



**135 Hwy 40 West
Inglis, Florida 34449
Phone: 352-447-2203
Monday-Friday
8:00 am till 5:00 pm**

EMPLOYMENT APPLICATION FORM

The attached Employment Application is to be used when applying for posted employment positions within the Town of Inglis. The Town of Inglis can only accept applications for posted positions. You may include your resume with the Employment Application, but not in place of it.

For information about current job openings, please log on to <https://www.townofinglis.org/> and click the government tab under the business section with the Town of Inglis.

Should you have any questions or require any assistance in accessing the Town's website or application form, please feel free to contact the Town of Inglis at (352)447-2203 Monday – Friday, between 8:00 a.m. and 5:00 p.m.

The TOWN OF INGLIS ("the TOWN") is an equal opportunity employer and does not discriminate on the basis of race, color, religion, sex, national origin, age, disability, marital or other protected status.

PLEASE ANSWER ALL QUESTIONS ACCURATELY AND COMPLETELY. PLEASE PRINT.
Print "N/A" in any space that does not apply to you. INCOMPLETE APPLICATIONS ARE CONSIDERED INVALID AND WILL NOT BE CONSIDERED.

Position applied for _____ Date _____

Last Name _____ First _____ M.I. _____

Current Address _____ City _____ State _____ Zip _____ How Long? _____

Previous Address _____ City _____ State _____ Zip _____ How Long? _____

Home Phone # _____

Cell Phone # _____ E-mail _____

Are you 18 years of age or older? Yes No

Are you legally authorized to work in the US on a full-time basis for any employer? Yes No
Proof of eligibility and identity will be required upon employment.

Are you available for full time employment? Yes No

Have you ever applied with the TOWN? Yes No

If yes, when? _____

For which job(s) did you apply? _____

Have you been previously employed by the TOWN? Yes No

If yes, when? _____

In which job(s) were you employed? _____

Give names and positions of any relatives, including in-laws, who work for the TOWN: _____

Please indicate hours and shifts or days you are not available to work: _____

What are your salary requirements? _____ Hourly Annually

List any job related skills or qualifications that support your application:

Do you smoke or use other tobacco-related products?

Yes No

Have you ever been discharged or requested to resign from a position?

Yes No

If so, explain:

Have you ever been convicted of, or plead guilty or *nolo contendere* to a crime?

Yes No

Are you currently awaiting trial, sentencing or other disposition of a criminal charge?

Yes No

If the answer to either question is yes, please explain (state the date, type of crime, place of occurrence, disposition):

Conviction of a crime will not necessarily disqualify you for employment. Each conviction will be judged on its own merit with respect to time and job relatedness. However, false statements or omissions of convictions shall be just cause for disqualification.

EDUCATION

Level	Name & Address	Major	Check Highest Grade Completed	Degree/Diploma/GED
High School			9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>	
College			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	
Other			1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	

Do you have any special computer or technical skills and training?

Professional License(s):

EMPLOYMENT

List all employment since high school, the most recent job first. Attach additional sheets if necessary.
Include periods of unemployment, self-employment and military service.

Employer Name and Address:	Position Title:	Start date:	End date:
		___/___/___	___/___/___
Pay: _____ Per: _____	Skills and Duties:	Reason for Leaving:	
Supervisor:		Telephone:	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name and Address:	Position Title:	Start date:	End date:
		___/___/___	___/___/___
Pay: _____ Per: _____	Skills and Duties:	Reason for Leaving:	
Supervisor:		Telephone:	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name and Address:	Position Title:	Start date:	End date:
		___/___/___	___/___/___
Pay: _____ Per: _____	Skills and Duties:	Reason for Leaving:	
Supervisor:		Telephone:	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employer Name and Address:	Position Title:	Start date:	End date:
		___/___/___	___/___/___
Pay: _____ Per: _____	Skills and Duties:	Reason for Leaving:	
Supervisor:		Telephone:	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

If you answered "No" to contacting your present or previous employer, please explain:

Are you currently on "Lay-off" status and subject to recall?

Yes

No

PERSONAL REFERENCES

Do not list relatives or previous employers

Name	Address	Phone #	Occupation	Years Known
1.				
2.				
3.				
4.				

Is additional information relative to a change of name or your use of an assumed or different name or nickname necessary to enable the Town to check your work or education records? Yes No

If answered yes, please explain:

APPLICANT ACKNOWLEDGEMENT & AUTHORIZATION

I hereby certify that the answers to the foregoing are true and correct to the best of my knowledge. I understand that the TOWN OF INGLIS ("the TOWN") will attempt to verify statements made on my application.

I understand that the TOWN requires certain information about me to evaluate my qualifications for employment and to conduct its business if I become an employee. I understand that false, incomplete or misleading statements or omissions on this application or any other pre- or post-employment form, or in any interview or other oral communication, may be considered sufficient cause for dismissal, if and when discovered. The use of this application does not indicate there are positions open and does not in any way obligate the TOWN.

I authorize personal references, as well as professional references, other persons, companies, corporations, schools, and law enforcement agencies identified in this application to furnish to the TOWN and/or its representatives any information they have concerning me.

I understand that I may be required to submit to drug testing now or at any time in the future and I agree to such testing. Moreover, I understand that my failure or refusal to undergo such testing will result in the withdrawal of my employment application.

I will be able, if hired, to certify that I am authorized to work in the United States of America. The Immigration Reform and Control Act of 1986 requires that, upon hiring, employers verify the authorization to work and identity of all new employees. An offer of employment is contingent upon the TOWN's ability to verify this necessary information.

I understand that if I am hired, confidential information regarding the TOWN, and/or its customers and employees may be available to me and that this information must not be disseminated or used except for the TOWN's benefit. If employed, I agree to keep all information about the TOWN, including such information regarding its business methods, protocols, customers and employees, confidential and shall not disclose this information to any unauthorized personnel whether within or without the TOWN.

I understand that this application or subsequent employment does not create a contract of employment nor does it guarantee employment for any definite period of time. Should I be hired, I understand that my employment is at-will and my employment may be terminated at any time with or without cause, and with or without notice.

In Witness Whereof, I Have Hereunto set my hand and seal the date herein before indicated.

Complete Signature of Applicant

Printed Name of Applicant

Sworn to and Subscribed before me this _____ *day of* _____, *A.D. 20* _____

Notary Public

INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED

OFFICE USE ONLY-DO NOT FILL OUT

OFFICE USE ONLY:

Application received on this _____ day of _____, 20__.

Applicant selected for interview ____ Yes ____ No

Date References verified: _____

Comments:

Interview Date/Time: _____

Background Check Date: _____

Comments:

Drug Screen Date: _____

Signature: _____

Print Name: _____

VETERANS' PREFERENCE

Check appropriate item to claim Veterans' Preference. Documentation substantiating your claim **MUST** be furnished at the time of application or your claim for veterans' preference will be invalid.

1. A Veteran who has served duty in any branch of the Armed Forces who has a presently existing service-connected disability 30% or more compensable under public laws administered by the Veterans' Administration; or who is receiving compensation, disability retirement benefits, or pension by reason of public laws administered by the Veterans' Administration and the Department of Defense; **or**

2. The spouse of a veteran who cannot qualify for employment because of a total and permanent disability, or the spouse of a veteran missing in action, captured or forcibly detained or interned in line of duty by a foreign government of power; **or**

3. A veteran of any war who has served on active duty for at least one (1) day during the wartime era, including but not limited to the following:

- (a) Spanish-American War: April 21, 1898 to July 4, 1902;
- (b) Mexican Border Period: May 9, 1916 to April 5, 1917;
- (c) World War I: April 6, 1917 to November 11, 1918; extended to April 1, 1920, for those veterans who served in Russia; also, extended through July 1, 1921, for those veterans who served after November 11, 1918, and before July 2, 1921, provided such veterans had at least 1 day of service between April 5, 1917, and November 12, 1918;
- (d) World War II: December 7, 1941, to December 31, 1946;
- (e) Korean Conflict: June 27, 1950, to January 31, 1955;
- (f) Vietnam Era: February 28, 1961, to May 7, 1975;
- (g) Persian Gulf War: August 2, 1990 and ending on the date thereafter prescribed by Presidential proclamation or by law; **or**

4. The unmarried widow or widower of a veteran who died of a service-connected disability.

Have you claimed and been employed through Veterans' Preference since October 1, 1987?
 Yes No

If yes, give name of Employer: _____

Note: Under Florida law, preference in appointment and employment shall be given, by the State and its political subdivisions, first to those persons included in #1 and #2 above, and second to those persons included under #3 and #4 above. If any applicant claiming a veterans' preference for a vacant position is not selected for the position, they may file a complaint with the **Division of Veterans' Affairs, P. O. Box 1437, St. Petersburg, Florida 33731**. A complaint shall be filed within 21 days after notice of a hiring decision. If notice of a hiring decision is not given, a complaint may be filed at anytime.

Applicant's Full Name

(Please Print)

BRANCH OF SERVICE

DATE OF ENTRY

DATE OF DISCHARGE



Florida Retirement System

FRS Employment Certification Form

This form is not an offer of employment and completion of this form does not constitute enrollment in a retirement program under the Florida Retirement System (FRS). If you are hired, information about your retirement plan options may be mailed to your address on file.

1	Enter Your Info PLEASE PRINT	NAME _____ SOCIAL SECURITY NUMBER _____ CURRENT AGENCY NAME _____ PREVIOUS AGENCY NAME _____						
2	Confirm Prior Membership	<p>Have you ever been a member of a State of Florida-administered retirement plan?</p> <p><input type="checkbox"/> No, I have <u>never</u> been a member of a State of Florida-administered retirement plan. If No, skip to section 4.</p> <p><input type="checkbox"/> Yes, I have been a member of a State of Florida-administered retirement plan. If Yes, indicate which plan(s) you are or were a member of, then proceed to section 3.</p> <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> FRS Pension Plan (including DROP)</td> <td><input type="checkbox"/> FRS Investment Plan</td> </tr> <tr> <td><input type="checkbox"/> Senior Management Service Optional Annuity Program (SMSOAP)</td> <td><input type="checkbox"/> State Community College System Optional Retirement Program (SCCSORP)</td> </tr> <tr> <td><input type="checkbox"/> State University System Optional Retirement Program (SUSORP)</td> <td><input type="checkbox"/> Other _____</td> </tr> </table>	<input type="checkbox"/> FRS Pension Plan (including DROP)	<input type="checkbox"/> FRS Investment Plan	<input type="checkbox"/> Senior Management Service Optional Annuity Program (SMSOAP)	<input type="checkbox"/> State Community College System Optional Retirement Program (SCCSORP)	<input type="checkbox"/> State University System Optional Retirement Program (SUSORP)	<input type="checkbox"/> Other _____
<input type="checkbox"/> FRS Pension Plan (including DROP)	<input type="checkbox"/> FRS Investment Plan							
<input type="checkbox"/> Senior Management Service Optional Annuity Program (SMSOAP)	<input type="checkbox"/> State Community College System Optional Retirement Program (SCCSORP)							
<input type="checkbox"/> State University System Optional Retirement Program (SUSORP)	<input type="checkbox"/> Other _____							
3	Confirm Retiree Status	<p>Are you retired from a State of Florida-administered plan? You are considered retired if:</p> <ul style="list-style-type: none"> - You have received any benefits (other than a withdrawal of your employee contributions) under the FRS Pension Plan, including DROP. - You have taken any distribution (including a rollover) from the FRS Investment Plan, or other state-administered retirement programs offered by state universities (SUSORP), state community colleges (SCCSORP), state government for senior managers (SMSOAP), or local governments for senior managers. <p><input type="checkbox"/> No, I am not retired from a State of Florida-administered plan. I understand that if it is later determined I am retired, both my employer and I might be liable for repaying retirement benefits I have received if I am reemployed by or provide services to an FRS-covered employer through any paid or unpaid arrangement as described below. Refer to Page 2 for additional information.</p> <p><input type="checkbox"/> Yes, I am retired from a State of Florida-administered plan, and I understand I must satisfy any termination requirement prior to returning to FRS employment. If Yes, enter your FRS Pension Plan retirement effective date, DROP termination date, or date you received your first distribution from the FRS Investment Plan, SUSORP, SCCSORP, SMSOAP, or other plan.</p> <p>DATE _____</p>						
4	Sign Here	<p>By signing below, I acknowledge that I have read and understand the information on pages 1 and 2 of this form, and I certify all supplied information to be true and correct.</p> <p>_____ SIGNATURE</p> <p>_____ DATE</p>						

Questions? Call the MyFRS Financial Guidance Line at 1-866-446-9377, Option 2 (TRS 711) or visit MyFRS.com.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

Review the Following Important Information Carefully

- If you are a Pension Plan retiree, you understand:
 - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, your retirement and DROP status (if applicable) are voided, all retirement and DROP benefits you received must be repaid, and you must reapply for retirement to receive future benefits.
 - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, your monthly retirement benefit must be suspended and any overpaid benefits you received must be repaid.
- If you are an Investment Plan SUSORP, SCCSORP, or SMSOAP retiree, you understand:
 - If you are reemployed within six calendar months of retirement in **any type of position** with an FRS-participating employer, any benefits you received must be repaid, or you must terminate employment.
 - If you are reemployed during months 7 through 12 after retirement in **any type of position** with an FRS-participating employer, you will not be eligible for additional distributions until you terminate employment or complete 12 calendar months of retirement (whichever occurs first).
- **Any type of position** includes, but is not limited to, regularly established, full-time, part-time, OPS, temporary, seasonal, substitute teachers, adjunct professors, etc. Also, any paid or unpaid positions with an FRS employer, service arrangements with an FRS employer, employment by or through a third-party providing service to an FRS employer, or positions pre-arranged before retirement to provide services after retirement to any FRS employer, are **prohibited**.
- Florida law requires a return of all overpaid Pension Plan benefit payments or Investment Plan distributions received by a member who has violated the FRS termination or reemployment provisions. Similar provisions apply to overpaid SUSORP, SCCSORP, or other state-administered plan distributions – contact that plan’s administrator for details.
- There is one exception to the restrictions on reemployment limitations after retirement. If you are a retired law enforcement officer and are reemployed as a school resource officer by an FRS-covered employer during the seventh through twelfth calendar months after your retirement date or after your DROP termination date, you are eligible to receive both your salary and retirement benefits during this period.
- Effective July 1, 2017, retirees of the Investment Plan, SUSORP, SMSOAP, SCCSORP are eligible for renewed membership in the Investment Plan, SUSORP, SMSOAP, SCCSORP. You must be employed in an FRS-covered position on or after July 1, 2017 in order to have renewed membership. Renewed members may not use a second election to change to the Pension Plan.
- If you are not retired and you earned FRS service after certain periods since 2002 (depending on your employer), you will be enrolled in the FRS retirement plan you were enrolled in when you terminated FRS-covered employment.

This completed form, including page 2, should be retained in the employee's personnel file. Do not send this form to the FRS, unless requested.

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.**

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.)		

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 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 (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (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): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): 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. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

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)
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General Instructions

Section references are to the Internal Revenue Code.

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 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 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 2024 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 15, 2025.

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. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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.

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 2024 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. 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 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. 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. 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 (along with any other additional amount you want withheld). 4 \$

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



- 1 Enter an estimate of your 2024 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. 1 \$
2 Enter: { • \$29,200 if you're married filing jointly or a qualifying surviving spouse
• \$21,900 if you're head of household
• \$14,600 if you're single or married filing separately } 2 \$
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-" 3 \$
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. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

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	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

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	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230