

Application for Employment

We are an equal opportunity employer and all qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law.

Applicant Name (last, first, middle): _____

Email Address: _____

Current Address: _____

City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Are you at least 18 years old? Yes No Position Applying For: _____

Full time Part time Part time per visit Pool Shift: Day Evening Night Weekends

If you are not a US citizen, do you have the legal right to remain permanently in the US? Yes No

Salary Requirements: _____ Date Available: _____

Do you have adequate means of transportation to get to work on time each day, and when call in on short notice during normal work hours? Yes No

Educational History

Type of School	Name and Location of School	Circle Last Year Attended	Graduated	Degree
High School		9 10 11 12		
College		1 2 3 4		
College		1 2 3 4		
Other		From: To:		

List professional licenses you possess. Indicate type (i.e., license, certification, registration, etc.), number, and issuing state:

List any memberships in professional organizations, honors, or activities which you feel would enhance your application, excluding those that would indicate race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law:

Application for Employment

Name: _____

List languages spoken other than English:

List other skills applicable to the position for which you are applying, including computer experience, typing speed, etc.:

Work History

Attach an additional sheet listing other work experience pertinent to the position for which you are applying if the space below is insufficient.

Company Name	Complete Address including city, state, zip	Phone Number	Supervisor's Name
Date Started	Type of Business <input type="checkbox"/> Full time	Reason for Leaving	Ok to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Left	<input type="checkbox"/> Part time <input type="checkbox"/> Per visit		

Describe your job title, responsibilities, and accomplishments:

Company Name	Complete Address including city, state, zip	Phone Number	Supervisor's Name
Date Started	Type of Business <input type="checkbox"/> Full time	Reason for Leaving	Ok to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Left	<input type="checkbox"/> Part time <input type="checkbox"/> Per visit		

Describe your job title, responsibilities, and accomplishments:

Application for Employment

Name: _____

Company Name	Complete Address including city, state, zip	Phone Number	Supervisor's Name
Date Started	Type of Business <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per visit	Reason for Leaving	Ok to Contact Supervisor <input type="checkbox"/> Yes <input type="checkbox"/> No
Date Left			
Describe your job title, responsibilities, and accomplishments:			

Personal References – Name, Phone, Relationship:

Emergency Contact: _____

Relationship: _____ Phone: _____

Address: _____

Out-of-State Contact (if possible): _____

Relationship: _____ Phone: _____

Address: _____

Application for Employment

Please review and sign

In making application for employment:

- I certify that the information in this application is true and complete for all practical purposes. It may be verified by the Hospice or any affiliate. Should a position be offered and later it is found that the information is significantly untrue, incomplete, or misrepresented, I understand and agree that the Hospice or its affiliates are relieved of all commitments, financial or otherwise pertinent to employment, and that I am subject to immediate termination without recourse.
- I understand and agree that if I am offered employment by the Hospice, my employment will be for no definite term and that either I, or the Hospice will have the right to terminate the employment relationship at any time, with or without cause, and with or without notice. I also understand that this status can only be altered by a written contract of employment which is specific as to all material terms and is signed by me and the Administrator of the Hospice.
- I understand, if I have direct patient contact that the Hospice will perform a background check, including criminal history check, OIG exclusion list check (if applicable), and any additional checks as required by accrediting body standards or State Regulations. I further understand, if I am an unlicensed person, the Hospice will perform a check of the Nurse Aide Registry and Employee Misconduct Registry. I understand that: 1) the purpose of the Employee Misconduct Registry is to ensure that unlicensed personnel who commit acts of abuse, neglect, exploitation, misappropriation, or misconduct against residents and consumers are denied employment in HHS-regulated facilities and agencies; 2) the State of Texas maintains a registry of all nurse aides who are certified to provide services in nursing facilities and skilled nursing facilities licensed by the Texas Health and Human Services (HHS) and they review and investigate allegations of abuse, neglect, or misappropriation of resident property by nurse aides and if there's a finding of an alleged act of abuse, neglect, or misappropriation, the nurse aide may request both an informal reconsideration and a formal hearing before the finding is placed on the registry; 3) All HHS-regulated facilities and agencies are required to check the Employee Misconduct Registry and Nurse Aide Registry before hire to determine if I am listed in either registry as having committed an act of abuse, neglect, exploitation, misappropriation, or misconduct against a resident or consumer and am, therefore, unemployable. I understand that a refusal to authorize the criminal background check may result in adverse employment action, such as rejection of the application or termination of employment.

Release: I hereby authorize any prior employers to provide such information concerning my employment with them as may be requested, and also authorize the Registrar / enrollment or admissions office of all educational institutions attended to release an official copy of my transcript and, if available, faculty appraisals. I also authorize any appropriate licensing board to release full information concerning my license status and my license history.

Applicant Signature: _____ Date: _____

For Office Use Only	<input type="checkbox"/> Interview(s)	<input type="checkbox"/> References Checked	If Hired:
			Position: Start Date:
			Salary: <input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Per visit

Reference Request

Date: _____ Check method of gathering reference data: Verbal Mail Other: _____

Reference Name: _____

Company/Facility: _____

The individual named below is applying for a position as _____ and has given your name as a reference. Because we place a great importance on the thorough screening of all applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance, (Name of Representative) _____

Applicant Release

Last Name, First, Middle: _____

Maiden/Alias (if applicable): _____

Position Held: _____ Dates Employed: From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to patients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature: _____ Date: _____

1. Please confirm the applicant's employment dates: From _____ To _____

2. Please comment on the applicant's attributes using the provided scale:

Quality of Work:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Knowledge & Skills:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Reliability & Attendance:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Cooperation:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Competence:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Supervisory Ability & Capacity:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Grooming:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable

3. Please indicate specialty areas in which the applicant has had experience: _____

4. Please indicate any special considerations necessary when giving assignments to this individual:

5. Is the applicant eligible for rehire? Yes No If no, explain: _____

Please attach any additional comments.

Signature: _____

Position/Title: _____ Date: _____

Reference Request

Date: _____ Check method of gathering reference data: Verbal Mail Other: _____

Reference Name: _____

Company/Facility: _____

The individual named below is applying for a position as _____ and has given your name as a reference. Because we place a great importance on the thorough screening of all applicants, we would appreciate a prompt and thoughtful response.

Thank you in advance, (Name of Representative) _____

Applicant Release

Last Name, First, Middle: _____

Maiden/Alias (if applicable): _____

Position Held: _____ Dates Employed: From _____ To _____

I hereby release from all liability the company or person completing this form, and authorize them to release all information regarding my employment with them. I understand that this information may be released to patients of the requesting company and other requesting third parties on a need to know basis. I also release the requesting company from all liability for any damages from the disclosure of this information.

Applicant Signature: _____ Date: _____

1. Please confirm the applicant's employment dates: From _____ To _____

2. Please comment on the applicant's attributes using the provided scale:

Quality of Work:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Knowledge & Skills:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Reliability & Attendance:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Cooperation:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Competence:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Supervisory Ability & Capacity:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable
Grooming:	4 = Excellent	3 = Good	2 = Fair	1 = Poor	N/A = Not applicable

3. Please indicate specialty areas in which the applicant has had experience: _____

4. Please indicate any special considerations necessary when giving assignments to this individual:

5. Is the applicant eligible for rehire? Yes No If no, explain: _____

Please attach any additional comments.

Signature: _____

Position/Title: _____ Date: _____

Compliance Pledge

Hospice Name: _____

(Complete upon hire and annually)

The undersigned is a current Governing Body member, Interdisciplinary Group/Team (IDG/IDT) member, owner, officer, director, or person who performs billing or coding functions on behalf of the Hospice or an employee of the Hospice. In that capacity, the undersigned hereby affirms that:

I have received the Hospice Standards of Conduct, have had an opportunity to have questions regarding the Standards of Conduct answered, and agree to conduct myself in accordance with the same in all dealings with or on behalf of the Hospice.

I have completed the Compliance Training and Education Program as required by the Hospice's Compliance Program.

I am not aware of any actual or potential unreported activity by any person or entity acting for or in conjunction with the Hospice which is known or believed by me to be in violation of any applicable federal or state law, rule, or regulation.

I understand the importance of compliance with applicable laws, rules, and regulations to the Hospice, government, and third-party payers.

I understand that all Hospice representatives are expected to report any suspected violations of these laws, regulations, or rules to the supervisor or the Compliance Officer. I understand that I must also report any suspected violations of the policies or the standards and procedures of the Program, and that I may anonymously report any suspected violations through the compliance drop box or the hotline number at _____.

I understand that conduct in accordance with the Hospice's Compliance Program will be a condition of my continued relationship with the Hospice. I understand that failure to comply with the Program may subject me to sanctions or discipline to include, but not be limited to, termination of employment and/or privileges.

I am not currently, and have not been, subject to any criminal charge or conviction involving any government business nor any conviction, exclusion action, disciplinary action, debarment or proposed debarment, or loss or limitation of licensure, privilege, or employment as a result of any alleged violation of applicable state or federal law, rule, or regulation.

Signature

Date

Print Name/Title or Job Description

Confidentiality/Conflict of Interest Disclosure Statement

Hospice: _____

Confidentiality/Non-Disclosure of Company or Patient Information:

Access to any confidential or proprietary information will be limited to the minimum required for the performance of duties as relates to each individual's job. Any confidential information created, received, maintained, used, disclosed, accessed, or transmitted in the performance of job duties will be maintained and protected from unauthorized disclosure.

The Health Insurance Portability and Accountability Act (HIPAA) ensures the patients' right to privacy of Protected Health Information (PHI) to be maintained at all times. Any information related to the care of patients through the Hospice will be held as confidential. All information, written or verbal, will be disclosed only to appropriate healthcare personnel, appropriate staff, those with a "need to know basis", or individuals the patient requests.

Conflict of Interest Disclosure Statement:

I acknowledge I have read the policy and procedure regarding conflict of interest and the procedure for disclosure. I understand that if I have an outside relationship that is personal, professional, or otherwise, with a patient, vendor, or potential business associate, I must disclose the nature of that relationship to my supervisor, or Administrator as soon as the relationship is established. I also understand that I forfeit any voting privileges, decision-making capacity, and input from any activities associated with said relationship.

I have no conflict of interest to report.

I, _____ as a staff member, Governing Body member, or member of any Advisory Committee, am providing the following disclosure of potential conflict of interest:

Printed Name

Signature

Date

The reported conflict of interest reviewed by the Governing Body with the following decision(s) made:

Governing Body Member Signature

Date

Orientation Checklist

Please review the statutory definition of employee* located on the last page, as an endnote.

General Orientation

1. **Introduction**

- Welcome
 - Hospice Overview
 - Hospice Mission Philosophy
- Overview of Hospice
 - Organizational Chart
 - Scope of Services
 - Geographical Coverage
 - Accessing Hospice Policies and Procedures
 - Location of SDS Information

2. **Hospice/Employee Commitment and Responsibilities**

- Community and Customer Relations
- Discrimination and Harassment
- Reasonable Accommodation
- Lactation Accommodations
- Drug-Free Workplace
- Smoke-Free Workplace
- HIPAA/Confidentiality
- Professional Conduct
- Attendance
- Professional Appearance
- Dress Code
- Telephone Usage
- Telephone Courtesy
- Quality Assessment Performance Improvement (QAPI) Program
- Patient Complaints
- Fraud and Abuse
- Business Ethics
- Patient Care Ethics
 - Ethics Committee
 - Cultural Diversity
 - Compliance Program (if applicable)
 - Conflict of Interest

3. **Human Resources/Personnel Administration**

- Personnel File Maintenance
- Employee Education

- Employee Performance
- Employee Grievance/Complaint Resolution
- Progressive Discipline

4. **Compensation**

- Work Schedules/Time Records
- Pay Checks/Deductions/Overtime/Holidays
- Family Medical Leave Act (FLMA)
- Jury Duty

5. **Safety/OSHA**

- OSHA
- Risk Management
- Personal Safety
 - Driving Safety
 - Body Mechanics
- Fire Safety Procedures
 - Office
 - Patient Residence
- Workplace Security
- Workplace Safety
- Workplace Violence Prevention Program (if applicable)
- Workplace Violence Prevention Committee (if applicable)
- Respiratory Protection Program
- Exposure Control
 - Standard Precautions
 - Hepatitis B
 - Personal Protective Equipment (PPE)
 - Hazardous Waste
- Infection Control
 - Hand Hygiene
- Emergency Preparedness and Response
- Equipment Safety/Maintenance
- Adverse/Inclement Weather
- Equipment Safety/Safe Medical Device Act Occurrence/Violence Incident Reports

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Orientation Checklist

Please review the statutory definition of employee* located on the last page, as an endnote.

Clinical Orientation

6. **Professional Direct Care Staff**

- Patient Care Policies and Procedures
 - On-Call for Patient Care
 - Alternative Communication
 - Advance Directives
 - Patient Rights/Responsibilities
 - Medical Emergency Management
 - Change in Patient Condition/Verbal Orders
 - Abuse, Neglect, and Exploitation
 - Pain
 - Supplies and Medical Equipment
 - Transfer/Discharge
- Documentation
 - Documentation Guidelines in Home Care
 - Documentation to Support Medical Necessity

7. **Admission and Recertification**

- Criteria for Admission
- Criteria for Medicare Coverage
- Admission Process
- Regulatory Document Function Table
- Documentation
 - Consent Form
 - Comprehensive Assessment
 - Advance Directives
 - Home Safety Assessment
 - Medication Profile
 - Plan of Care (POC)
 - Hospice Aide Care Plan

8. **Hospice Quality Reporting Program**

- HQRP Introduction and Hospice Item Set (HIS)
- Hospice CAHPS

9. **Hospice Core Services Plus Therapies and Volunteer Services**

- Physician Services
- Nursing Services
- Medical Social Services
- Counseling Services
- Therapists and Volunteers

10. **How Hospice Cares – From the Beginning to Present**

- History Defines End of Life Care
- Facility Care – Professional Management
- Levels of Care
- Grief and Bereavement
- What to Expect in the final States of a Patient’s Life

11. **Pain Assessment and Symptom Management**

- Overview of Pain
- Pain Assessment
- Symptom Management
- Relaxation Exercises for Symptom Management
- Tips for Increasing Nutritional Intake

12. **Hospice Aide Services**

- Introduction
 - Goals of Hospice Care
 - General Guidelines
 - In-Services
 - Professional Conduction
 - Patient Rights
 - Confidentiality
- Communication Skills
 - Guidelines for Effective Communication
 - Barriers to Effective Communication
- Provision of Care
 - Hospice Aide Care Plan
 - Hospice Aide Visit Note
 - Reporting Patient Observations
 - Guidelines for Charting

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Orientation Checklist

Please review the statutory definition of employee* located on the last page, as an endnote.

Approved Medical Abbreviations

Communication Note

Tips for Time Management

Supervision of Aide Services

Safety

Personal/Equipment/Oxygen/

Bathroom

Life Threatening Emergency Guidelines

Abuse, Neglect, and Exploitation

Exposure Control/Work Practice Controls

Cleaning Equipment

Death and Dying

Overview

Death and Dying Summary Sheet

13. State Specific Orientation Information

State Orientation Manual

14. Tour of Office

Medical Supplies

Endnote: The Code of Federal Regulations Title 42, Part 418, Subpart A, Hospice Care sets forth the following statutory definition/term.

§418.3 Definition of **employee*** means a person who:

(1) Works for the Hospice and for whom the Hospice is required to issue a W-2 form on his or her behalf;

(2) If the Hospice is a subdivision of an agency or organization, an employee of the agency or organization who is assigned to the Hospice; or

(3) Is a **volunteer** under the jurisdiction of the Hospice.

*Wherever the above term **employee*** is used in the Orientation Checklist, its meaning is reflective of the statutory definition, including but not limited to (3) **volunteer**.*

Employee Signature: _____ Date: _____

Supervisor Signature: _____ Date: _____

Employee Acknowledgment

Confidentiality: The Hospice maintains confidentiality of operations, activities, and business affairs of the Hospice and the patients according to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the Texas Medical Records Privacy Act as defined in the Texas Health and Safety Code, Chapter 181. Due to the nature of work, each employee will gain, directly or indirectly, sensitive and confidential information regarding patients and staff members. The healthcare professional safeguards the patient’s right to privacy by judiciously protecting information of a confidential nature including medical treatment information, diagnosis, medical records, personal patient information, etc. This information should be shared only with those persons whom, due to position, have a need to know. Sensitive or confidential information must never be used as the basis for social conversation or gossip. If an employee is in doubt as to whether certain information may be shared, the employee should consult with the supervisor.

Drug Testing Policy: The Hospice maintains a Drug-Free Workplace Policy with regard to the possession, use, distribution, and sale of drugs or alcohol. All employees are prohibited from the unlawful or unauthorized manufacture, distribution, dispensing, possession, or use of a controlled substance or any alcoholic beverages while in the workplace or on company paid time. Violation of this policy can result in disciplinary action up to and including termination of employment. The employee acknowledges receipt of a copy of the Hospice’s policy on drug testing.

Harassment Policy: The Hospice is committed to providing a work environment that is free from all forms of discrimination and unlawful harassment including sexual harassment. This policy applies to all employees including management personnel. Sexual harassment is any unwelcome sexual advances, either explicit or implicit, as a term or condition of employment. Improper behavior may be verbal, visual, or physical in nature and/or the creation of a hostile environment. Management will investigate complaints of sexual harassment promptly, impartially, and without fear of retaliation to the employee. An employee should report the alleged incident immediately and confidentially to the appropriate manager or to human resources.

Non-Solicitation/Illegal Remuneration: The Hospice does not reimburse or provide incentives to physicians, durable equipment providers, families, or other referral entities for patient referrals for hospice services. Employees may not solicit patients for the Hospice. Employees found in violation of this non-solicitation policy will be subject to discipline up to and including termination of employment.

Non-Discrimination: The Hospice does not discriminate against employees or volunteers based on race, color, religion, sex, national origin, disability status, protected veteran status, or any other characteristic protected by law. The employee may file a report of a grievance or complaint regarding discrimination with the Office of Civil Rights within 180 days of when the employee knew of the situation.

Non-Discrimination: The Hospice does not discriminate in patient provision of services with respect to race, color, national origin (including limited English proficiency and primary language), age, sex (as described in 45 CFR §92.101(a)(2)), disability, basis of relationship or association, source of payment according to Title VI of the Civil Rights Act or any other characteristic protected by law.

Abuse, Neglect, and Exploitation: Hospice employees will report suspected abuse, neglect, and/or exploitation to hospice management and state authorities per policy and regulations. Hospice employees suspected of abuse, neglect, or exploitation will be suspended immediately, an investigation will be conducted, and if the investigation validates the claim, the employee will be terminated.

Worker’s Compensation: The Hospice is a subscriber to worker’s compensation insurance. An employee who incurs an injury on the job that requires emergency medical treatment or is life threatening should proceed to the nearest emergency room. Emergency medical treatment (non-life threatening) or non-emergency treatment should be referred to the Hospice’s designated clinic. Notify the Hospice of an injury within twenty-four hours to complete paperwork. Medical expenses for injuries are covered with the exception of the following: employee’s willful intent to hurt self or others, intoxication or drug use, horseplay, acts of God, and/or acts of a third-party.

Progressive Discipline Policy: The Hospice utilizes a progressive discipline process in cases of misconduct or unacceptable performance. This includes a verbal warning, written warning, and final warning. Disciplinary action may begin at an advanced stage of the process or may result in immediate termination based upon the nature and severity of the offense, the employee’s past record, and other circumstances.

Hospice Policies: I acknowledge that I have read, understand, and will comply with all applicable Hospice policies and guidelines.

Employee Signature: _____ Date: _____

Statement of Employability

By execution of this document, I acknowledge that I have been informed by the Hospice and agree that the Hospice may conduct a State of Texas criminal history check. I agree to a search of the Nurse Aide Registry (NAR) and the Employee Misconduct Registry (EMR) prior to employment and at least every 12 months if hired. I understand that these checks will determine if I have a criminal conviction or have committed certain conduct that will bar me from employment with this Hospice. I understand that I am unemployable if listed as unemployable in the NAR or EMR per Texas Administrative Code (TAC), Title 26, Chapter 561, Rule §561.3 and Texas Health and Safety Code (HSC), Chapter 253; or if listed as unemployable in the Texas Health and Human Services Commission Office of the Inspector General (HHSC-OIG) List of Excluded Individuals and Entities (LEIE) pursuant to TAC, Title 1, Chapter 371 relating to Medicaid and other Health and Human Services Fraud and Abuse Program Integrity.

Criminal History Check

I have informed the Hospice of all names (i.e., maiden, aliases) that I have used in the past. I understand that my employment is pending the results of the criminal history check, and that I may not have face-to-face patient contact until results are returned. I will be notified of the results.

If employment is gained, I agree that the Hospice may conduct annual or periodic criminal history checks while I am employed.

I acknowledge that if I am found to have been convicted of any offense(s) barring employment, that these offenses may bar my employment. I understand that all information obtained by this Hospice regarding any criminal history will remain confidential. I certify that the information on this form contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge.

Last Name, First, Middle: _____

Maiden/Alias (if applicable): _____

Applicant Signature: _____ Date: _____

For Hospice Use Only: Criminal history, Employee Misconduct Registry (EMR), Nurse Aide Registry (NAR), and LEIE checks completed. Attach state-specific background check policy regarding convictions barring employment.

- Criminal history check completed online <https://www.dps.texas.gov/section/crime-records>
- Other convictions identified on criminal history. (Document reason hiring in comments below.)
- NAR and EMR checked online through HHSC's Employability Search System via TULIP at <https://txhhsregulatory.my.site.com/EMR/>
- OIG LEIE checked at <https://oig.hhs.texas.gov/exclusions> and <https://exclusions.oig.hhs.gov/>
- GSA/SAM <https://sam.gov/content/home>
- Applicant employable
- Applicant NOT employable

Comments: _____

Verified by: _____ Date: _____

HIPAA-PHI Protection Agreement

- I plan to utilize electronic documentation of patient care.
- I will ensure confidentiality and security of patient information by password protecting the device or program utilized.
- I agree to change the password at least quarterly or following a breach of security.
- I will not provide my password to anyone.
- I will use an electronic signature, if acceptable to payor source. Authentication will be available if requested by the Hospice.
- I have been informed of the Hospice's Medical Record Information Confidentiality Policy and Safeguarding Medical Record Content and Confidential Information Policy, and I agree to abide by these policies.
- I have completed the required training on the Texas Medical Records Privacy Act described in the Texas Health and Safety Code, Chapter 181, Section 181.001 concerning protected health information as necessary and appropriate to carry out my duties for the Hospice.

Printed Name

Signature

Date

Influenza Vaccination Program/Employee Influenza Vaccination Verification

The Hospice who chooses to implement an Influenza Vaccination Program will provide and administer the Influenza vaccine to safeguard employees annually per the current Centers for Disease Control and Prevention (CDC) guidelines.

Influenza (Flu) is transmitted from person to person primarily through large-particle droplets made when people with flu cough, sneeze, or talk. Less often, a person might get influenza by touching a surface or object that has the influenza virus on it and that person touches their own mouth, nose, or possibly their eyes. The virus can be detected in most infected people beginning one day before symptoms develop and up to five to seven days after becoming sick. People with the influenza virus are the most contagious during the first three days of their illness. People who have influenza often feel some or all of these signs and symptoms: fever, chills, sore throat, muscle or body aches, fatigue, cough, headache, and/or runny or stuffy nose. For most people, symptoms last only a few days.

The seasonal influenza vaccine is the most important way of preventing seasonal influenza virus infections and potentially severe complications, even death. Therefore, it is important employees have knowledge of the influenza vaccination prior to making the decision whether to have the vaccine or not.

The following links are provided to inform and educate the employee on the Influenza vaccine.

1. CDC Influenza (Flu) guidelines at: <https://www.cdc.gov/flu/vaccines/vaccinations.html>
2. CDC Vaccination Information Statement (VIS) at: <https://www.cdc.gov/vaccines/hcp/current-vis/downloads/flu.pdf>
3. CDC Seasonal Flu Vaccination Basics at: <https://www.cdc.gov/flu/vaccines/index.html>
4. CDC Key Facts About Seasonal Flu Vaccine at: https://www.cdc.gov/flu/vaccines/keyfacts.html#cdc_generic_section_6-vaccine-side-effects-what-to-expect
5. CDC Preventing Seasonal Flu- Take everyday preventative actions to stop the spread of germs (non-vaccine control measures) at: <https://www.cdc.gov/flu/prevention/index.html>

Topics within the information (links) provided above include but are not limited to, the following:

- Who needs a flu vaccine
- Flu vaccine
- People who can get the flu shot
- Recommended vaccines depend on a person's age and other characteristics
- Vaccine options
- When to get vaccinated against flu
- People who should not get a flu shot
- People who should talk to their health care provider before getting a flu shot
- Benefits of flu vaccination
- Vaccines and people with egg allergies
- Side effects of the flu vaccination
- Non-vaccine control measures

Influenza Vaccination Program/Employee Influenza Vaccination Verification

Employee Influenza Vaccination Verification

I acknowledge I have received and reviewed the CDC's Influenza Guidelines, Influenza Vaccination Information Sheet (VIS), Seasonal Flu Vaccination Basics, Key Facts About Seasonal Flu Vaccine and the CDC Preventing Seasonal Flu (non-vaccine control/preventative measures) as discussed above. I understand there is additional Flu vaccine information on the CDC website, and I understand how to access this information.

I understand that the Hospice strongly recommends that I take the influenza vaccine annually.

I understand that the seasonal influenza vaccine is the most important way of preventing seasonal influenza virus infections and potentially severe complications, including death.

I understand non-vaccine control and prevention measures, include using appropriate respiratory hygiene measures, hand hygiene measures, and standard precautions.

The box checked below reflects my influenza vaccine status for the current year:

- I have already received the current year influenza vaccine.
- I refuse the current year influenza vaccine for the following reason(s):
 - Medically contraindicated due to:
 - Severe reaction to an influenza vaccination
 - Moderate to severe illness with a fever
 - History of Guillain-Barré Syndrome
 - Other medical contraindication: _____
 - Other reason: _____
 - Religious preference
 - Fear of needles
 - Opposed to vaccinations
 - Unpleasant prior experience
 - Personal choice _____
 - Other _____
- I have not received the current year influenza vaccine. I understand that I have the option of obtaining the vaccine at local pharmacies, grocery stores, drug stores, clinics, physician offices, or health department.
- I accept the influenza vaccine as provided by the Hospice.

Employee Signature

Date

Hospice Representative Signature

Date

TB Individual Risk Assessment and Symptom Evaluation

***Healthcare Personnel Name:** _____ **Date of Assessment:** _____

Reason for completion (check one):

- Pre-hire Baseline Individual Risk Assessment and Symptom Evaluation
- Annual Individual Risk Assessment and Symptom Evaluation

TB Risk Assessment

Healthcare Personnel should be considered at increased risk for TB if any of the following statements are marked "Yes".
(Note: The TST result is interpreted differently depending on the individual's risk factors.)

	Yes	No
Have you had temporary or permanent residence of greater than one month in a country with a high TB rate? (Any country other than the United States, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe)		
Have you been in close contact with someone who has had infectious TB disease since your last TB test?		
Do you have current or planned immunosuppression, including: <ul style="list-style-type: none"> • Human immunodeficiency virus (HIV) infection • Organ transplant recipient • Treatment with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other) • Treatment with a chronic steroid (equivalent of prednisone greater or equal to 15 mg/day for greater than or equal to one month) or • Treatment with other immunosuppressive medication 		

- Yes, one or more of the above listed applies** **No, none of the above listed apply**

If **Yes** is selected: Healthcare Personnel may have increased risk of TB; If baseline testing is required, results should be interpreted according to risk. Refer to:
https://www.cdc.gov/tb/media/What_You_Need_to_Know_About_the_TB_Skin_Test.pdf

If **No** is selected: Healthcare Personnel has a lower risk for TB infection. If no TB risk factors have been identified and Healthcare Personnel have a TST with a positive result, they will need a confirmatory TST/IGRA test. See Additional Testing at <https://academic.oup.com/cid/article/64/2/e1/2629583>.

Symptom Evaluation (Required for pre-hire and annually)

Do you currently have any of the following signs or symptoms of TB disease?

- Cough lasting three weeks or longer?
- Unexplained weight loss
- Pain in the chest
- None of the above apply
- Coughing up blood or sputum
- Fever/chills for no known reason
- Lack of appetite
- Night sweats
- Fatigue

TB Individual Risk Assessment and Symptom Evaluation

*Healthcare Personnel Name: _____ Date of Assessment: _____

Persons with any of the above signs and/or symptoms of TB need further evaluation. This includes a TST/IGRA (Unless there is documentation of previous positive results), a chest x-ray, and full medical exam (sputum collection may be recommended). Healthcare Personnel, including volunteers, may not return to work until after they have been cleared.

I am not experiencing any of the above symptoms.

I understand if I am experiencing any of the above symptoms, follow-up will be required. Additionally, I understand if I have any of the above symptoms at any time in the future, I am to report to management immediately and follow-up will be required at that time.

Signature: _____ Date: _____

For office use only:

Healthcare Personnel has been provided a copy of the CDC's TB Fact sheet from <https://www.cdc.gov/tb/communication-resources/tuberculosis-fact-sheet.html>

No TB-like symptoms reported or observed.

Name of Agency Representative (Print)

Signature of Agency Representative

Date/Time

* Statutory definition of Healthcare Personnel includes volunteers

Hepatitis B Vaccination

Due to occupational exposure to blood or other potentially infectious materials, you may be at risk for acquiring hepatitis B viral (HBV) infection. The vaccination series is available, at no cost to you. Please indicate below acceptance or declination to receive the vaccine.

Hepatitis B is a bloodborne virus which can cause a range of symptoms from mild to serious, and possibly result in fatal liver damage to those who become infected. The virus can be transmitted through contact with infectious fluids of a person who has the hepatitis B virus. You have been taught the concepts of standard precautions concerning safe patient care and the use of PPE to avoid unnecessary exposure.

The synthetic hepatitis B vaccine is derived from yeast cells. It is not composed of human blood or plasma. It is given as a series of three injections into the arm muscle at prescribed intervals over a six-month period. It has proven to be 80-90% effective in protecting against contracting the disease. There may be hypersensitivity to the vaccine, and there may be soreness and swelling of the injection arm. Other side effects may occur at an incidence of under 3% of injections.

The vaccine will not be given to persons with known sensitivity to aluminum hydroxide, thimerosal, yeast, or the hepatitis antigen, and will only be given with a personal physician's recommendation in the cases of pregnancy or the presence of other infections of an immunosuppressive state. The vaccine does not grant 100% assurance of immunity.

Acceptance: I have read the above information describing the risks and benefits of receiving the vaccination. I understand that the decision to receive the vaccination series is mine and I wish to receive the hepatitis B vaccine.

Employee Signature

Date

Witness Signature

Date

Declination: I have been given the opportunity to be vaccinated for hepatitis B at no charge. I decline the vaccination series. I understand that by declining this vaccine, I continue to be at risk for acquiring hepatitis B. If I continue to have occupational exposure to blood or other potentially infectious material and decide I want to be vaccinated with hepatitis B vaccine, I may receive the vaccination series at no charge to me.

I have already received the hepatitis B vaccine series at an earlier date. Select one:

I will be providing a copy of the record to the Hospice.

I will NOT be providing a copy of the record to the Hospice.

Employee Signature

Date

Witness Signature

Date

INSTRUCTIONS FOR COMPLETING THE TEXAS EMPLOYER NEW HIRE REPORTING FORM

The purpose of the Texas New Hire Reporting Form is to allow employers to fulfill new hire reporting requirements. You may enter your employer information and photocopy a supply and then enter employee information on the copies.

REPORTING OF NEW HIRES IS REQUIRED:

All required items (numbers 1, 3, 4, 5, 6, 7, 14, 15, 16, 17, 18, 19, 20, 21, 22) on this form must be completed.

Box 1: Federal Employer ID Number (FEIN). Provide the 9-digit employer identification number that the federal government assigns to the employer. This is the same number used for federal tax reporting. Please use the same FEIN that appears on quarterly wage reports.

Box 2: State Employer ID Number (Optional). Identification number assigned to the employer by the Texas Workforce Commission.

Box 3: Employer Name. The employer name as listed on the employee's W4 form. Please do not provide more than one employer name (for example, "ABC, Inc DBA. John Doe Paint and Body Shop" is not correct).

Box 4: Employer Address. Please indicate the address where the Income Withholding Orders should be sent. Do not provide more than one address (for example, P.O. Box 123, 1313 Mockingbird Lane is not correct).

Box 8: Employer Province/Region (if foreign). Provide this information if the employer address is not in the United States.

Box 9: Employer Country (if foreign). Provide the two letter country abbreviation if the employer address is not in the United States.

Box 10: Postal Code (if foreign). Provide the postal code if the employer address is not in the United States.

Box 13: New Hire Contact Person (Optional). Providing the name of a contact staff person will facilitate communication between the employer and the Texas Employer New Hire Reporting Program.

Box 15: Date of Hire. List the date in month, day and year order. Use four digits for the year (for example, 2001). This should be the first day that services are performed for wages by an individual. If you are reporting a rehire (where a new W-4 is prepared) use the return date, not the original date of hire.

Box 23: Employee Province/Region (if foreign). Provide this information if the employee does not reside in the United States.

Box 24: Employee Country (if foreign). Provide the two letter country abbreviation if the employee address is not in the United States.

Box 25: Postal Code (if foreign). Provide the postal code if the employee address is not in the United States.

Box 26: State Where Employee was Hired. Use the abbreviation recognized by the U.S. Postal Service for the state in which the employee was hired.

Box 27: Employee DOB (Date of Birth) (Optional). List the date in month, day and year order. Use four digits for the year (for example, 1985).

Box 28: Employee Salary (Optional). Enter employee's exact wages in dollars and cents. This should correspond to the salary pay frequency indicated in Box 29.

Box 29: Salary (Check One ONLY) (Optional). Check the appropriate box relating to the employee's salary pay frequency. Check "Bi-weekly" if the salary is based on 26 pay periods. Check "Semi-monthly" if the salary is based on 24 pay periods. Check "Annually" if salary payment is a one-time distribution.

SUBMISSION OF NEW HIRE REPORTS. The Texas Employer New Hire Reporting Program offers a variety of methods that employers can use to submit new hire reports. For further information on which method may be best for you, call 1-800-850-6442. Employers are encouraged to keep photocopies or electronic records of all reports submitted. When the form is completed, send it to the Texas Employer New Hire Reporting Program using one of the following means:

- **FAX:** 1-800-732-5015
- **U.S. Mail:**

**Central File Maintenance
P.O. Box 12048
Austin, TX 78711-2048**

- **Telephone Submissions:** 1-800-850-6442
- **Internet Submissions:** www.employer.oag.texas.gov

Employers must provide all of the required information within 20 calendar days of the employee's first day of work to be in compliance. State law provides a penalty of \$25 for each employee an employer knowingly fails to report, and a penalty of \$500 for conspiring with an employee to 1) fail to file a report or 2) submit a false or incomplete report.



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. An alien authorized to work until _____ (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee					Today's Date (mm/dd/yyyy)	

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)	<p><input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

<p>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.</p>		First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative
		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2025 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2025 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2025 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$30,000 if you're married filing jointly or a qualifying surviving spouse; \$22,500 if you're head of household; \$15,000 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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 are not required to provide the information requested on a form that is 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550

Employee's Withholding Certificate

**Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
 Give Form W-4 to your employer.
 Your withholding is subject to review by the IRS.**

2026

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
Caution: To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.			

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):			
	(a) Multiply the number of qualifying children under age 17 by \$2,200		3(a) \$	
	(b) Multiply the number of other dependents by \$500		3(b) \$	
	Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here			3

Step 4: Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a) \$
	(b) Deductions. Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here	4(b) \$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c) \$

Exempt from withholding	I claim exemption from withholding for 2026, and I certify that I meet both of the conditions for exemption for 2026. See <i>Exemption from withholding</i> on page 2. I understand I will need to submit a new Form W-4 for 2027 <input type="checkbox"/>
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Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.	
	Employee's signature (This form is not valid unless you sign it.)	Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 **and** you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4.

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.

 - a** Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

1 Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.

a **Qualified tips.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 **1a** \$ _____

b **Qualified overtime compensation.** If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation **1b** \$ _____

c **Qualified passenger vehicle loan interest.** If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 **1c** \$ _____

2 Add lines 1a, 1b, and 1c. Enter the result here **2** \$ _____

3 **Seniors age 65 or older.** If your total income is less than \$75,000 (\$150,000 if married filing jointly):

a Enter \$6,000 if you are age 65 or older before the end of the year **3a** \$ _____

b Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment **3b** \$ _____

4 Add lines 3a and 3b. Enter the result here **4** \$ _____

5 Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information **5** \$ _____

6 **Itemized deductions.** Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:

a **Medical and dental expenses.** Enter expenses in excess of 7.5% (0.075) of your total income **6a** \$ _____

b **State and local taxes.** If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) **6b** \$ _____

c **Home mortgage interest.** If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) **6c** \$ _____

d **Gifts to charities.** Enter contributions in excess of 0.5% (0.005) of your total income **6d** \$ _____

e **Other itemized deductions.** Enter the amount for other itemized deductions **6e** \$ _____

7 Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here **7** \$ _____

8 **Limitation on itemized deductions.**

a Enter your total income **8a** \$ _____

b Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 **8b** \$ _____

9 Enter: { • \$768,700 if you’re married filing jointly or a qualifying surviving spouse }
 { • \$640,600 if you’re single or head of household } **9** \$ _____
 { • \$384,350 if you’re married filing separately }

10 If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here **10** \$ _____

11 **Standard deduction.**

Enter: { • \$32,200 if you’re married filing jointly or a qualifying surviving spouse }
 { • \$24,150 if you’re head of household } **11** \$ _____
 { • \$16,100 if you’re single or married filing separately }

12 **Cash gifts to charities.** If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) **12** \$ _____

13 Add lines 11 and 12. Enter the result here **13** \$ _____

14 If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 **14** \$ _____

15 Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 **15** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; 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 territories 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 are not required to provide the information requested on a form that is 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$480	\$850	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	480	1,480	1,850	2,050	2,220	2,220	2,220	2,220	2,220	2,220	2,620
\$20,000 - 29,999	480	1,480	2,480	3,050	3,250	3,420	3,420	3,420	3,420	3,420	3,820	4,820
\$30,000 - 39,999	850	1,850	3,050	3,620	3,820	3,990	3,990	3,990	3,990	4,390	5,390	6,390
\$40,000 - 49,999	850	2,050	3,250	3,820	4,020	4,190	4,190	4,190	4,590	5,590	6,590	7,590
\$50,000 - 59,999	1,020	2,220	3,420	3,990	4,190	4,360	4,360	4,760	5,760	6,760	7,760	8,760
\$60,000 - 69,999	1,020	2,220	3,420	3,990	4,190	4,360	4,760	5,760	6,760	7,760	8,760	9,760
\$70,000 - 79,999	1,020	2,220	3,420	3,990	4,190	4,760	5,760	6,760	7,760	8,760	9,760	10,760
\$80,000 - 99,999	1,020	2,220	3,420	4,240	5,440	6,610	7,610	8,610	9,610	10,610	11,610	12,610
\$100,000 - 149,999	1,870	4,070	6,270	7,840	9,040	10,210	11,210	12,210	13,210	14,210	15,360	16,560
\$150,000 - 239,999	1,870	4,100	6,500	8,270	9,670	11,040	12,240	13,440	14,640	15,840	17,040	18,240
\$240,000 - 319,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,780	14,980	16,180	17,380	18,580
\$320,000 - 364,999	2,040	4,440	6,840	8,610	10,010	11,380	12,580	13,860	15,860	17,860	19,860	21,860
\$365,000 - 524,999	2,720	5,920	9,390	12,260	14,760	17,230	19,530	21,830	24,130	26,430	28,730	31,030
\$525,000 and over	3,140	6,840	10,540	13,610	16,310	18,980	21,480	23,980	26,480	28,980	31,480	33,990

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$90	\$850	\$1,020	\$1,020	\$1,020	\$1,070	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970
\$10,000 - 19,999	850	1,780	1,980	1,980	2,030	3,030	3,830	3,830	3,830	3,830	3,930	4,130
\$20,000 - 29,999	1,020	1,980	2,180	2,230	3,230	4,230	5,030	5,030	5,030	5,130	5,330	5,530
\$30,000 - 39,999	1,020	1,980	2,230	3,230	4,230	5,230	6,030	6,030	6,130	6,330	6,530	6,730
\$40,000 - 59,999	1,020	2,880	4,080	5,080	6,080	7,080	7,950	8,150	8,350	8,550	8,750	8,950
\$60,000 - 79,999	1,870	3,830	5,030	6,030	7,100	8,300	9,300	9,500	9,700	9,900	10,100	10,300
\$80,000 - 99,999	1,870	3,830	5,100	6,300	7,500	8,700	9,700	9,900	10,100	10,300	10,500	10,700
\$100,000 - 124,999	2,030	4,190	5,590	6,790	7,990	9,190	10,190	10,390	10,590	10,940	11,940	12,940
\$125,000 - 149,999	2,040	4,200	5,600	6,800	8,000	9,200	10,200	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,200	5,600	6,800	8,150	10,150	11,950	12,950	13,950	14,950	16,170	17,470
\$175,000 - 199,999	2,040	4,200	6,150	8,150	10,150	12,150	13,950	15,020	16,320	17,620	18,920	20,220
\$200,000 - 249,999	2,720	5,680	7,880	10,140	12,440	14,740	16,840	18,140	19,440	20,740	22,040	23,340
\$250,000 - 449,999	2,970	6,230	8,730	11,030	13,330	15,630	17,730	19,030	20,330	21,630	22,930	24,240
\$450,000 and over	3,140	6,600	9,300	11,800	14,300	16,800	19,100	20,600	22,100	23,600	25,100	26,610

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$280	\$850	\$950	\$1,020	\$1,020	\$1,020	\$1,020	\$1,560	\$1,870	\$1,870	\$1,870
\$10,000 - 19,999	280	1,280	1,950	2,150	2,220	2,220	2,220	2,760	3,760	4,070	4,070	4,210
\$20,000 - 29,999	850	1,950	2,720	2,920	2,980	2,980	3,520	4,520	5,520	5,830	5,980	6,180
\$30,000 - 39,999	950	2,150	2,920	3,120	3,180	3,720	4,720	5,720	6,720	7,180	7,380	7,580
\$40,000 - 59,999	1,020	2,220	2,980	3,570	4,640	5,640	6,640	7,750	8,950	9,460	9,660	9,860
\$60,000 - 79,999	1,020	2,610	4,370	5,570	6,640	7,750	8,950	10,150	11,350	11,860	12,060	12,260
\$80,000 - 99,999	1,870	4,070	5,830	7,150	8,410	9,610	10,810	12,010	13,210	13,720	13,920	14,120
\$100,000 - 124,999	1,870	4,270	6,230	7,630	8,900	10,100	11,300	12,500	13,700	14,210	14,720	15,720
\$125,000 - 149,999	2,040	4,440	6,400	7,800	9,070	10,270	11,470	12,670	14,580	15,890	16,890	17,890
\$150,000 - 174,999	2,040	4,440	6,400	7,800	9,070	10,580	12,580	14,580	16,580	17,890	18,890	20,170
\$175,000 - 199,999	2,040	4,440	6,400	8,510	10,580	12,580	14,580	16,580	18,710	20,320	21,620	22,920
\$200,000 - 249,999	2,720	5,920	8,680	10,900	13,270	15,570	17,870	20,170	22,470	24,080	25,380	26,680
\$250,000 - 449,999	2,970	6,470	9,540	12,040	14,410	16,710	19,010	21,310	23,610	25,220	26,520	27,820
\$450,000 and over	3,140	6,840	10,110	12,810	15,380	17,880	20,380	22,880	25,380	27,190	28,690	30,190