



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 or national 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)
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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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date of Birth (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 eligible 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
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Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Allowance Certificate For Privacy Act and Paperwork Reduction Notice, see reverse.	OMB No. 1545-0074 2012
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1 Type or print your first name, middle initial and Last Name		2 Your social security number	
Home address (number and street or rural route)		3 Single Married Married, but withhold at higher Single rate. Note: if married, but legally separated, or spouse is nonresident alien, check the Single box.	
City or town, state, and ZIP code		4 If your last name differs from that on your social security card, check here and call 1-800-772-1213 for more information. >	
5 Total number of allowances you are claiming (from line G above or from the worksheets on page 2 if they apply)	5		
6 Additional amount, if any, you want withheld from each paycheck.	6	\$	
7 I claim exemption from withholding for 2012 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, enter "EXEMPT" here. >			

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or entitled to claim exempt status.

Employee's Signature > _____ Date > _____, 2012

8 Employer's name and address (Employer: Complete 8 and 10 only if sending to the IRS)	9 Office code (optional)	10 Employer identification number
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Employee's phone number is _____
Employee's email address is _____