

FULL MOON PRODUCTIONS, INC

EMPLOYMENT APPLICATION

HOUSE DESIRED: _____

POSITION DESIRED: _____

APPLICANT INFORMATION

Last Name		First		M.I.	Date
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone		Alternate Phone			
Social Security Number		Birthday / /			
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	
Are you 16 years of age or older?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		

REFERENCES

Please list three professional references.

Full Name	Phone ()
Full Name	Phone ()
Full Name	Phone ()

PREVIOUS EMPLOYMENT

Company Name/ Address	Phone ()
From _____ To _____	Ending Salary \$ Reason for Leaving

DISCLAIMER AND SIGNATURE

- I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release no matter when discovered by the Company.
- I understand if I am hired by the company, that I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. **You cannot be hired if you cannot comply with these requirements.**
- I understand that any employment is conditioned on a background check and I authorize the Company to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character, and general reputation to the Company, without giving me prior notice of such disclosure. In addition, I release the Company, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.
- If I am offered employment, I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test and any time deemed appropriate by the Company and as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the Company the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment, or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug test, and if I am hired a condition of my employment will be that I abide by the Company Expectations which includes, but is not limited to, drug and alcohol policies. The company reserves the right to revise its policies and procedures in whole, or in part, at any time.
- I understand and agree that nothing contained in this application, or conveyed during my interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be "at will" and without fixed term, and may be terminated at any time with or without cause and without prior notice, at the option of either myself or the Company. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the Company unless made in writing.

Signature

Date

FULL MOON'S FAIR EMPLOYMENT POLICY

Full Moon Productions, Inc. seeks to provide equal opportunity and treatment without regard to race, color, sex, age, or physical limitations.

Harassment of employees, volunteers or customers by the use of racially derogatory terms, sexual statements or innuendos or by any other means is an unacceptable practice and will be grounds for immediate termination of any Full Moon employee or volunteer. Any harassment by an employee or volunteer must be reported to a supervisor.

Any questions concerning this policy must be discussed immediately with your immediate supervisor before beginning your service.

By signing this agreement, the employee/volunteer understands this policy and agrees to comply with it in all respects.

Employee/Volunteer (PRINT NAME)

Date

Employee/ Volunteer Signature

FULL MOON'S SAFETY POLICY

Full Moon Productions desires to have an accident-free premise. While the greatest danger to customer safety is customer conduct, the employees and volunteers of Full Moon Productions, Inc can have an impact on the way that the customers act in order to prevent some of the injuries that may occur in the future.

Before any employee or volunteer reports to his or her job location, each employee or volunteer is responsible for knowing all safety devices and procedures employed at that location. Each employee or volunteer must discuss these safety devices and procedures with his or her immediate supervisor before beginning his or her shift.

Each area and room in which the employee or volunteer will work has its own specific safety procedures. In addition, there are general safety rules that must be followed in every area. Those safety rules include procedures for dealing with customers who are intoxicated or otherwise out of control; handling a customer who is belligerent or hostile; the treatment of a customer or employee who has become injured; the evacuation procedure in the event of fire or other emergency; the method used for calling for assistance; and the proper procedure for customer control.

By signing this agreement, the employee or volunteer understands the safety procedures and agrees to comply with them in every respect.

Employee/Volunteer name (PRINT NAME)

Date

Employee/ Volunteer Signature

Damage Disclosure/Authorization Form

I, _____ authorize Full Moon Productions, Inc.
(PRINT FULL NAME)

to deduct from any of my paychecks the costs associated with the replacement of costumes, masks, props, and/or sets that are destroyed by myself during the 2017 season. I understand that it is my responsibility to avoid unintentional destruction of Full Moon Productions, Inc. property. In addition, I understand that intentional destruction of property will result in immediate termination of my employment and may include prosecution to the fullest extent of the law.

Signature

Date

CONFIDENTIALITY – NON-DISCLOSURE AGREEMENT
FULL MOON PRODUCTIONS, INC.

This Agreement, is made and entered into on the date indicated below, by and between Full Moon Productions, Inc., a Missouri corporation, hereinafter referred to as "Full Moon" and _____, hereinafter referred to as "Confidential Project Member".

WITNESSETH:

WHEREAS, Full Moon is the business of promoting, operating and developing high quality haunted house and theatrical productions, web sites, video productions, promotional merchandise and all related activities in the metropolitan Kansas City area and other markets within the continental USA, including but no limited to the World Wide Web; said business referred to in this Agreement as "Full Moon's Business", and

WHEREAS, the parties agree that the business in which Full Moon is engaged is a highly competitive industry with respect to the protection of confidential and proprietary information, attraction and retention of customers and employees, development of new and current marketing, software and entertainment concepts; and

WHEREAS, the undersigned desires to be involved, either as an employee or independent contractor, in the Full Moon Development Team to further develop and enhance Full Moon's Business; and

WHEREAS, Full Moon and Confidential Project Member desire to set forth in writing the terms and conditions of the agreements and understandings between them relating to Confidential Project Member's relationship with Full Moon; and

WHEREAS, the parties agree that in the course of any employment or independent contracting relationship with Full Moon for remuneration, Confidential Project Member will be regularly exposed to Full Moon's customer lists, trade and commercial secrets, intellectual property concept developments, designs, modification, manufacturing and installation procedures, and other specialized activities associated with Full Moon's business, which would enable Confidential Project Member to acquire influence over and information about Full Moon's Business, confidential business relationships, expansion plans, methods and procedures intellectual property developments; and

WHEREAS, the parties agree that in the course of any employment or independent contractor relationship with Full Moon for remuneration, Confidential Project Member will be regularly exposed to Full Moon's customers, account contacts, advertising agencies and related companies which Full Moon services, and other specialized activities associated with Full Moon's business, which would enable Confidential Project Member to acquire influence over and information about Full Moon's customers, confidential business relationships, methods and procedures; and influence over and information about business and development plans, customers and markets associated with Full Moon's Business; and

NOW, THEREFORE, in consideration of the conditions and agreements set forth herein, and other good and valuable consideration, the parties agree to be legally bound to the following terms and conditions:

1. **Non-Disclosure of Information:**

(a) Confidential Project Member acknowledges that he will be making use of, acquiring, and/or adding to, confidential information of a special and unique nature and value relating to such matters as Full Moon's trade secrets, systems, methods, customer lists, files, procedures, manuals, designs, web site, data processing, video production, haunted house development/marketing, confidential reports, processes, business and financial policies (hereinafter the "Confidential Information"). As a material inducement to Full Moon to enter into this Agreement Confidential Project Member covenants and agrees that he shall not, now or at any time hereafter, directly or indirectly, divulge or disclose or use for any purpose whatsoever any Confidential Information that has been obtained by or disclosed to him as a result of his relationship with Full Moon. In the event of a breach or threatened breach by Confidential Project Member or any of the provisions of this paragraph, Full Moon, in addition to and not in limitation of, any other rights, remedies, or damages available to Full Moon at law or in equity, shall be entitled to a permanent injunction in order to prevent or restrain any such breach by Confidential Project Member or by Confidential Project Member's partners, agents, representatives, servants, employers, and/or any and all persons directly or indirectly acting for, with or in concert with him.

(b) It is specifically understood and agreed that the Confidential Information, customer lists, trade secrets, designs, web site development, influence and Confidential Information respecting Full Moon's Business acquired by Confidential Project Member during the term of this agreement and during the duration of his relationship with Full Moon shall always remain the property of Full Moon, and all such materials and/or information, whether initiated by Confidential Project Member, Full Moon or some third party, shall be the sole property of Full Moon, and shall constitute and be considered Confidential Proprietary Information of Full Moon. Confidential Project Member agrees to account for and/or return to Full Moon's business premises any property or materials of any type or nature in the possession of or under the control of the Confidential Project Member which in any way relates to Full Moon's business which have either been removed from Full Moon's business premises or which are being utilized by Confidential Project Member outside of Full Moon's business premises for any time or for any reason.

2. **Burden and Benefit:** This Agreement shall be binding upon, and shall inure to the benefit of, Full Moon and Confidential Project Member, and their respective heirs, personal and legal representatives, successors and permitted assigns. Confidential Project Member's rights and obligations may not be assigned.

3. **Governing Law:** The parties agree that Full Moon's principal office is located in the State of Missouri although some activities may involve use of the World Wide Web and operations and expansion to other states. The parties agree that the interpretation, construction and enforcement of this Agreement as it relates to the activities of the parties shall be governed by the laws and statutes of the State of Missouri and/or the federal patent, copyright and trademark laws of the United States, and that any action to interpret or enforce this agreement shall have proper venue in the Circuit Court of Jackson County, Missouri or the United States District Court for the Western District of Missouri. Confidential Project member agrees to indemnify and hold Full Moon harmless, including reasonable attorneys fees with regard to any expense incurred by Full Moon in connection with the enforcement of this agreement.

4. **Severability:** The provisions of this Agreement shall be deemed severable, and the invalidity or unenforceability of any one or more of the provisions of this Agreement shall not affect the validity and enforceability of the other provisions. In the event that any of the provisions hereof shall be held to be invalid or unenforceable, the remaining provisions thereof shall nevertheless continue to be valid and enforceable as though the invalid or unenforceable parts had not been included therein.

5. **Entire Agreement:** This Agreement contains the entire agreement and understanding by and between Full Moon and Confidential Project Member with respect to its subject matter, and no representations, promises, agreements, or understandings, written or oral, not contained herein shall be of any force or effect. No change or modification of this Agreement shall be valid or binding unless it is in writing and signed by the party intended to be bound. No waiver of any provisions of this Agreement shall be valid unless it is in writing and signed by the party against whom the waiver is sought to be enforced. No valid waiver of any provisions of this Agreement at any time shall be deemed a waiver of any other provision of this Agreement at such time or at any other time. Confidential Project Member agrees that the termination of Confidential Project Member's employment or independent contractor relationship by Full Moon shall not nullify or terminate the obligations of Confidential Project Member described herein, as a violation of this Agreement by Confidential Project Member following the termination of Confidential Project Member's employment would cause irreparable harm to Full Moon regardless of the employment status of Confidential Project Member.

6. **Consultation with Full Moon:** Confidential Project Member understands that if at any time he may have questions or be uncertain about the scope or meaning of this Agreement, or about the terms used in this Agreement, it shall be Confidential Project Member's duty to consult with the President of Full Moon to ascertain Full Moon's intent and interpretation of this Agreement and to reveal to Full Moon any contacts or information reasonably required by Full Moon to determine the nature and extent of any violation and/or matter of interpretation.

IN WITNESS WHEREOF, Full Moon and Confidential Project Member have duly executed this Agreement under seal as of the day and year first above written, to confirm their intent to be bound by this Agreement.

Full Moon Productions, Inc

Confidential Project Member

By: _____
 President

 Print Name & Title

Date Signed: _____

Witnessed By: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. 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 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 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	E-mail Address			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):

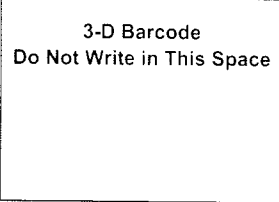
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee:	Date (mm/dd/yyyy):
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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.

Signature of Preparer or Translator:	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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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 style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write in This Space</p> </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):				
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <p style="text-align: center;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

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.

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: { • You're single and have only one job; or • You're married, 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. }	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 \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • 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.	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 \$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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
► 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.		2017		
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 2017, and I certify that I meet both of the following conditions for exemption. • 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)	