

B & B Gas Well Services, LLC
P.O. Box 500
Keota, Oklahoma 74941
Lisa Nunneley
918.966.2204
hr@bbgws.com

B & B Gas Well Services, LLC will need the following copies

**Drivers License with Tanker Endorsement
Social Security Card
DOT Medical Card
Current Driving Record**

Please Print legible and sign where indicated on all forms

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ Cell _____ Fax _____

SSN _____ Name on DL _____

Over age 18 Yes or No DLN _____ State _____ Exp Date _____

Endorsements _____ Obtained CDL (MM/DD/YEAR) _____

Emergency Contact _____ Phone _____

Upon signing Application you are to agree to Drug Testing and Random Drug Testing when selected, agreement to the release of all Drug & Alcohol Testing to National Compliance Management Services. All Employees will be on a 90 day probation which gives B & B Gas Well Services, LLC the right to terminate for any reasonable cause or suspicion. Cost of Drug Test, Drivers License Record and/or any other expense incurred by B & B Gas Well Services, LLC due to employee negligence will be deducted from final paycheck. Upon termination or voluntary leave final paycheck will be issued the following pay period.

Applicant Signature

Date

Office Use Only

Hourly Wage _____ Prior to start date Completed when hired
Hourly Wage OT _____ Previous Employment _____ DMV Signed _____
Start Date _____ Current MVR _____ DOT Policy Signed _____
Driver Test _____ NON DOT Policy Signed _____
Drug Test _____ B & B Policy Signed _____

B & B Gas Well Services, LLC

Pervious Employment Guide

Drivers must complete previous employment history for past ten years beginning with most recent or current employer.

- ❖ 1st page of history use section for previous employer and write in last job/position or current employer
- ❖ 2nd page continue with history for past three years
- ❖ 3rd page complete 10 year history
- ❖

The past 3 years you will need to provide all information with phone and fax numbers. Previous employers will be contacted.

Do not leave out any period of time for past 10 years. Include unemployment, self employed, rehab ect.. Every month for the past 10 years must be provided. Failure to complete these forms will result in application not being processed.

Driving Record (MVR) will need to be provided before you are eligibility for hire.

Only complete top portion of pages 2 and 3. Bottom portion will be completed by your previous employer.

*Please note that you may attach your resume but it will **NOT** qualify as your previous employment records. NO APPLICATIONS WILL BE SUBMITTED FOR HIRE UNLESS PREVIOUS EMPLOYEMNT IS FILLED OUT ON THE FOLLOWING 3 PAGES.*

B & B Gas Well Services, LLC
Previous Employment

Company: _____ Supervisor's Name: _____

Address: _____ City State Zip: _____ Phone #: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for leaving: _____

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and/or controlled substance testing as required by 49 CFR Part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ City State Zip: _____ Phone #: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for leaving: _____

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and/or controlled substance testing as required by 49 CFR Part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ City State Zip: _____ Phone #: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for leaving: _____

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and/or controlled substance testing as required by 49 CFR Part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ City State Zip: _____ Phone #: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for leaving: _____

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and/or controlled substance testing as required by 49 CFR Part 40? YES NO

Company: _____ Supervisor's Name: _____

Address: _____ City State Zip: _____ Phone #: _____

Position Held: _____ From: _____ To: _____ Salary: _____
Month/Year Month/Year

Reason for leaving: _____

Was this position designated as a safety sensitive function in any DOT regulated mode and were you subject to alcohol and/or controlled substance testing as required by 49 CFR Part 40? YES NO

Release and Applicant Information Form

Requestor Information

B & B Gas Well Services, LLC
P.O. Box 500
Keota, Oklahoma 74941
Lisa Nunneley
Office 918.966.2204
Fax 918.966.3494
hr@bbgws.com

Applicant Information

Name: _____ Home Phone: _____

Current Address: _____

City: _____ State: _____ ZIP: _____

Gender: _____ Date of Birth: _____ SSN: _____

Drivers License Number: _____ State: _____

I understand and agree that the information supplied, was submitted by myself, and all information is true and correct, to the best of my knowledge. I understand that false or misleading information given in my application and /or interview will be considered as cause for possible dismissal and/or discharge. I also understand that I am to abide by all rules and regulations of B & B Gas Well Services, LLC.

B & B Gas Well Services, LLC has my authorization to thoroughly investigate my work and personal history. I understand that the information supplied by me, regarding my: Employment History, Education (including an authorization to release transcripts), Credit History, Criminal History, Medical and Professional Licensing, Motor Vehicle Records, Residence History, and References, Will be utilized as part of the processing procedures. A background check will be conducted to verify the veracity of the information submitted and will be utilized to develop information concerning my character, general reputation, personal characteristics, and mode of living. I will hold no person liable for giving or receiving information in this investigation.

I _____ hereby authorize TR Information Services an agent of B & B Gas Well Services, LLC may be asked to make a thorough check of my credit history, driving history, criminal history, past employment, education, and activities. I release from liability all persons, companies, and corporations supplying that information.

I _____ release and indemnify B & B Gas Well Services, LLC and TR Information Services against any liability that might result from making such background checks. A copy of this form is as valid as the original.

Driver's Name (please print) _____

Driver's Signature _____

Date _____

State of Oklahoma
Department of Public Safety
RECORDS REQUEST and CONSENT TO RELEASE

I hereby request the following driver record(s):

	Per Record Regular	Fee Certified
<input type="checkbox"/> Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state law limits this summary to three years]	\$25.00	\$28.00
<input type="checkbox"/> Collision Report. Provide Date: _____ City/County _____	\$7.00	\$10.00
(Effective August 26, 2011)	\$15.00	\$18.00
<input type="checkbox"/> Other Driving Record(s) (please specify record by type and date): _____	Per Page Fee	Per Certified Record Fee
	\$ 0.25	\$ 3.00

[For vehicle records, contact Oklahoma Tax Commission. For birth certificates, contact Department of Health]

for:

Driver's Name: _____ Sex: _____

Driver License Number: _____ Date of Birth: _____

Check the following applicable statement:

I am the person named in the record(s) sought. I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below.:

1. **Government Agency** (federal, state, or local, including court or law enforcement): for carrying out its functions †
2. **Legal:** in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order; order of a court.
3. **Research Activities or Statistical Reports:** personal information shall not be published, redisclosed, or used to contact individuals †
4. **Insurance Company, Insurance Support Organization, Self-insured Entity:** for claims investigation, antifraud, rating or underwriting activities †
5. **Licensed Private Investigative Agency or Licensed Security Service:** for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
6. **Employer of Commercial Driver License Holder:** to obtain or verify information required under 49 U.S.C., Chapter 313 †
7. **Other:** for use specifically authorized under the laws of the State of Oklahoma related to the public safety
 Statutory citation: _____

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

 Printed Name of Person Named in Request

 Signature of Person Named in Request

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose.

 Printed Name of Person Making Request

 Signature of Person Making Request

† Print Agency/Company Name(if item 1, 3, 4, 5 or 6 was checked above)

 Date

 Address City State Zip



Mail completed form along with appropriate fees to:
 Department of Public Safety
 Records Management Division
 P. O. Box 11415
 Oklahoma City, OK 73136-0415

Fees are listed above.
 Please send total amount due in form of:
 Cashier's Check, Money Order, Personal or Business Check
 Cash is accepted only when paying in person.
 Record fees are in accordance with Oklahoma Statutes.



FMCSA - Applicant Authorization to Release Safety Performance History

(As required by 49 CFR Parts 40.25 and 391.23)

Name of Applicant: _____ (Print Clearly)

Social Security #: _____ Date of Birth: _____

I, _____, do hereby authorize you to release the following information to B & B Gas Well Services, LLC for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have NOT performed DOT functions in the past three years.

Signature of Applicant

Date

Previous Employer: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone #: _____ Fax #: _____

The above named applicant has applied to this company for a position as _____ and states that he/she was employed by you as (position) _____ from (m/y) _____ to (m/y) _____.

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail or email the following information to:

B & B Gas Well Services, LLC
Lisa Nunneley
PO Box 500
Keota, Oklahoma 74941
918.966.2204 Fax 918.966.3494

TO BE COMPLETED BY PREVIOUS EMPLOYER

Safety Performance History:

Did he/she drive a commercial motor vehicle for you? Yes No

If Yes, what type? Straight Truck Tractor-Semi trailer Bus
 Cargo Tank Doubles/Triples Other (specify) _____

Reason for leaving your company: Discharged Resignation Lay Off Military Duty

Check if there is no safety performance history to report, sign below and return.

Accidents: Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

Date	Location	No. of injuries	No. of fatalities	Hazmat Spill
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)).

Any other remarks: _____

Signature: _____ Title: _____ Date: _____

Keep a record of this request and the response for one year.

**** Please Return to: B & B Gas Well Services, LLC Fax 918.966.3494 ****



FMCSA - Applicant Authorization to Release DOT Drug/Alcohol Test Results
(As required by 49 CFR Parts 40.25 and 391.23)

I, _____, as the Applicant, understand that as a condition of hire with B & B Gas Well Services, LLC, I must consent to the release of all DOT mandated drug and alcohol information from all of the employers for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous three (3) years.

Below, I have listed all of the employers for which I have worked during the past three years. I hereby authorize my previous employers to furnish to the prospective company the DOT information described below.

Previous Employer Name	Address	Phone Number	Fax Number	Dates of Employment

Applicant Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the check boxes below. In signing below, I certify that all of the information I have furnished on this form is true and complete, and that I have identified all of the employers for which I have worked in a DOT safety-sensitive position during the previous three years. I also understand that I am responsible for all costs associated with any pending Substance Abuse Professional assessment, recommendations, education and treatment, including costs involving return-to-duty testing and follow-up testing yet to be completed.

- Check this box if you have NOT performed DOT functions in the past three years.
- Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past three years.

Signature of Applicant

Social Security Number

Date

(To be completed by Previous Employer)
Employer)

Release of Previous Employer's DOT Drug/Alcohol Testing Results

(To be completed by Previous

In accordance with 49 CFR Part 40.25 and meeting the new FMCSA requirements, the company, named above, is required to obtain -- and as a previous employer, you are required to release -- DOT drug and alcohol information, listed below, concerning the applicant, named above. This information request covers any period of employment of the applicant by you going back three years from the date of this request. Please complete the following:

- | | | |
|--|---|--|
| <p>YES*</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> | <p>NO</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/></p> | <p>1. Any DOT alcohol test results of 0.04 or greater?</p> <p>2. Any DOT positive drug test results?</p> <p>3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted specimens)</p> <p>4. Other violations of DOT drug and alcohol testing regulations?</p> <p>5. If "yes" for any of the above items, did the employee complete the return-to-duty process?</p> <p>6. Check this box if your company and/or the applicant was <u>not</u> subject to DOT regulations.</p> |
|--|---|--|

Note: If "yes" for item 5, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company Name

Name of Person Completing Form

Date

FAX COMPLETED FORM TO: B & B Gas Well Services, LLC- Fax (918)966.3494

Instructions

Please read carefully before signing, if you do not understand please contact Lisa Nunneley at number above. This document must be signed by employees requesting Cash Advance or Loans and retained on file by B & B Gas Well Services, LLC. If this document is not signed before requesting an Advance or Loan your request will be denied until signed.

B & B Gas Well Services, LLC will charge a \$25.00 fee effective January 1, 2012 on all Cash advances or loans. A \$10.00 fee will be charged for every \$100.00. Example; \$100 advance totals \$135 employee payout. Loans of \$200.00 or greater must be authorized by Roy or Gary Bishop and collateral must be obtained prior to disbursement.

Terms of Repayment

The principal and accrued fees shall be payable in weekly installments beginning the week following the Borrower Advance or Loan. Payments will be applied first to accrued fees and remainder payment will be applied to the principal. The Borrower reserves the right to repay the Advance or Loan (in whole or in part) prior to the installment due date

Security

Larger Loans will be subjected to collateral for security and must be approved by Roy or Gary Bishop. B & B Gas Well Services, LLC is not required to rely on the collateral or the assets secured therein for the payment of the Loan. In case of default legal proceed my directly be instigated against the Borrower.

Default

If any of the following events of default occur, the Advance or Loan and any other obligations of the Borrower to B & B Gas Well Services, LLC, shall become due immediately, without demand or notice:

1. The failure of the Borrower to pay the principal and any accrued fees in full on or after due date
2. The death of the Borrower
3. The Filing of bankruptcy proceedings involving the Borrower as a debtor
4. The termination of the Borrower from B & B Gas Well Services, LLC
5. A misrepresentation by the Borrower to B & B Gas Well Services, LLC for the purpose of obtaining or extending credit

In addition, the Borrower shall be in default if there is a sale, transfer, assignment, or any other disposition of any assets pledged as security for the payment of the Loan, or if there is a default in any security agreement which secures the Advance or Loan. If any payment obligation under the Advance or Loan is not paid when due, the Borrower is required to pay all costs of collection, including reasonable attorney fees, whether or not a lawsuit is commenced as part of the collection process

Authorization

I agree and acknowledge the \$25.00 setup fee as well as the \$10.00 fee for every \$100.00. I have read and agree to the terms of the repayments, Security and Defaults and Authorize B & B Gas Well Services, LLC to act accordingly to this agreement. This authorizes B & B Gas Well Services, LLC to deduct my accrued fees and principal in weekly installments from my weekly payroll check. I agree that the transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice and has a reasonable opportunity to act on it.

Authorized Signature: _____

Print Name: _____ Date: _____

Form W-4 (2014)

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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 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 do not apply to supplemental wages greater than \$1,000,000.

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

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

Head of household. Generally, you 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 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
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.)	F	<u> </u>
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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>

For accuracy, **complete all worksheets that apply.** {

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2014
1 Your first name and middle initial	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5 <u> </u>	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ <u> </u>	
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		
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 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$	
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$	
4	Enter an estimate of your 2014 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 <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$	
6	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	6	\$	
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$	
8	Divide the amount on line 7 by \$3,950 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 2014. 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 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$	

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.