

Phone: (818) 243-1977
Fax (213) 984-2653
email nbsandco@aol.com

210 N Central Ave. #100
Glendale, Ca 91203
Web www.8182431977.com

5 STEPS PAYROLL PROCESS

STEP #	FORM NAME & #	PROVIDED FROM	PROVIDED TO
1	A. W-4 = EMPLOYEES WITHOLDING ALLOWANCE CERFITICATE IRS B. DE4 = EMPLOYEES WITHOLDING ALLOWANCE CERFITICATE (EDD CA) C. I-9 = EMPLOYEMENT ELIGIBILITY VERIFICATION D. DE34 = REPORT OF NEW EMPLOYEES(NBS WILL EFILE TO GOV. AGENCY)	CLIENT	NBS ACCOUNTANT OFFICE
2	YEAR PAYCHEKS WITHOLDING AMOUNTS	NBS ACCOUNTANT OFFICE	CLIENT
3	INIDVIDUAL COMPENSATION RECORDS	CLIENT	NBS ACCOUNTANT OFFICE
4	A. ACCOUNTANT OFFICE WILL PREPARE FORMS 941, DE88, DE9, DE9C BASED ON ALL ABOVE INFORMATION B. CLIENT WILL BE PROVIDED THE FINISH PRODUCT TO DOUBLE CHECK FOR ACCURACY THEN NOOTFY US FOR ANY OR NO CHANGES	NBS ACCOUNTANT OFFICE	CLIENT
5	AFTER WRITTEN APPROVAL ACCOUNTANT WILL NOTIFY THE CLIENT FOR THE FUNDS NEEDED TO EFTPS ALL ABOVE FORMS	NBS ACCOUNTANT OFFICE	TO ALL GOVERMANTAL AGENCIES

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PREPAYMENT PAYROLL TAX DATES FOR ALL BUSINESSES

	Due On:	
JAN PREPAY	→	FEB 15
FEB PREPAY	→	MAR 15
MAR PREPAY	→	APRIL 15
APRIL PREPAY	→	MAY 15
MAY PREPAY	→	JUNE 15
JUNE PREPAY	→	JULY 15
JULY PREPAY	→	AUG 15
AUG PREPAY	→	SEPT 15
SEPT PREPAY	→	OCT 15
OCT PREPAY	→	NOV 15
NOV PREPAY	→	DEC 15
DEC PREPAY	→	JAN 15

EFTPS PAYMENT ONLY!

PLEASE NOTE

1. This calendar does not reflect all federal, State Holidays and weekends
 2. Call our office in the month of July for mid year review and December for year end review
 3. In order to avoid interest and penalties please pay the above taxes during the year in question
 4. If you overpaid the Gov. agencies will either refund or apply the taxes to the following year.
 5. If you missed one payment make it up the following payment plus the prior payment
- Any questions regarding this form ? please call us at above phone number. Thank you

Name

Signature

Date

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WHO PAYS WHAT?



EMPLOYEE



EMPLOYER



(BOTH)

FICA

(paid by employer AND employee)

What: Federal Insurance Contributions Act
When: Quarterly
Where: IRS
Why: Social Security & Medicare

FIT & SIT

What: Federal & State Income Tax
When: Quarterly
Where: Fed = IRS, State = EDD
Why: Government Spending

FUTA

What: Federal Unemployment Tax Act
When: Yearly, Due Next January 31st
Where: IRS
Why: Unemployment Compensation

DI

What: State Disability Insurance
When: Quarterly
Where: EDD
Why: Unemployed & *Un-able* to Work

UI

What: State Unemployment Insurance
When: Quarterly
Where: EDD
Why: Unemployed & *Able* to Work

ETT

What: Employment Training Tax
When: Quarterly
Where: EDD
Why: Job Training Programs

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EMPLOYEE WARNING

I _____ Owner/President of _____ addressed above.

I do hereby given a verbal and written warning for the employee, information as follow.

Name of employee:

Social Security Number:

The Warning reason for :

Date of this warning:

On the 3rd warning the said employee will be terminated.

Upon signing this Document employer and employee fully understand that on the 3rd verbal and written warning the said employee will be terminated.

(Employer name) Signature Date

(Employee name) Signature Date

(Witness name) Signature Date

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PAYROLL	
<i>Problems</i>	<i>Solutions</i>
<p>Need payroll?</p> <p>Calculate ASAP after our business hours or during weekends/holidays.</p>	<p>1) www.payrollguru.com</p> <p>2) Tabs-click the tab "Paycheck Calculator"</p> <p>3) Tabs-click the tab "Payroll Check Calculator" and the payroll calculator opens.</p> <p>4) Enter year, state, filing status, payroll frequency, gross wages, federal/state exemptions and click "Calculate Pay Check."</p> <p>5) Please fax or email us the date, check #, and amount paid to employee asap.</p> <p><i>OR</i></p> <p>1) DOWNLOAD the payrollguru app and you can do the calculations over the cell phone app anytime.</p> <p>2) Please fax or email us the date, check #, and amount paid to employee asap.</p>

NOTICE TO EMPLOYEE
Labor Code section 2810.5

Effective January 1, 2012, California Labor Code section 2810.5(a) requires that the following information be provided to each employee at the time of hire in the language the employer normally uses to communicate employment-related information. Exceptions to this requirement are indicated on the next page.
This notice is available in other languages at www.dir.ca.gov/DLSE.

EMPLOYEE

Employee Name: _____ Hire Date: _____

EMPLOYER

Name of Employer: _____

(Check all that apply): Sole Proprietor Corporation Limited Liability Company General Partnership

Other type of entity: _____

Staffing agency (e.g., temp agency or PEO)

Other Name Employer is doing business as (if applicable): _____

Physical Address of Main Office: _____

Employer's Mailing Address: _____

Employer's Telephone Number: _____

If the worksite employer uses any other business or entity to hire employees or administer wages or benefits, complete the information above for the worksite employer, complete the information below for the other business, and complete the remaining sections. If there is no other business or co-employer, or if the only other business is a recruiting service or a payroll processing service, skip the rest of this section, and complete the remaining sections.

Name of Other Business: _____

This other business is a:

Professional Employer Organization (PEO) or Employee Leasing Company or a Temporary Services Agency

Other: _____

Physical Address of Main Office: _____

Mailing Address: _____

Telephone Number: _____

WAGE INFORMATION

Rate(s) of Pay: _____ Overtime Rate(s) of Pay: _____

Rate by (check box): Hour Shift Day Week Salary Piece rate Commission

Other (provide specifics): _____

Employment agreement is (check box): Oral Written

Allowances, if any, claimed as part of minimum wage (including meal or lodging allowances):

Regular Pay Day: _____

WORKERS' COMPENSATION

Insurance Carrier's Name: _____

Address: _____

Telephone Number: _____

Policy No.: _____

Self-Insured (Labor Code 3700) and Certificate Number for Consent to Self-Insure: _____

ACKNOWLEDGMENT OF RECEIPT

(PRINT NAME of Employer representative)

(PRINT NAME of Employee)

(SIGNATURE of Employer representative)

(SIGNATURE of Employee)

(Date provided to employee & signed by representative)

(Date received by employee & signed by employee)

Labor Code section 2810.5(b) requires that the employer notify you in writing of any changes to the information set forth in this Notice within seven calendar days after the time of the changes, unless one of the following applies: (a) All changes are reflected on a timely wage statement furnished in accordance with Labor Code section 226; (b) Notice of all changes is provided in another writing required by law within seven days of the changes.

This Notice is NOT required if (a) you are directly employed by the state or any political subdivision thereof, (b) you are an employee who is exempt from the payment of overtime wages by statute or wage order, or (c) you are covered by a collective bargaining agreement that expressly provides for wages, hours of work and working conditions, and provides for premium wage rates for all overtime worked.

The full text of Labor Code section 2810.5 may be found at www.leginfo.ca.gov/calaw.html. Check "Labor Code" and search for "2810.5" in quotes.

The employee's signature on this notice merely constitutes acknowledgement of receipt. In accordance with an employer's general recordkeeping requirements under the law, it is the employer's obligation to ensure that the employment and wage-related information provided on this notice is accurate and complete. Furthermore, the employee's signature acknowledging receipt of this notice does not constitute a voluntary written agreement as required under the law between the employer and employee in order to credit any meals or lodging against the minimum wage. Any such voluntary written agreement must be evidenced by a separate document.

**REPORT OF
INDEPENDENT CONTRACTOR(S)**

See detailed instructions on reverse side. Please type or print.



05420101



SERVICE-RECIPIENT (BUSINESS OR GOVERNMENT ENTITY):

DATE	FEDERAL ID NO.	CA EMPLOYER ACCOUNT NO.	SOCIAL SECURITY NO.	NO. OF FORMS NEEDED
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
SERVICE-RECIPIENT NAME / BUSINESS NAME			CONTACT PERSON	
<input type="text"/>			<input type="text"/>	
ADDRESS			TELEPHONE NO.	
<input type="text"/>			<input type="text"/>	
CITY			STATE	ZIP
<input type="text"/>			<input type="text"/>	<input type="text"/>

SERVICE-PROVIDER (INDEPENDENT CONTRACTOR):

FIRST NAME				MI	LAST NAME								
<input type="text"/>				<input type="text"/>	<input type="text"/>								
SOCIAL SECURITY NO.			STREET NO.		STREET NAME			UNIT / APT					
<input type="text"/>			<input type="text"/>		<input type="text"/>			<input type="text"/>					
CITY								STATE	ZIP				
<input type="text"/>								<input type="text"/>	<input type="text"/>				
START DATE OF CONTRACT		AMOUNT OF CONTRACT			CONTRACT EXPIRATION DATE			CHECK HERE IF CONTRACT IS ONGOING					
<input type="text"/>		<input type="text"/>			<input type="text"/>			<input type="checkbox"/>					
M	M	D	D	Y	Y			M	M	D	D	Y	Y

FIRST NAME				MI	LAST NAME								
<input type="text"/>				<input type="text"/>	<input type="text"/>								
SOCIAL SECURITY NO.			STREET NO.		STREET NAME			UNIT / APT					
<input type="text"/>			<input type="text"/>		<input type="text"/>			<input type="text"/>					
CITY								STATE	ZIP				
<input type="text"/>								<input type="text"/>	<input type="text"/>				
START DATE OF CONTRACT		AMOUNT OF CONTRACT			CONTRACT EXPIRATION DATE			CHECK HERE IF CONTRACT IS ONGOING					
<input type="text"/>		<input type="text"/>			<input type="text"/>			<input type="checkbox"/>					
M	M	D	D	Y	Y			M	M	D	D	Y	Y

FIRST NAME				MI	LAST NAME								
<input type="text"/>				<input type="text"/>	<input type="text"/>								
SOCIAL SECURITY NO.			STREET NO.		STREET NAME			UNIT / APT					
<input type="text"/>			<input type="text"/>		<input type="text"/>			<input type="text"/>					
CITY								STATE	ZIP				
<input type="text"/>								<input type="text"/>	<input type="text"/>				
START DATE OF CONTRACT		AMOUNT OF CONTRACT			CONTRACT EXPIRATION DATE			CHECK HERE IF CONTRACT IS ONGOING					
<input type="text"/>		<input type="text"/>			<input type="text"/>			<input type="checkbox"/>					
M	M	D	D	Y	Y			M	M	D	D	Y	Y



APPLICATION FOR EMPLOYMENT

Referred By _____

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job related medical condition or handicap.

PERSONAL INFORMATION

Social Security Number		Application Date	
Last Name	First Name	Middle Initial	Telephone Number
Present Address	No. and Street	City	State
Permanent Address	No. and Street	City	State
If you are not a citizen of the United States, please indicate your authorization to be employed.		Military Service Status	Draft Classification Status

Last Name

First Name

Middle Name

EMPLOYMENT DESIRED

Position(s) applied for	Date You Can Start	Salary Desired
If you have applied to this company before, please indicate where and when.	Are you currently employed?	If so, may we contact your present employer?
If you have ever worked for this company before, please indicate when and position held.	If you have relatives employed by this company, please give names:	
Do you have special skills, experience or qualifications related to the position(s) applied for?	Do you seek full or part-time employment?	Shift or hours preferred
Do you have any physical limitations which would hinder your performance in the position applied for?		

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- Height _____ feet _____ inches Citizen of U.S. _____ Yes _____ No
- Weight _____ lbs.
- _____

PREVIOUS EMPLOYMENT

Please Explain Any Gap In Employment History Below

Please List Most Recent Employment First		Name and Location	Position	Salary	Reason For Leaving
1	From				Reason For Leaving
	To				
2	From				Reason For Leaving
	To				
3	From				Reason For Leaving
	To				
4	From				Reason For Leaving
	To				

PLEASE TURN OVER

EDUCATIONAL HISTORY

LANGUAGES SPOKEN

SCHOOL LEVEL	NAME AND LOCATION OF SCHOOL	Years* Attended	Date* Graduated	SUBJECTS STUDIED/MAJORS
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE BUSINESS PROFESSIONAL SCHOOL				

PERSONAL REFERENCES

PLEASE LIST 3 NON-RELATIVES WHOM YOU HAVE KNOWN FOR AT LEAST ONE YEAR.

	NAME AND ADDRESS	TELEPHONE	RELATIONSHIP - YEARS KNOWN
1			
2			
3			

In Case of Emergency NOTIFY: Name Address City State Zip Code

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Date: _____

Signature: _____

*The civil rights act of 1964 prohibits discrimination in employment because of race, color, religion, sex, or national origin. Some states prohibit discrimination because of age. The age discrimination in employment act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 70 years of age. If this state prohibits the request of any information on this form, this information will not be used to discriminate against possible employment.

Interviewed By _____ DO NOT WRITE BELOW THIS LINE Interview Date _____

REMARKS

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
Hired	Dept.	Position	Reporting Date
Approved By	Employment Manager	Dept. Head	General Manager

The manufacturer of this form does not assume responsibility and hereby disclaims any liability for inclusion of this form, of any questions upon which a violation of State and Federal fair employment practice laws may be based.

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature

Date (month/day/year)

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature

Print Name

Address (Street Name and Number, City, State, Zip Code)

Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification. (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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	Date (month/day/year)
--	-----------------------

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Type Or Print Your Full Name	Your Social Security Number
Home Address (Number and Street or Rural Route)	Filing Status Withholding Allowances
City, State and ZIP Code	<input type="checkbox"/> SINGLE or MARRIED (with two or more incomes)
	<input type="checkbox"/> MARRIED (one income)
	<input type="checkbox"/> HEAD OF HOUSEHOLD

- Number of allowances for Regular Withholding Allowances, Worksheet A _____
 Number of allowances from the Estimated Deductions, Worksheet B _____
 Total Number of Allowances (A + B) when using the California
 Withholding Schedules for 2012 _____
 OR
- Additional amount of State income tax to be withheld each pay period (if employer agrees), Worksheet C _____
 OR
- I certify under penalty of perjury that I am not subject to California withholding. I meet the conditions set forth under
 the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act. (Check box here)

Under the penalties of perjury, I certify that the number of withholding allowances claimed on this certificate does not exceed the number to which I am entitled or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Signature _____ Date _____

Employer's Name and Address	California Employer Account Number
-----------------------------	------------------------------------

Form W-4 (2013)

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 2013 expires February 17, 2014. 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).

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 2013. 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 _____
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 _____
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 _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$1,900 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 _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • 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 _____
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 _____

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 \$40,000 (\$10,000 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>Employee's Withholding Allowance Certificate</h2> <p>▶ 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 <h1>2013</h1>
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 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2013, 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. ▶		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) _____