

# THE TREE HOUSE

## Employment Application

APPLICANT INFORMATION		START DATE:	END DATE:
Last Name:		First Name:	MI: Today's Date:
Street Address:			Drivers Licese#:
City:		Zip:	Birthdate:
Phone:		E-mail Address:	
Date Available:	Social Security #: _____ - _____ - _____		Desired Salary:
Position Applying For:			
Are you a citizen of the United States? YES <input type="checkbox"/> NO <input type="checkbox"/> If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Have you ever worked for this company? YES <input type="checkbox"/> NO <input type="checkbox"/> If so, when?			
Have you ever been convicted of a felony? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			
Are you 18 years or older? YES <input type="checkbox"/> No <input type="checkbox"/>			
Do you have a current background check on file? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Do you have your CPR/First Aid Certification? YES <input type="checkbox"/> No <input type="checkbox"/> If yes, expiration date:			
EDUCATION			
<b>High School:</b>		City/State:	
From: To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:		
<b>College:</b>		City/State:	
From: To:	Did you graduate? YES <input type="checkbox"/> NO <input type="checkbox"/> Degree:		
<b>Previous Child Care Experience:</b>			
EMERGENCY CONTACT			
<b>Full Name:</b>		Relationship:	
Address:		Phone:	
REFERENCES			
<b>Full Name:</b>		Relationship:	
Address:		Phone:	
Email:			
<b>Full Name:</b>		Relationship:	
Address:		Phone:	
Email:			
<b>Full Name:</b>		Relationship:	
<b>Address:</b>		Phone:	
Email:			

# THE TREE HOUSE

## Employment Application

<b>PREVIOUS EMPLOYMENT</b>		
<b>Company:</b>	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary\$_____ Ending Salary \$_____	
Responsibilities:		
From: To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>Company:</b>	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary\$_____ Ending Salary \$_____	
Responsibilities:		
From: To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>Company:</b>	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary\$_____ Ending Salary \$_____	
Responsibilities:		
From: To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>Company:</b>	Phone:	
Address:	Supervisor:	
Job Title:	Starting Salary\$_____ Ending Salary \$_____	
Responsibilities:		
From: To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>		
<b>SPECIAL SKILLS</b>		

<b>DISCLAIMER AND SIGNATURE</b>	
<p>I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I agree to conform to the company's rules and regulations. And I agree that my employment and compensation can be terminated, <i>with or without cause, and with or without notice</i> at any time at either my or the companies option. I also understand and agree that the terms and conditions of my employment may be changed, with or without notice at any time by the company. I understand that no company representative other than its president and then only when in writing and signed by the president, has any authority to enter into an agreement for employment for any specific period of time or to make any agreement contrary to the forgoing.</p>	
Signature	Date



## Child Care Licensing Request for Background Check

Use this form to request background checks required by Texas Administrative Code (TAC) [§745.605](#). You can also submit background check requests through HHSC's [Child Care Licensing Account](#) website.

See the chart below for instructions based on operation type for submitting background check requests.

If,	Then,
Your operation is a licensed child care center, school-age program, before- or after-school program, licensed child care home, registered home or residential care provider,	your operation must submit background check requests through your online <a href="#">Child Care Licensing Account</a> .
Your operation is a listed family home, employer-based child care operation or shelter operation,	your operation may submit background check requests through your online <a href="#">Child Care Licensing Account</a> , by emailing the background check request form to <a href="mailto:CBCUbackgroundchecks@hhsc.state.tx.us">CBCUbackgroundchecks@hhsc.state.tx.us</a> , by faxing the background check request form to 512-339-5871, or by mailing the background check request form to: HHSC, Centralized Background Check Unit, P.O. Box 149030, Mail Code 121-7, Austin, TX 78714-9030.

Directions: Complete the following information for each person required to have a background check. Download additional forms from the HHS forms website <https://hhs.texas.gov/laws-regulations/forms>.

### Operation Information

Operation Name <b>The Tree House ELC</b>	Operation No. <b>539542</b>	Operation Area Code and Telephone No. <b>512-285-5437</b>
Operation Address (Street, City, State, ZIP Code) <b>989 Old McDade Road, Elgin Texas 78621</b>		
Operation Mailing Address (Street, City, State, ZIP Code) <b>PO Box 411 Elgin Texas 78621</b>		County <b>Bastrop</b>

### Verification Signatures

I verified (by reviewing the person's Social Security card or driver license) that the information on this form contains no willful misrepresentation, and that the information given is true and complete to the best of my knowledge. I understand that HHSC may contact others and, at any time, seek proof of any information contained here. I understand that any willful misrepresentation or failure to provide identifying information within the stated time limit is a cause for denial of the application or revocation of my license, registration, or listing.

Paula Crim

Printed Name of Director, Owner or Operator

Signature of Director, Owner or Operator

Date Signed

**Individual's Identifying Information**

Initial       Renewal       Fingerprint Check Required       FBI Results in DPS Clearinghouse

First Name	Middle Name	Last Name
------------	-------------	-----------

List any other names the individual uses or has used in the past, including married and maiden names, below. If you do not provide every name that the individual has used, you may receive inaccurate results.

Other First Names	Other Middle Names	Other Last Names
-------------------	--------------------	------------------

Address (Street, City, State, ZIP Code)

County	Area Code and Telephone No.	Date of Birth	Gender: <input type="radio"/> Male <input type="radio"/> Female
--------	-----------------------------	---------------	--------------------------------------------------------------------

List any other city in Texas where the person has been a resident and any addresses, including county, where the person has lived outside of Texas in the previous five years.

Ethnicity (must accompany race): <input type="radio"/> Hispanic <input type="radio"/> Non-Hispanic	Race <input type="radio"/> Asian <input type="radio"/> Black <input type="radio"/> White <input type="radio"/> Native Hawaiian/Pacific Islander <input type="radio"/> American Indian/Alaskan Native
----------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Social Security No.	Photo ID Type:	<input type="checkbox"/> Driver License: No. _____ State _____	<input type="checkbox"/> Canadian SIN: _____
		<input type="checkbox"/> State ID: _____	<input type="checkbox"/> Military ID: _____
		<input type="checkbox"/> Passport: _____	<input type="checkbox"/> Permanent Resident Card: _____

Contact information is required to schedule a fingerprint appointment. You must select one of the following choices and provide either an email address or phone number for the individual. Preferred method of contact for scheduling fingerprint appointment:

Email \_\_\_\_\_       Area Code and Telephone No. \_\_\_\_\_

Please enter the person's email address. Do NOT enter the operation's email address. Providing an email address will allow notifications requiring action from this person to be received quickly.

Role at Operation:

<input type="radio"/> Adoptive Parent	<input type="radio"/> Contracted Service Provider	<input type="radio"/> Director	<input type="radio"/> Foster Parent	<input type="radio"/> Foster/Adoptive Parent
<input type="radio"/> Household Member	<input type="radio"/> Frequent/Regular Visitor	<input type="radio"/> Licensed Administrator	<input type="radio"/> Owner/Permit Holder	
<input type="radio"/> Staff/Employee	<input type="radio"/> Unverified Respite Provider	<input type="radio"/> Volunteer		

Job Duties/Title:

For foster/adoptive homes only: Relationship between child/children to be placed and the foster/adoptive parent(s) or prospective foster/adoptive parent(s):

Relative       Fictive Kin       Unrelated

Will this person be supervised by a caregiver who is counted in the child-caregiver ratio?.....  Yes    No

(The supervising caregiver should be an employee of your operation or a caregiver in a foster and/or adoptive home who is otherwise able to have unsupervised access to children in your care, and who is not restricted from supervising others.)

What age(s) of children will this person be caring for?

0 – 17 months    18 months – 2 years    3 years – 4 years    5 years – 13 years    14 years – 17 years  
 Over 17 years    N/A



### Child Care Center Personnel Information Record

This form simplifies maintenance of personnel records by centralizing information required by Child Care Licensing for child care centers. Providers may use their own form.

**Directions:** Employees fill out this form upon hire and sign it after completing all requirements. This form meets the requirements of 26 Texas Administrative Code (TAC) §746.901. Supporting forms may be found at:

[http://www.dfps.state.tx.us/Child\\_Care/Information\\_for\\_Providers/cclforms.asp#staff](http://www.dfps.state.tx.us/Child_Care/Information_for_Providers/cclforms.asp#staff)

Employee Information			
Name:	Address:	Phone:	
Date of Birth:	Date of FBI Fingerprint Check Completed:	TB Test Date:	Date of Employment:
Name of High School/Home School:		Graduated? <input type="radio"/> Yes <input type="radio"/> No	Graduation/GED Date:
Child Care Career Program (for high school students) and Instructor:			
First Aid Training Expiration Date:	CPR Training Expiration Date:		

Pre-Service Training (for Caregivers)	
Select all that apply:	
<input type="radio"/> I have previous child care experience or training. <b>(Does NOT require 24 hours of pre-service.) OR</b>	
<input type="radio"/> I do not have previous child care experience or training. Before being counted in the child/caregiver ratio, I received eight hours of pre-service training in the following areas:	
<input type="checkbox"/> Developmental stages of children <input type="checkbox"/> Supervision and safety practices in the care of children <input type="checkbox"/> Fostering children's self-esteem <input type="checkbox"/> Preventing the spread of communicable disease	<input type="checkbox"/> Positive guidance and discipline of children <input type="checkbox"/> Age-appropriate activities for children <input type="checkbox"/> Positive interaction with children
<input type="radio"/> I will not be working with children younger than 24 months. <b>(Does NOT require the training listed below.) OR</b>	
<input type="radio"/> I will be working with children younger than 24 months. Before being counted in the child/caregiver ratio for a group of children younger than 24 months of age, I received one hour of pre-service training in:	
<input type="checkbox"/> Recognizing and preventing shaken baby syndrome and abusive head trauma; <input type="checkbox"/> Understanding and using safe sleep practices and preventing sudden infant death syndrome (SIDS); and <input type="checkbox"/> Understanding early childhood brain development.	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Employee Signature	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> Date Signed

### Employee and Volunteer Orientation

I have been oriented in:

- An overview of the minimum standards for child care centers;
- The center's operational policies, including discipline, guidance, and the release of children;
- An overview of your policy on the prevention, recognition, and reporting of child maltreatment;
- An overview of the procedures to follow in handling emergencies, which includes sharing the emergency preparedness plan with all employees;
- The location and use of fire extinguishers and first aid equipment;
- Administering medication, if applicable;
- Preventing and responding to emergencies due to food or an allergic reaction;
- Understanding building and physical premises safety, including identification and protection from hazards that can cause bodily injury such as electric hazards, bodies of water, and vehicular traffic;
- Handling, storing, and disposing of hazardous materials including compliance with 26 TAC §746.3425; and
- Precautions in transporting children if your center transports a child whose chronological or developmental age is younger than nine years old.

I have received a copy of the child care center's operational policies.

I have received the child care center's personnel policies.

_____ Employee Signature	_____ Date Signed
_____ Trainer Signature	_____ Date Signed

### Attached Documents

- Copy of photo identification
- Copy of current driver's license for persons transporting children in care       N/A if not transporting children
- Form 2985, Affidavit for Applicants for Employment with a Licensed Operation or Registered Child-Care Home
- Form 7250, Staff Training Record
- Educational Documentation

### Privacy Statement

HHSC values your privacy. For more information, read the privacy policy online at: <https://hhs.texas.gov/policies-practices-privacy#security>.

## Operational Discipline and Guidance Policy

This form provides the required information per 26 Texas Administrative Code (TAC) minimum standards §744.501(7), §746.501(a)(7), and §747.501(5).

**Directions:** Parents will review this policy upon enrolling their child. Employees, household members, and volunteers will review this policy at orientation. A copy of the policy is provided in the operational policies.

### Discipline and Guidance Policy

**Discipline must be:**

- 1) Individualized and consistent for each child;
- 2) Appropriate to the child's level of understanding; and
- 3) Directed toward teaching the child acceptable behavior and self-control.

**A caregiver may only use positive methods of discipline and guidance that encourage self-esteem, self-control, and self-direction, which include at least the following:**

- 1) Using praise and encouragement of good behavior instead of focusing only upon unacceptable behavior;
- 2) Reminding a child of behavior expectations daily by using clear, positive statements;
- 3) Redirecting behavior using positive statements; and
- 4) Using brief supervised separation or time out from the group, when appropriate for the child's age and development, which is limited to no more than one minute per year of the child's age.

**There must be no harsh, cruel, or unusual treatment of any child. The following types of discipline and guidance are prohibited:**

- 1) Corporal punishment or threats of corporal punishment;
- 2) Punishment associated with food, naps, or toilet training;
- 3) Pinching, shaking, or biting a child;
- 4) Hitting a child with a hand or instrument;
- 5) Putting anything in or on a child's mouth;
- 6) Humiliating, ridiculing, rejecting, or yelling at a child;
- 7) Subjecting a child to harsh, abusive, or profane language;
- 8) Placing a child in a locked or dark room, bathroom, or closet with the door closed or open; and
- 9) Requiring a child to remain silent or inactive for inappropriately long periods of time for the child's age.

### Additional Discipline and Guidance Measures

*(Only Applies to Before or After School Program (BAP)/School Age Program (SAP) that Operates under 26 TAC Chapter 744)*

**A program must take the following steps if it uses disciplinary measures for teaching a skill, talent, ability, expertise, or proficiency:**

- Ensure that the measures are considered commonly accepted teaching or training techniques;
- Describe the training and disciplinary measures in writing to parents and employees and include the following information:
  - (A) The disciplinary measures that may be used, such as physical exercise or sparring used in martial arts programs;
  - (B) What behaviors would warrant the use of these measures; and
  - (C) The maximum amount of time the measures would be imposed;
- Inform parents that they have the right to ask for additional information; and
- Ensure that the disciplinary measures used are not considered abuse, neglect, or exploitation as specified in Texas Family Code §261.001 and TAC Chapter 745, Subchapter K, Division 5, of this title (relating to Abuse and Neglect).

### Signature

This policy is effective on the following date: \_\_\_\_\_

Signed by: \_\_\_\_\_

Role:  Parent  Caregiver/Employee  Household Member (CH. 747 only)

### Minimum Standards Related to Discipline

- Title 26, Chapter 746 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=746&sch=L&rl=Y)
- Title 26, Chapter 747 Subchapter L: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=747&sch=L&rl=Y)
- Title 26, Chapter 744 Subchapter G: [http://texreg.sos.state.tx.us/public/readtac\\$ext.ViewTAC?tac\\_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y](http://texreg.sos.state.tx.us/public/readtac$ext.ViewTAC?tac_view=5&ti=26&pt=1&ch=744&sch=G&rl=Y)

Effective November 1, 2014 The Tree House has implemented the following immunization policy for all of its employees to be in compliance with the Texas Department of Family and Protective Services, Minimum Standard Rule # 746.3611, which requires a policy for protecting children from vaccine-preventable diseases., While the safety of our employees and the children in our care is paramount, we have elected to make immunizations for vaccine-preventable diseases optional to the employees.

Vaccines that we currently recommend out employees receive:

- Influenza (annually)
- Pertussis (Tdap)

If the employee is not exempt from having these immunizations, The Tree House recommends that employees consider these immunizations.

The employee will indicate below if there are any exemptions that prevent them from receiving an immunization for a vaccine-preventable disease.

A copy of this policy, signed by the employee, will be kept in the employee file.

If the employee decides that these immunizations are appropriate and beneficial for their health and well-being, and receive the immunizations, they are asked to provide The Tree House with documentation that the immunizations have been received.

The Tree House will encourage the use of protective medical equipment to protect employees and children in care from exposure to possible disease. The protective medical equipment would include gloves, masks, and hand washing. The use of protective medical equipment will be based on the level of risk the employee presents to the children by the employee's routing and direct exposure to children. Employees should not be in direct contact when they are ill or exhibiting signs of illness. The Tree House will monitor information provided to the public through the CDC and /or other sources to determine the level of risk the employee presents.

There will be no discrimination or retaliatory action against any employee who does/does not receive immunizations for vaccine-preventable illness. The use of medical equipment will not be considered retaliatory when used by employees of The Tree House.

All employees will be required to sign this policy and the signed policy will be retained on file. The information related to whether or not an employee chooses to have immunizations for vaccine-preventable diseases will be confidential. Failure to sign this policy will result in the employee not being able to work directly with children.

I \_\_\_\_\_ have read and understand The Tree House Employee Immunization Policy.

I understand that having one of the recommended immunizations for vaccine-preventable illnesses is my decision. I also understand that if I elect to receive one of these immunizations that I must provide The Tree House with a receipt showing that I have been immunized, and the receipt will be retained in my employee file.

I believe that I am exempt from receiving immunizations for vaccine-preventable illnesses based on the following exemption:

\_\_\_\_ Medical condition identified as a contraindication

\_\_\_\_ Reasons of conscience (including a religious belief)

\_\_\_\_\_  
Employee Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



## Job Description:

- Discipline children positively and appropriately; recommend or initiate other measures to control behavior.
- Continuously count and record how many children you have in care, keep a named list with you at all times stating the oldest and youngest child.
- Assist in preparing food for children and serve meals and refreshments to children and regulate rest periods.
- Dress children and change diapers, and clean up after any accidents.
- Place or hoist children onto changing tables; Ability to lift children and objects weighing up to 50 pounds.
- Instruct children in health and personal habits such as eating, resting, and toilet habits.
- Keep records on individual children, including daily observations and information about activities, meals served, attendance, and medications administered. Be able to communicate with parents about any supplies needed or children's behaviors.
- Organize and participate in outside activities, such as games, gardening, outside play. Keep playgrounds presentable (pick up and dispose of trash, put away toys, bring in any supplies or belongings left behind). Continuously observe children on playground, make sure all are playing safely.
- Organize and store toys and materials to keep all activity areas clean and orderly.
- Sanitize toys and play equipment, as well as perform housekeeping duties in class and around the building such as laundry, cleaning, dishwashing, and changing of linens.
- Keep classroom neat by cleaning up after meals: mop, sweep, or vacuum, and dispose of trash when needed
- Sterilize bottles and prepare formulas.
- Support children's emotional/social development, encouraging understanding of others and positive self-concepts.
- Attend staff meetings during and after work hours, and complete annual required training hours.
- Create and post lesson plans weekly and follow them daily
- Be flexible in work duties and hours and be willing to move assignments as work load determines; be able to complete any assigned duties as needed.
- Be able to care for any age group and class. You could possibly be asked to change your work hours, and if so, we would adjust your time accordingly to keep you at either full or part time; we do not work over 40 hours weekly if possible.

By signing this statement, I have read and agree to the duties listed above.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Confidentiality Form

I \_\_\_\_\_ do hereby swear that I will uphold the policies indicated in the staff handbook and will not discuss my salary, or reviews or any other sensitive information with another employee.

I will also not discuss confidential information regarding families of the center without the director being involved.

I understand that if I do not adhere to these policies that gossiping, and discussing salaries and reviews can lead to immediate termination from The Tree House ELC.

\_\_\_\_\_  
Signature Date

Probation Period

I \_\_\_\_\_ agree to pay for the cost of both Fingerprinting \$45.00 and CPR/First Aid \$30.00 if I choose to leave/quit The Tree House ELC before 1 year has expired.

\_\_\_\_\_  
Signature Date

Staff Handbook Confirmation

Staff Member \_\_\_\_\_ Position \_\_\_\_\_ Employment Date \_\_\_\_\_

I have read and understand the staff handbook. I agree to abide by all the policies and details as stated therein.

I also understand that The Tree House ELC *does not* provide Worker's Compensation for their employees.

\_\_\_\_\_  
Signature Date

# Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

# 2022

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2: Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

**TIP:** To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500..... ▶ \$ _____ Add the amounts above and enter the total here . . . . .		
		<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . .	<b>4(c)</b>	\$

**Step 5: Sign Here**

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------	-----------------------------	--------------------------	--------------------------------------

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

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

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4 (optional).

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er); \$19,400 if you're head of household; \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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.

**Married Filing Jointly or Qualifying Widow(er)**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

**Affidavit for Applicants for Employment with a Licensed  
Operation or Registered Child-Care Home**

**An applicant for temporary or permanent employment** with a licensed child care facility, licensed child placing agency or registered child care home whose employment or potential employment with the facility, agency, or home involves direct interaction with, or the opportunity to interact and associate with, children must execute and submit the following affidavit with the application for employment:

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

**I swear or affirm under penalty of perjury that I do not now and I have not at any time, either as an adult or as a juvenile:**

1. Been convicted of;
2. Pleaded guilty to (whether or not resulting in a conviction);
3. Pleaded nolo contendere or no contest to;
4. Admitted;
5. Had any judgment or order rendered against me (whether by default or otherwise);
6. Entered into any settlement of an action or claim of;
7. Had any license, certification, employment, or volunteer position suspended, revoked, terminated, or adversely affected because of;
8. Resigned under threat of termination of employment or volunteerism for;
9. Had a report of child abuse or neglect made and substantiated against me for; or
10. Have any pending criminal charges against me in this or any other jurisdiction for;

**Any conduct, matter, or thing (irrespective of formal name thereof) constituting or involving (whether under criminal or civil law of any jurisdiction):**

1. Any felony;
2. Rape or other sexual assault;
3. Physical, sexual, emotional abuse and/or neglect of a minor;
4. Incest;
5. Exploitation, including sexual, of a minor;
6. Sexual misconduct with a minor;
7. Molestation of a child;
8. Lewdness or indecent exposure;
9. Lewd and lascivious behavior;
10. Obscene or pornographic literature, photographs, or videos;
11. Assault, battery, or any violent offense involving a minor;
12. Endangerment of a child;
13. Any misdemeanor or other offense classification involving a minor or to which a minor was a witness;
14. Unfitness as a parent or custodian;
15. Removing children from a state or concealing children in violation of a court order;
16. Restrictions or limitations on contact or visitation with children or minors resulting from a court order protecting a child or minor from abuse, neglect, or exploitation; or,
17. Any type of child abduction.

**Except the following (list all incidents, locations, description, and date) [if none, write "None"]:**

--

### Signature

The failure or refusal of the applicant to sign or provide the affidavit constitutes good cause for refusal to hire the applicant.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

┌

└

\_\_\_\_\_  
Signature of Notary Officer:

\_\_\_\_\_  
My commission expires:

┌

{Seal, if any, of notarial officer}

└