

Job Description

Position Title: ATTENDANT

Page 1 of 1

REPORTS TO:

Program Director

POSITION RESPONSIBILITIES

1. Performs Personal Care Attendant duties working with persons with disabilities. The primary goal is to assist participants to live in an ever increasing, independently empowered living environment within the community.
 - Assures client safety.
 - Assures client health.
 - Assures client welfare.
 - Utilizes time management and organizational skills.
 - Completes documentation of daily tasks as assigned.
 - Perform health delegated tasks as trained and assigned.
 - Attends workshops and training sessions as required.
2. Complies with standards of Program and Policies and Procedures of the Agency.

POSITION REQUIREMENTS

1. Must be 18 years or older.
2. Must be able to read, write and speak English
3. Must not have any convictions for certain crimes described in stated criminal legislation relating to caring for the aged and disabled.
4. Must have experience or training that demonstrates the ability to provide attendant care.
5. Must receive training in task performed for a specific individual when the attendant is assigned to provide care to that individual. Training will occur in the individual's home with full participation from the individual and their allies.

I certify I have read and fully understand the job description for Attendant as outlined above. I also understand that failure to comply with said responsibilities might result in disciplinary action and or dismissal.

Signature: _____

Date: _____

EMPLOYMENT APPLICATION

PERSONAL INFORMATION (PLEASE USE BLACK OR BLUE INK)

Please Read Carefully and Complete ENTIRE Application

All applicants with the company must be made in this form. The entire application must be completed. Incomplete applications cannot be considered. All information submitted is subject to verification. A false or misleading statement may result in disqualification or termination. Please print clearly in ink. Your application will be maintained on active file for six months.

Name _____ D.O. B. _____ Social security# _____
Last First M.I.

Address _____ Phone _____
Street City State Zip Code

Email: _____

In case of an emergency, notify: Name _____ Relationship _____ Phone: _____

Please list any other names that your employment records might be filed under: _____

EMPLOYMENT DESIRED

Type of Work Desired: _____ Salary: _____ Will you work: ☐ Full time ☐ Part time ☐ Temporary

1. Personal Attendant Servicer (PAS) _____ Are You 18 years of Age or Older? ☐ Yes ☐ No

2. _____ Are you employed Now? ☐ Yes ☐ No

Who Referred you? _____ May we contact Your Present Employer? ☐ Yes ☐ No

How far will you travel to a client? ☐ North ☐ West ☐ East ☐ South ☐ Pasadena ☐ Galveston ☐ Other _____

EDUCATION

High School:

Name and Location of School: _____

Courses Taken: _____ Completed ☐ Yes ☐ No Degree/Diploma: _____ Graduation Month/Year _____

College or University:

Name and Location of School: _____

Courses Taken: _____ Completed ☐ Yes ☐ No Degree/Diploma: _____ Graduation Month/Year _____

Vocational or Business:

Name and Location of School: _____

Courses Taken: _____ Completed ☐ Yes ☐ No Degree/Diploma: _____ Graduation Month/Year _____

Professional Education:

Name and Location of School: _____

Courses Taken: _____ Completed ☐ Yes ☐ No Degree/Diploma: _____ Graduation Month/Year _____

Scholastic Honors Received: _____

Extracurricular Activities While in School: _____

EMPLOYMENT APPLICATION

PROFESSIONAL LICENSES and/or CERTIFICATION

TYPE	ORGANIZATION OR STATE OF ISSUE	DATE ISSUED	EXP. DATE	NUMBER	VERIFIED BY:

CONFIDENTIALITY STATEMENT

As an employee of this agency, I agree to the following:

- I will hold all patients' medical information in confidence.
- I will not permit any unauthorized personnel to examine or make copies of any reports or documents that have any information concerning the current or discharged patient of the Agency.
- I will not release any therapeutically significant information given to me by the patient with the general public; however, I am obligated to share this information with the Agency.
- I agree that discussions related to a patient's condition shall be limited to the "therapeutic environment and not discussed in non-patient areas, i.e., halls, cafeteria, elevators, etc."
- I understand that any breach in confidentiality including the confidentiality of medical information is subject to disciplinary action and or dismissal.

A therapeutic environment will be defined as a location within the patients' home or within a conference setting at this agency.

EMPLOYMENT UNDERSTANDING

This agency does not discriminate in hiring or any other decisions on the basis of race, color, sex, citizenship, national origin, ancestry, Vietnam era veteran status, or on the basis of age or physical or mental disability unrelated to ability to perform work required. No question on this application is intended to secure information to be used for such discrimination.

I voluntarily give the agency the right to make a thorough investigation of my past employment and activities (including Criminal History Check and Employment Misconduct Registry Inquiry), and agree to cooperate in such investigation and release from all liability or responsibility all persons, companies, or corporation supplying such information. I consent to take a physical examination, and such future physical examinations as may be required by the agency at such times and places as the agency shall designate. I understand that an offer of employment may be contingent on passing the physical examination which relates to the essential tasks I would be required to perform in my job duties.

I understand that my employment is at will, and that either party is free to terminate the employment relationship at any time without cause. I also understand that my employment may be terminated for any misstatement or omission of fact appearing on this application form.

If employed, I will be required to complete an Employment Verification Form (I-9), and within three days show satisfactory evidence of identity and eligibility for employment.

APPLICANT'S SIGNATURE _____

DATE _____

Name _____ Marital Status M S W D Birthdate _____ Sex M or F

Position _____ Date _____

Date and Reason for Last Visit to Physician _____

HAVE YOU HAD OR DO YOU HAVE ANY OF THE FOLLOWING? (Check "Yes" or "No" after each question):

Other serious illnesses might affect your ability to perform the essential functions of the position offered (please explain).

State the details of prior illness or operations which might affect your ability to perform the essential functions of the position offered.

What, if any, accommodations do you feel would be needed in order for you to perform the essential functions of the position offered?

I, the undersigned, certify the above answers are true, and give the examining physician permission to submit a report to the facility.

Employee Signature _____ Date _____

EMPLOYMENT APPLICATION

STATEMENT OF EMPLOYABILITY

CONSENT FOR EMPLOYMENT MISCONDUCT REGISTRY AND CRIMINAL HISTORY CHECK

YOU CANNOT WORK IN A POSITION WHICH INVOLVES DIRECT CLIENT CONTACT IF YOU ARE LISTED IN THE EMPLOYMENT MISCONDUCT REGISTRY OR HAVE BEEN CONVICTED OF ANY OF THE FOLLOWING:

- An offense under Chapter 19, Penal Code (criminal homicide);
- An offense under Chapter 20, Penal Code (kidnapping and false imprisonment);
- An offense under Section 21.08, Penal Code (indecent exposure);
- An offense under Section 21.11, Penal Code (indecent with a child);
- An offense under Section 21.12, Penal Code (improper relationship between educator and student);
- An offense under Section 21.15, Penal Code (improper photography or visual recording);
- An offense under Section 22.011, Penal Code (sexual assault);
- An offense under Section 22.02, Penal Code (aggravated assault);
- An offense under Section 22.05, Penal Code (deadly conduct);
- An offense under Section 22.021, Penal Code (aggravated sexual assault);
- An offense under Section 25.031, Penal Code (agreement to abduct from custody);
- An offense under Section 22.07, Penal Code (terroristic threat);
- An offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
- An offense under Section 22.041, Penal Code (abandoning or endangering a child);
- An offense under Section 22.08, Penal Code (aiding suicide);
- An offense under Section 25.08, Penal Code (sale or purchase of a child);
- An offense under Section 28.02, Penal Code (arson);
- An offense under Section 29.02, Penal Code (robbery);
- An offense under Section 29.03, Penal Code (aggravated robbery);
- An offense under Chapter 31, Penal Code (theft) punishable as a felony if the conviction is less than 5 years;
- An offense under Section 33.021, Penal Code (online solicitation of a minor);
- An offense under Section 34.02, Penal Code (money laundering);
- An offense under Section 35A.02, Penal Code (Medicaid fraud), and
- An offense under Section 42.09, Penal Code (cruelty to animals).
- An offense under Section 37.12, Penal Code (false identification as peace officer) and
- An offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct)
- An offense under Texas Penal Code Title 5, Title 7, Title 9, Title 10 or Title 4 sections (A)-(T) or
- A conviction under the laws of another State, Federal Law, or the Uniform Code of the Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under the codes stated above.
- The Agency reserves the right to determine if any offense committed that is not listed above, would be a contraindication to employment, therefore resulting in termination or non-offer of employment.

I, _____, have been informed that a criminal history check will be performed on my name as mandated by Chapter 250 of the Health and Safety Code. I certify that I have not been convicted of any offense that would bar employment as listed above, and that I have informed this Agency of all names (i.e. maiden, aliases) that I have used in the past. I understand that if I have been hired on an emergency basis that my employment is conditional upon the satisfactory completion of the required background screening and inquiry of the Employment Misconduct Registry and or Nurses Aide Registry. I further understand that should I be arrested and convicted of any of the above listed violations, I will report this to the Agency immediately and that my services will be terminated at that time.

Please list all other names you are or have been known by:

Printed Name: _____ SSN: _____ Date of Birth: _____
Signature of Applicant: _____ Date: _____

For Official Use Only

	OFFICE PERSONNEL WHO PERFORMED CHECK	DATE OF CHECK	RESULT OF CHECK
Employee Misconduct Registry Check			
Nurse Aide Registry Check			



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

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

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

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

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

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

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

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

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

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

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

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

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



Employer Completes Next Page





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

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

Section 2. Employer or Authorized Representative Review and Verification

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

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

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

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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Personal Allowances Worksheet (Keep for your records.)

- A** Enter "1" for yourself **A** _____
- B** Enter "1" if you will file as married filing jointly **B** _____
- C** Enter "1" if you will file as head of household **C** _____
- D** Enter "1" if: { • You're single, or married filing separately, and have only one job; or
• You're married filing jointly, have only one job, and your spouse doesn't work; or
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } **D** _____
- E** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.
• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.
• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.
• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" **E** _____
- F** **Credit for other dependents.** See Pub. 972, Child Tax Credit, for more information.
• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.
• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).
• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" **F** _____
- G** **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F **G** _____
- H** Add lines A through G and enter the total here **H** _____

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

- 1** Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details **1** \$ _____
- 2** Enter: { \$24,400 if you're married filing jointly or qualifying widow(er)
\$18,350 if you're head of household
\$12,200 if you're single or married filing separately } **2** \$ _____
- 3** **Subtract** line 2 from line 1. If zero or less, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) **4** \$ _____
- 5** **Add** lines 3 and 4 and enter the total **5** \$ _____
- 6** Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) **6** \$ _____
- 7** **Subtract** line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses **7** \$ _____
- 8** **Divide** the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction **8** _____
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, above **9** _____
- 10** **Add** lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 of that worksheet on page 4. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** _____

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

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

Refer to the instructions for more information about acceptable receipts.

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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.

You aren't required to provide the information requested on a form that's 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.