

# SOUTH JEFFERSON CENTRAL SCHOOL DISTRICT

## Information Sheet for Support Staff Positions

Persons applying for a full-time or substitute support staff position in the South Jefferson Central School District should submit the following information for consideration of their application:

1. A *letter of application* stating your interest in one or more of the following areas:

Cafeteria, Custodial, Teacher Aide, Bus Driver, Transportation Aide, Nurse\*

\*NOTE: Applicants for nursing positions need to submit a copy of their Nursing License, current first aid card, and current CPR card.

2. A *resume* stating education, work experience, and other pertinent information.
3. *Three letters of reference* from acquaintances that could attest to your ability for the position in which you are applying.
4. *Application forms* (included with this form).
5. *Fingerprinting* – Fingerprinting has changed effective July 14, 2017. Here is the new process:

Call to make an appointment: 1-877-472-6915  
Service Code for Employee: 14ZGR7  
Location: JRC, 380 Gaffney Drive, Watertown, NY  
Current Fee: \$99.00

Additional information on website: <http://www.identogo.com/>

Appointments can also be made online and payment can be made with credit card at time of scheduling. You will be required to provide two forms of identification.

Please submit the above information to:

Michelle Jaques  
Secretary to the Superintendent  
South Jefferson Central School District  
P.O. Box 10  
Adams, New York 13605-0010

-OR-

Drop off information at the District Office  
(located in the basement of the Wilson Elementary School, Adams Center)



**APPLICATION FOR EXAMINATION / EMPLOYMENT**

**Jefferson County Department of Human Resources**

175 Arsenal Street, Watertown, NY 13601

Phone: (315) 785-3147

[www.co.jefferson.ny.us](http://www.co.jefferson.ny.us)

*This application is part of your examination. Answer all questions thoroughly. **Incomplete applications may be disapproved.***  
 Before filling out your application, read carefully the announcement for this examination. When completing your application, be sure to enter the examination title and number which identifies the examination for which you are filing.

<b>Position or Exam Title:</b>		<b>Exam #</b>	
<b>Social Security Number:</b>			
<b>Name and Legal Address:</b> IMMEDIATE notice should be given to this office of any changes in address.			
Last Name		First Name	M.I.
Street	City		State Zip
<b>Mailing Address:</b> (if different from above)	Street	City	State Zip
<b>Phone Number:</b> ( ) _____	( ) _____	( ) _____	_____
Home	Business	Cell	Email Address

**PLEASE SPECIFY THE FOLLOWING PERTAINING TO YOUR PERMANENT LEGAL RESIDENCE:**

State your permanent legal residence as of the date of this application (**IMPORTANT**) This section will determine what resident list (if any) your name will be certified to. I currently reside (**indicate one of the three**) in the: **(1) City** of \_\_\_\_\_, **OR (2) Town** of \_\_\_\_\_, **OR (3) Village** of \_\_\_\_\_, in the **School District** of \_\_\_\_\_ located in the **County** of \_\_\_\_\_ in the **State** of \_\_\_\_\_.

**TESTING ACCOMMODATIONS:** We provide reasonable accommodations in testing for persons with disabilities. If you require special arrangements, a written request should be attached to this application describing the type of special arrangements required.

Yes, I need testing accommodations. (Attach description describing accommodation request).

**ALTERNATE TEST DATE:** If you cannot take the test on the announced test date because of any of the following reasons, arrangements may be made for you to take the test on an alternate test date. If applicable, **check** the appropriate box below and attach supporting documentation with this application. In the case of an emergency, please notify the Department of Human Resources on the **next** business day following the exam date. You may be required to submit **documentation** of your emergency.

- A death in the immediate family or household within the week preceding the examination.
- A medical emergency involving you or a member of the immediate family.
- Military Orders.
- Religious Observance.
- Participant or immediate family member of a participant in a religious or civil ceremony (e.g. wedding, graduation, baptism, bar mitzvah).
- Vacation plans for which a non-refundable down payment was made before the exam announcement was issued.
- A required court appearance or grand jury duty.
- A conflicting professional or educational examination.

Civil Service use only: Reviewer \_\_\_\_\_ Approved  Disapproved  Conditioned  Recv'd By \_\_\_\_\_

Reason/Comments: \_\_\_\_\_ PD  W

Are you 18 years of age or older?  YES  NO If no, you must supply a work permit.

Are you a citizen of the United States?  YES  NO  
 If selected for employment, you will be required to submit documentary proof of citizenship or status as a foreign citizen authorized to work in the United States.

Do you have a **High School diploma**?  YES  NO  
 If YES, NAME AND LOCATION OF HIGH SCHOOL:

Or, a **High School Equivalency Diploma (GED)**?  YES  NO  
 If YES, GOVERNMENT AUTHORITY (GED) NUMBER:

**EDUCATION:**

Read the exam announcement for educational requirements, if any. If a degree is required, attach a copy of your transcript.

INDICATE COLLEGE, UNIVERSITY, PROFESSIONAL, or TECHNICAL SCHOOLS(S) IN SPACE BELOW:	TOTAL CREDITS EARNED	TYPE OF DEGREE EARNED	MAJOR SUBJECT OR COURSE	DID YOU Graduate	DEGREE EXPECTED
NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /

Address (City, State):

NAME OF SCHOOL:				<input type="checkbox"/> YES <input type="checkbox"/> NO	MO YR /
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Address (City, State):

**LICENSES/CERTIFICATES OR OTHER AUTHORIZATIONS TO PRACTICE A SKILL, TRADE OR PROFESSION:**

Skill, Trade or Profession	License or Certificate Number	Issued by: (Name of City, State, or Agency)	License Dates (Mo/Day/Yr)		Permanent	
			From	To	From	To

**Driver's License** (Complete only if the position for which you are applying requires one.) Number: \_\_\_\_\_ State \_\_\_\_\_  
 Date of Expiration: \_\_\_\_\_ Class of License: \_\_\_\_\_ Endorsements: \_\_\_\_\_ Restrictions: \_\_\_\_\_

**COMPLETE ALL QUESTIONS:**

<input type="checkbox"/> YES	<input type="checkbox"/> NO	Were you ever discharged from any employment except for lack of work or funds, disability or medical condition?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever resign from any employment rather than face discharge?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Did you ever receive a discharge from the Armed Forces of the United States which was other than "Honorable" or which was issued under other than honorable conditions?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Have you ever been convicted of any crime(s) (felony or misdemeanor)?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you now under charges for any crime(s)?
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Are you an Exempt Volunteer Firefighter?
		If yes, indicate years of service:

If you answered (YES) to any of these questions, provide full details on a separate 8 1/2 x 11 sheet of paper attached to this application. Your failure to answer any of these questions or to provide sufficient details will significantly delay a determination concerning your qualifications and may deprive you of potential employment opportunities.

**EXPERIENCE:** Begin with the most recent employment. List all employment or military service that shows you meet the minimum qualifications for the examination. Omissions or vagueness will not be interpreted in your favor. You are responsible for an accurate and clear description of your experience. **DO NOT SUBSTITUTE A RESUME.** Under "DUTIES" describe the nature of work which you personally performed including the estimated percentage of time spent on each type of activity. If you supervised, state how many people and the nature of such supervision. Part-time experience will be prorated unless otherwise stated on the announcement. If more space is needed, attach 8 1/2 x 11 sheets of paper. Sheets must contain all information as requested on this form. (E.g. number of hours worked per week, dates of employment, etc...)

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
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HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
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HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
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HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

<b>LENGTH OF EMPLOYMENT</b> Month/Year to Month/Year	<b>EMPLOYER</b>	<b>ADDRESS</b>	<b>CITY, STATE, ZIP CODE</b>
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HOURS WORKED PER WEEK	EARNINGS PER HOUR \$	DUTIES:	
YOUR TITLE			
TYPE OF BUSINESS			
NAME AND TITLE OF SUPERVISOR			
REASON FOR LEAVING			

## INSTRUCTIONS AND INFORMATION

**ADMISSION TO EXAMINATION:** Do not interpret a notice to appear for, or actual participation in the examination, to mean that you have been found to meet fully the announced requirements. Depending on the time available before an examination, applicants may be admitted to the examination on the basis of statements made on the application or conditionally, without prior review of the application. Such statements may not be reviewed and/or verified until after the examination is held. At that time, those candidates not meeting the requirements will be disqualified and notified of such disqualification. Those candidates who are subsequently disqualified after taking the test will NOT be notified of their score. Telephone this agency immediately if you do not receive a notice within three days of the date of examination informing you whether or not you are to be admitted to the examination.

**ADDITIONAL EXAMINATION CREDITS PURSUANT TO CIVIL SERVICE LAW SECTION 85-A:** If you are a child of a police officer or firefighter who was killed in the line of duty in the service of the municipality for which you are applying for employment, you may be entitled for additional examination credits pursuant to Civil Service Law Section 85-a. For further information, please contact this office.

### **EXTRA CREDIT FOR WAR TIME VETERANS:**

Answering these questions means that you are requesting the extra credits. Do not answer the questions if you are not a war time active duty member of the armed forces or a War Time Veteran or if you do not want to request the extra credits. If you are currently in the Armed Forces on full-time active duty (other than for training) or if you are a War Time Veteran or Disabled Veteran, you are eligible for extra credits added to your exam score if you pass. These extra credits can be used only once for any permanent government employment in New York State. If you want to have these extra credits added to your exam score, you must answer the questions now. You can waive the extra credits later if you wish. At the time of application, you will be required to produce the documentation, such as discharge papers, to prove that you are eligible for the extra credits.

### **DO NOT COMPLETE THIS SECTION UNLESS YOU:**

1. Wish to claim War Time Veterans Credits, AND
2. Have NOT used veterans credits for appointment to a position in New York State or Local Government employment since January 1, 1951.

### **EXTRA CREDIT FOR WAR TIME VETERANS YOUR ANSWERS MUST BE "YES" TO BE ELIGIBLE FOR ADDITIONAL CREDITS.**

YES  NO I received, or expect to receive, a discharge which was honorable or release under honorable circumstances from the Armed Forces of the United States. (The "Armed Forces of the United States" means the Army, Navy, Marine Corps, Air Force, and Coast Guard, including all components thereof, and the National Guard when in the service of the United States pursuant to call as provided by law on a **full-time active duty basis other than active duty for training purposes.**)

YES  NO I served, or am serving, on an active duty basis other than active duty for training purposes during one or more of the following Time of War periods:

**In the Armed Forces:** Aug. 2, 1990 to the date when the Persian Gulf hostilities ends: Dec. 22, 1961 to May 7, 1975; June 27, 1950 to Jan. 31, 1955; Dec. 7, 1941 to Dec. 31, 1946;

**or earned the Armed Forces, Navy, or Marine Corps expeditionary medal for service in:** \*(Panama) Dec. 20, 1989 to Jan. 31, 1990; \*(Lebanon) June 1, 1983 to Dec. 1, 1987; \*(Grenada) Oct. 23, 1983 to Nov. 21, 1983;

**or in the U.S. Public Health Service:**  
June 26, 1950 to July 3, 1952; July 29, 1945 to Sept. 2, 1945

### **To claim additional credits as a Disabled Veteran, you must also answer YES to this question:**

YES  NO I have a service-connected disability rated at 10% or more incurred during a "Time of War" period listed above.

### **To claim conditional credits, please check:**

YES  NO I am currently on active duty in the Armed Forces and wish to apply for veterans credits.

### **EQUAL OPPORTUNITY EMPLOYMENT**

It is the policy of Jefferson County to provide for and promote equal opportunity in employment, compensation and other terms and conditions of employment without discrimination on the basis of age, sex, race, creed, color, national origin, sexual orientation, disability, military status, marital status, predisposing genetic characteristics, domestic violence victim status, or criminal record in connection with employment.

### **THIS AFFIRMATION MUST BE COMPLETED**

**I affirm that all statements made on this application (including any attached papers) are true. I understand that all statements made by me in connection with this application are subject to investigation and verification and that a material misstatement or fraud may disqualify me from appointment and/or lead to revocation of my appointment. Any false statements made in this application are punishable as a class A misdemeanor pursuant to section 210.45 of the Penal Law of the State of New York.**

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

\_\_\_\_\_  
Please print any other name by which you have been known.

SOUTH JEFFERSON CENTRAL SCHOOL DISTRICT  
Support Staff Substitute Questionnaire

Name \_\_\_\_\_ SS# \_\_\_\_\_

Any other name by which you have been known \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

In Emergency, Notify \_\_\_\_\_ Telephone # \_\_\_\_\_

Support staff areas interested in: \_\_\_\_\_

I (do/do not) wish to be included on the 2017-2018 substitute support staff list.

Do you wish to be considered for full-time employment? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If yes, please indicate full or part time \_\_\_\_\_

Are you a member of the NYS Employees Retirement System? \_\_\_\_\_

*Very Important* - If yes, retirement number \_\_\_\_\_

When are you not available for substitute work? \_\_\_\_\_

Are you available for assignments at all schools in the District? \_\_\_\_\_

If not, explain \_\_\_\_\_

Are you available upon short notice (1 or 2 hours)? \_\_\_\_\_

If not, explain \_\_\_\_\_

Will you have any transportation problems in reporting to work? \_\_\_\_\_

If yes, explain \_\_\_\_\_

Please list names and complete addresses for three (3) references:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand and agree to notify the Superintendent of Schools of the South Jefferson Central School District if any of the above conditions change.

\_\_\_\_\_  
Name (Signature)

\_\_\_\_\_  
Date

SOUTH JEFFERSON CENTRAL SCHOOL DISTRICT  
Retirement Membership Data

Name \_\_\_\_\_

SS# \_\_\_\_\_

1. Have you ever been a member of any public retirement system?

Yes \_\_\_\_\_ No \_\_\_\_\_ Not Sure \_\_\_\_\_

2. If you have a current active membership, please list the registration number:

NYS Employees Retirement # \_\_\_\_\_

NYS Teachers Retirement # \_\_\_\_\_

3. If the employment position you are entering mandates membership into the appropriate retirement system, you are required to complete the membership application.

4. If not currently an active member or not entering a position which mandates membership in the appropriate retirement system, would you like to join at this time?

Yes \_\_\_\_\_ No \_\_\_\_\_

I hereby acknowledge that as a result of joining the retirement system, I will be required to contribute 3 percent of my salary to the retirement system. If I elect not to join at this time, I realize I have been advised of the availability of membership into the appropriate retirement system.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>			
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">}</td> <td> <ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> </tr> </table>	}	<ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	
}	<ul style="list-style-type: none"> <li>• You're single and have only one job; or</li> <li>• You're married, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>				
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>			
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>			
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>			
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>			
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less "1"</b> if you have two to four eligible children or <b>less "2"</b> if you have five or more eligible children.</li> <li>• 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. . . . .</li> </ul>	<b>G</b>			
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ►	<b>H</b>			

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 <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► <b>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.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2017</span>
1 Your first name and middle initial _____ Last name _____	2 Your social security number _____	
Home address (number and street or rural route) _____  City or town, state, and ZIP code _____	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but <b>legally separated</b> , or spouse is a nonresident alien, check the "Single" box.	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____	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"/>	
6 Additional amount, if any, you want withheld from each paycheck . . . . .	5 _____ 6 \$ _____	
7 I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> 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						

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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.