<td>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</td>
<td>4. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>4. Certificate or Registration Card (Form I-197)</td>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
</tr>
<tr>
<td>5. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
<td></td>
</tr>
</tbody>
</table>

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.
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 investment or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-3.

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 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.

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.

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.)

D
Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E
Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).

F
Enter "1" if you have at least $2,000 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.)

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 or 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.

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 are single and have more than one job or 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.

---

Employee’s Withholding Allowance Certificate

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

---

For Privacy Act and Paperwork Reduction Act Notice, see page 2.
### 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 $156,550 if you're married filing separately. See Pub. 505 for details.

2. Enter:
   - $9,350 if head of household
   - $6,350 if single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "-0-"

4. Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)

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).

6. Enter an estimate of your 2017 nonwage income (such as dividends or interest)

7. Subtract line 6 from line 5. If zero or less, enter "-0-"

8. Divide the amount on line 7 by $4,050 and enter the result here. Drop any fraction

9. Enter the number from the Personal Allowances Worksheet, line H, page 1

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.

### 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)

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 "39".

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.

4. Enter the number from line 2 of this worksheet

5. Enter the number from line 1 of this worksheet

6. Subtract line 5 from line 4

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed

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.

### Table 1

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 - $7,000</td>
<td>0</td>
</tr>
<tr>
<td>7,001 - 14,000</td>
<td>1</td>
</tr>
<tr>
<td>14,001 - 22,000</td>
<td>2</td>
</tr>
<tr>
<td>22,001 - 27,000</td>
<td>3</td>
</tr>
<tr>
<td>27,001 - 35,000</td>
<td>4</td>
</tr>
<tr>
<td>35,001 - 44,000</td>
<td>5</td>
</tr>
<tr>
<td>44,001 - 55,000</td>
<td>6</td>
</tr>
<tr>
<td>55,001 - 65,000</td>
<td>7</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>8</td>
</tr>
<tr>
<td>75,001 - 80,000</td>
<td>9</td>
</tr>
<tr>
<td>80,001 - 95,000</td>
<td>10</td>
</tr>
<tr>
<td>95,001 - 115,000</td>
<td>11</td>
</tr>
<tr>
<td>115,001 - 130,000</td>
<td>12</td>
</tr>
<tr>
<td>130,001 - 140,000</td>
<td>13</td>
</tr>
<tr>
<td>140,001 - 150,000</td>
<td>14</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>15</td>
</tr>
</tbody>
</table>

### Table 2

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 - $75,000</td>
<td>$0</td>
</tr>
<tr>
<td>75,001 - 130,000</td>
<td>1,010</td>
</tr>
<tr>
<td>130,001 - 205,000</td>
<td>1,130</td>
</tr>
<tr>
<td>205,001 - 305,000</td>
<td>1,340</td>
</tr>
<tr>
<td>305,001 - 405,000</td>
<td>1,470</td>
</tr>
<tr>
<td>405,001 and over</td>
<td>1,600</td>
</tr>
</tbody>
</table>

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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.