

APPLY EARLY TO WORK AT THE 2018 SPOKANE COUNTY INTERSTATE FAIR

Dear Former Spokane County Interstate Fair Employee,

It's time to plan our staffing for the 2018 Interstate Fair (September 7th-16th)- we hope you'll reapply! If you worked the 2017 or 2016 Interstate Fair and would like to apply for the SAME position, you can avoid the job fair crowds by applying early!

NEW THIS YEAR

Applications will now be available **online** beginning June 4th at www.interstatefair.org. Please bring the **NEW SIMPLIFIED** completed application to the Fair & Expo Office (404 N. Havana, Suite 1, at the corner of Broadway & Havana) between June 4-29, 2018). Our office hours are Monday-Friday, 8:00am- 4:30pm. If you do not have computer access, we will have them available for you to pick up.

Also new this year, **ALL** employees will need to attend a **mandatory** employee orientation meeting. Orientation meetings are scheduled by department, dates and time are:

Clerks: September 4th either 6:00am or 7:00pm

Admissions: September 4th 6:00pm

Maintenance/Janitorial: September 5th 6:00pm

All employee orientation meetings will be held in the Spokane County Fair & Expo Center Conference Rooms.

During employee orientation you will receive training on the Spokane County Accident Reporting Policy, Sick Leave Policy, Sexual Harassment, Drug-Free Workplace, Workplace Violence Prevention, as well, as details pertinent to your department.

PLEASE NOTE: *RETURNING EMPLOYEES THAT DO NOT RETURN THEIR APPLICATIONS PRIOR TO JUNE 29 WILL BE CONSIDERED NEW APPLICANTS AND MUST GO THROUGH THE ENTIRE JOB FAIR PROCESS (INTERVIEW, ETC.).*

Exciting News...if you worked at least 20 hours at the 2017 Fair and are returning to work the 2018 Fair you are eligible to purchase up to 4 Fair Admission Tickets at our \$5 per ticket Group Rate. You purchase your tickets between July 13 and August 17, 2018 at the Fair office from 8:30am to 4:30pm, Monday-Friday.

Job Fair Information:

July 18, 2018, 3:00PM – 7:00 PM

**Job Fair will be held in Bay 3 @ Spokane County Fair & Expo Center
Please contact 509-477-1766 for more information.**

Don't forget: As part of the application process, you will need to provide 2 pieces of govt-issued I.D* - bring your SOCIAL SECURITY CARD & DRIVER'S LICENSE. If you have a Passport, that document alone will meet the I.D. requirement. Documents will need to be provided at either the Job Fairs (if required to attend), or at the Fair Admin. Office (if you meet the requirements listed above and submit your paperwork directly to the Admin. Office.) Without the appropriate I.D., your application cannot be processed. Please bring it with you!

*Contact 509-477-5750 for questions regarding acceptable forms of I.D.

APPLY EARLY TO WORK AT THE 2018 SPOKANE COUNTY INTERSTATE FAIR

Dear Former Spokane County Interstate Fair Employee,

We've started planning our staffing for the 2018 Interstate Fair (September 7th-16th) and we hope you'll reapply! If you worked the 2016 or 2017 Interstate Fair, you may apply to work the SAME position by following the process below. To be considered for a different position than you've held in the past, you will need to attend the Job Fair (see enclosed flier). New this year... due to the potential for overtime issues and to maintain compliance with the new WA State Paid Sick Leave Law, the following parameters are in place for applicants currently working in other Spokane County departments:

Current regular employees:

- may work no more than a total of 40 hours/week (12:01am Monday through 12:00am the following Sunday), inclusive of hours physically worked in their regular position and at the Fair *unless prior authorization is obtained by the Fair & Expo Center Director*. The 40-hour weekly limit applies to hours physically worked and does not include hours taken as vacation or PTO.
- the accrual of additional paid sick leave hours (beyond what is already provided through the regular sick leave accrual process) is not required for hours worked during the fair, so long as the employee does not physically work more than 74 hours/week (inclusive of both their regular position and hours worked at the Fair).

Current extra help employees:

- may work no more than a total of 40 hours/week (see work week definition above), inclusive of hours physically worked in all extra help assignments (all County departments) *unless prior authorization is obtained by the Fair & Expo Center Director*.
- Extra help employees will accrue one (1) hour of paid sick leave for each 40 hours worked.

How to apply? We've streamlined our process and have a new, simplified application to complete this year! This application will be available **online** beginning June 4, 2018, at www.interstatefair.org. Please bring your completed application to the Fair & Expo Office (404 N. Havana, Suite 1- corner of Broadway & Havana) between June 4-29, 2018. Our office hours are Monday-Friday, 8:00am- 4:30pm. If you do not have computer access, paper applications will be available for pick up during office hours.

Also new this year: **ALL** employees are required to attend a mandatory employee orientation meeting prior to the start of employment. During employee orientation you will receive training on the Spokane County Accident Reporting Policy, Sick Leave Policy, Sexual Harassment, Drug-Free Workplace, Workplace Violence Prevention, as well as details pertinent to your specific department. Orientation meetings are scheduled by department, as listed below:

Department	Date/Time	Location
Clerks	Sept. 4, 2018, 6:00am or 7:00pm	Fair & Expo Center Conf. Rooms
Admissions	Sept. 4, 2018, 6:00pm	Fair & Expo Center Conf. Rooms
Maintenance/Janitorial	Sept. 5, 2018, 6:00pm	Fair & Expo Center Conf. Rooms

PLEASE NOTE: *RETURNING EMPLOYEES WHO DO NOT SUBMIT AN APPLICATION TO THE FAIR OFFICE BY JUNE 29, 2018, MUST ATTEND THE JOB FAIR TO BE CONSIDERED FOR (RE)EMPLOYMENT AT THE FAIR. SEE ENCLOSED FLIER FOR ADDITIONAL JOB FAIR INFORMATION. IF YOU HAVE ANY QUESTIONS, PLEASE CALL (509) 477-1766.*

Exciting News...if you worked at least 20 hours at the 2017 Fair and are returning to work the 2018 Fair you are eligible to purchase up to 4 Fair Admission Tickets at our \$5 per ticket Group Rate. You purchase your tickets between July 13 and August 17, 2018 at the Fair office from 8:30am to 4:30pm, Monday-Friday.

2018 SPOKANE COUNTY JOB FAIR
HUMAN RESOURCES
CHECK LIST

PRINT NAME

DATE

PHONE NUMBER

EMAIL (Optional)

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

REQUIRED PAPERWORK

_____ W-4 (2018)
_____ I-9 (verify 2 pieces of identification)
_____ Background Check

UNDER 18 YEARS OF AGE

_____ Parent/School Authorization
_____ Copy of Social Security Card
_____ Proof of Age



2018 INTERSTATE FAIR EMPLOYMENT APPLICATION

Spokane County
Human Resources
Department
1229 West Mallon
Spokane, WA
99260-0230

EQUAL OPPORTUNITY EMPLOYER - DRUG-FREE WORK ENVIRONMENT

PLEASE READ: Print legibly in ink. This application must be completed in full. All statements are subject to verification.

Check ALL departments for which you would like to be considered.

Title of Dept:	<input type="checkbox"/> Admissions	<input type="checkbox"/> Maintenance	<input type="checkbox"/> Exhibit/Livestock Clerk
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APPLICANT INFORMATION (Check if you've applied previously using a different name/address/phone number)

Last Name:	First:	M.I.:	Social Security #:
Mailing Address:	City:	State:	Zip Code:
Home Phone: ()	Cell Phone: ()	Email:	
Are you 18 yrs of age or older? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you possess a valid driver's license? (only if required for position) <input type="checkbox"/> Yes <input type="checkbox"/> No Issuing State:	

PRIOR FAIR EMPLOYMENT

Have you previously been employed by the Spokane County Fair? <input type="checkbox"/> Yes <input type="checkbox"/> No
Dates: _____ Job Title(s): _____

AVAILABILITY

The 2018 Interstate Fair runs Friday, September 7- Sunday, September 16 (with the potential for 1-2 additional setup days). If you are unable to work all 10 days of the Fair, please lists the dates and times you are unavailable:

Dates/Times unavailable:

EMPLOYMENT HISTORY: Please list most recent employer first. Include all experience, paid and voluntary, related to the position(s) for which you are applying. Resumes will not be accepted in lieu of completing this application.

Company	Location	Date Started	Date Ended	Position(s) held	Reason for Leaving

ADDITIONAL INFORMATION: Please list any additional knowledge, skills or abilities you possess that would be helpful for us to know as we consider you for employment with the Interstate Fair.

AGREEMENT: All the information I have provided in this application and in any attachments or supporting documents is true, correct, and complete. I understand if I have provided false or incomplete statements, it will be justification for termination or refusal of employment. I authorize employers, schools, or persons named in this application to give any information regarding my qualifications and character. I release the County of Spokane, all employers, and all references from any and all liability of damages for receiving or releasing information. If a conditional job offer is made, I agree to undergo a job-related physical examination (if applicable) and job-related criminal background check and understand that employment is contingent upon meeting the County's job-related physical requirements and job-related criminal background checks.

Signature

Date

If you need assistance completing this application form or participating in any phase of the Job Fair process, please notify the personnel at the welcome booth and every reasonable effort will be made to accommodate your needs in a timely manner.

* * * * *

**SPOKANE COUNTY HUMAN RESOURCES
824 NORTH ADAMS ST.
SPOKANE, WA 99260
(509) 477-5750 (TDD AVAILABLE)
www.spokanecounty.org**

**2018 INTERSTATE FAIR
EQUAL OPPORTUNITY EMPLOYMENT INFORMATION**

(This information is voluntary and in no way affects the outcome of your application.)

Spokane County is an Equal Opportunity Employer. As such, we are required by the state and federal governments to maintain certain statistical information on our job applicants and employees. In addition, the Human Resources Department prepares the Spokane County Equal Opportunity Employment Plan as required by law (Executive Order 11246, as amended by Executive Orders 11375 and 12250). This plan outlines our policy and implementation program for equal opportunity for all persons without regard to race, color, religion or creed, sex, age, marital status, national origin, honorably discharged veteran or military status, sexual orientation, or individuals with disabilities employed or seeking employment with Spokane County. In accordance with Title 38, US Code, Section 4212(d), Spokane County also prepares and submits the VETS-100 and VETS-100A reports (Federal Contractor Reports on Veterans' Employment) on an annual basis.

To maintain accurate statistical information (for reporting purposes only), we need your cooperation in answering the questions listed below. **Your response is voluntary and will be kept in the strictest confidence. This information will be kept separate and confidential from any other personnel records and will not be provided to your department. Your assistance is very much appreciated!** Please contact Spokane County Human Resources at (509) 477-2125 with any questions.

*****CONFIDENTIAL EEO/VETERAN STATUS INFORMATION QUESTIONNAIRE*****

Name: _____

Position: _____ Agency/Dept: _____

Date of Birth: ___/___/___ Sex: Female Male Person of disability: Yes No

Ethnic Origin:

- White - persons of European descent.
- Black - persons of African, Jamaican, Trinidadian or West Indian descent.
- Hispanic - persons of Mexican, Puerto Rican, Cuban, Latin American or Spanish descent.
- Asian/Pacific Islander- persons of Japanese, Chinese, Korean, Filipino, Malayan, Thai, Vietnamese, Polynesian, Pakistani or East Indian descent.
- Native American - persons of American Indian, Aleut or Eskimo (native Alaskan) descent.
- Native Hawaiian or Pacific Islander

Veteran Status: (only complete if applicable)

Newly Separated? Yes No (If yes, date separated: _____) Vietnam Era? Yes No

Other Protected? Yes No (active duty during a war, campaign or expedition for which a campaign badge has been authorized).

Have you been awarded an Armed Forces service medal for active duty participation in a US military operation, pursuant to Executive Order 12985? Yes No

Disabled Veteran? Yes No If yes, percentage rated? _____ Entitled to compensation? Yes No
Were you released from active duty because of a service-connected disability? Yes No

Other Veteran; status not listed above Yes No
(specific definitions of the above-listed veteran categories available from Human Resources orientation staff).

Signature: _____

Date: _____

* * * * *



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

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

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write in This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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

Employer Completes Next Page



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

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

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

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

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

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

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

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

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

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

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

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.



REQUEST FOR CRIMINAL HISTORY INFORMATION

Please complete the information under either Option #1 or Option #2, depending upon if you would like to complete the background check on-line, via an email link (preferred), or if you would like to fill out the information manually. No fees are required for either option. Please print legibly.

OPTION #1: ON-LINE BACKGROUND

To process your background ON-LINE via ACRAnet, please enter name and email address below. (You do not need to complete the remainder of the form)

PRINT NAME: _____

EMAIL ADDRESS: _____

You will receive a time-sensitive link to complete the background online; watch your email in-box!

OPTION #2: MANUAL ENTRY BACKGROUND

Print Name: _____
Last Name First Name Middle Name

Alias/Maiden Name(s): _____ SSN# _____ DOB _____

Street Address: _____
City State Zip

STATEMENT OF UNDERSTANDING

I understand that in exchange for being considered for employment with Spokane County and/or providing services through a contracted agency, I consent to a criminal background check. If the result of this criminal background check is unacceptable, I understand any terms, conditions or privileges of employment will be immediately cancelled.

Signature

Date

For office use only:
Reviewed by: _____
Cleared for employment: YES NO

824 N Adams • Spokane, Washington • 99260-0230
(509) 477-5750 • Fax: (509) 477-5642
• TDD Available • www.spokanecounty.org/hr

CONFIRMATION OF EXTRA-HELP STATUS

Congratulations on your hire as an extra-help employee of Spokane County! This letter is to clarify the nature of your position.

As an extra help employee, you are entitled to accrue paid sick leave at a rate of .025 hours of sick time for each hour worked. You may use this paid sick leave for the following:

- to care for your health or the health of an immediate family member (see policy for definition of immediate family);
- if you or a family member are the victim of domestic violence, sexual assault or stalking;
- in the event our business or your child's school/place of care is closed by order of a public official for any health-related reason.

Paid sick leave may be used at 90 calendar days of employment. *Please review the attached policy, Paid Sick Leave for Extra Help and Seasonal Employees, for additional detail and information.*

In addition, you are entitled to benefits required by law, such as Social Security, unemployment compensation, workers' compensation and paid sick leave.

As an extra-help employee, you are not entitled to County benefits provided to regular full-time or part-time employees, including vacation pay, holiday pay, bereavement leave, and insurance benefits.

Because of the at-will nature of extra-help status, there is no guarantee as to length of employment, number of hours assigned, or specific schedule of work. Also, Spokane County reserves the right to terminate the relationship at any time, with or without cause. If there are any limitations on the length of your extra-help status, holding over in the position longer than those limitations does not create rights in the position or entitle you to regular status with the employer. If you have any questions about this, please contact the Human Resources Department.

We look forward to the opportunity to work with you. Please sign at the bottom of this letter to acknowledge your understanding of the nature of your employment.

Spokane County Human Resources Department

Acknowledgment:

PRINT NAME

DEPARTMENT

SIGNATURE

DATE

Form W-4 (2018)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had **no tax liability**, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have **no tax liability**.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents. When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018		
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.						
1 Your first name and middle initial		Last name		2 Your social security number		
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."			
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>			
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)					5	
6 Additional amount, if any, you want withheld from each paycheck					6 \$	
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶					7	
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.						
Employee's signature (This form is not valid unless you sign it.) ▶					Date ▶	
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment		10 Employer identification number (EIN)	