

APPLICATION FOR EMPLOYMENT

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin, handicap or veteran status.

Street Address		Middle	Date		
			Home To	elephone	
-10			()	
City, State, Zip			Busines	s Telephone	
	T		()	
Have you ever applie ☐ Yes ☐ No	d for employment with us? If yes: Month and YearLocation		Social S	ecurity #	
Position Desired	in your month and roat		Pay Exp	ected	
Apart from absence t	or religious observance, are you available for full-time	work?	Will you	work overtime if	f asked?
☐ Yes ☐ No	If not, what hours can you work?			□ Yes □	No
Are you legally eligib	e for employment in the United States?		When w to begin	ill you be availat	ole
Other special training	or skills (languages, machine operation, etc.)	En	nail Address:		
School	Name and Location of School	Course of Study	No. of Years Completed	Did you Graduate?	Degree o
			21 - 11 - 21	□ Yes	
Graduate					
				□No	
•				☐ Yes	
College					
				□No	
Business /Trade/				□Yes	
Technical					
				□No	
				□Yes	
High School				□Yes	
High School				□ Yes	
High School					

EMPLOYMENT

Please give accurate, complete full-time and part-time employment record. Start with your present or most recent employer.

7	Company Name					Telephone	
	Odinpan, Tam-					()	
	Address					Employed - (State m	nonth and year)
				_		From	То
ı	Name of Supervisor				Ì	Weekly pay	
	·					Start	Last
T	State Job Title and Describe Your Work					Reason for leaving	
	·						
J							
_							
	Company Name				1	Telephone	_
4						()	
	Address					Employed - (State m	
						From	To
	Name of Supervisor				1	Weekly pay	
						Start	Last
	State Job Title and Describe Your Work					Reason for leaving	
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1							
_		***************************************					
	Company Name					Telephone	
1						()	• • •
	Address				1	Employed - (State m	
1					1	From	То
	Name of Supervisor				1	Weekly pay	
1						Start	Last
	State Job Title and Describe Your Work					Reason for leaving	
	-				_		
		_		_			
<u>)</u>							
<u></u>	Common Nama					Telephone	
	Company Name				1		
L						() Employed - (State m	
	Address				3	Employed - (State m	
H	Marine of Ormaniana	•				From Weekly pay	То
	Name of Supervisor					Weekly pay	
	Till and Describe Vour Work					Start	Last
	State Job Title and Describe Your Work					Reason for leaving	
					-		
<u>)</u>							
etillik						Svog en	
٧	Ve may contact the employers listed			DO N	NOT CONTA	ACT	
a	bove unless you indicate those you	Employer Num	nber(s)	Reason			
	lo not want us to contact.	1	DC. (5)				
		<u> </u>			AMPRICATIONS AND		
						T,	
	MILITARY		Did you serve in th	Ves	□No	If "Yes," in wh	nat Branch?
	WHEN MAIL I		U.S. Armed Force	.s?			
[Describe any training received relevant to the	position for which	n you are applying.				And the second s
	•	•	,				
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Form W-4 (Rev. December 2020) Department of the Treasury Internal Revenue Service

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.

2021

OMB No. 1545-0074

Step 1:	(a) First name and middle initial	Last name		(b) So	cial security number	
Enter Personal nformation	Address			name of card?	your name match the n your social security not, to ensure you get	
	City or town, state, and ZIP code			credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.		
	(c) Single or Married filing separately					
	Married filing jointly or Qualifying widow(er) Head of household (Check only if you're unmar	ried and pay more than half the costs	of keeping up a home for vo	urself and	l a qualifying individual)	
Dammlata Cta						
	ps 2–4 ONLY if they apply to you; otherwison from withholding, when to use the estimate			on on ea	ach step, who can	
Step 2: Multiple Jobs	Complete this step if you (1) hold me also works. The correct amount of with					
or Spouse	Do only one of the following.					
Vorks	(a) Use the estimator at www.irs.gov/	W4App for most accurate wi	thholding for this step	(and S	teps 3-4); or	
	(b) Use the Multiple Jobs Worksheet on	. •	,	•	•	
	(c) If there are only two jobs total, you is accurate for jobs with similar pay					
	TIP: To be accurate, submit a 2021 income, including as an independent			se) have	e self-employment	
	ps 3–4(b) on Form W-4 for only ONE of thate if you complete Steps 3–4(b) on the Form			bs. (Yo	ur withholding will	
Step 3:	If your total income will be \$200,000 of	or less (\$400,000 or less if ma	rried filing jointly):			
Claim Dependents	Multiply the number of qualifying ch	nildren under age 17 by \$2,000	▶ <u></u> \$	-		
	Multiply the number of other depe	endents by \$500	▶ <u>\$</u>	-		
	Add the amounts above and enter the	e total here		3	\$	
Step 4 optional):	(a) Other income (not from jobs). If this year that won't have withholdir include interest, dividends, and retire	ng, enter the amount of other i			\$	
Other Adjustments	,			-(-)		
-ajustinents	(b) Deductions. If you expect to cla and want to reduce your withhold enter the result here	im deductions other than the ing, use the Deductions World	e standard deduction ksheet on page 3 and	4(b)	\$	
	enter the result here			.(2)		
	(c) Extra withholding. Enter any add	itional tax you want withheld	each pay period .	4(c)	\$	
Step 5:	Under penalties of perjury, I declare that this cert	ificate to the best of my knowled	lae and helief is true or	orrect ar	nd complete	
Sign Here		•	L	51100t, ui	ia complete.	
	Employee's signature (This form is not v	valid unless you sign it.)	• Da	ate		
Employers Only	Employer's name and address		I	Employe number	er identification (EIN)	

Form W-4 (2021) Page **2**

General Instructions

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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 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 2021 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, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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

- Expect to work only part of the year;
- 2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
- 3. Have self-employment income (see below); or
- 4. 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.

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. 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 2021 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.

Form W-4 (2021)

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.

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	2 a	\$
	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 2021 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: • \$25,100 if you're married filing jointly or qualifying widow(er) • \$18,800 if you're head of household • \$12,550 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 possessions 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.

Form W-4 (2021) Page **4**

Married Filing Jointly or Qualifying Widow(er)												
Higher Paying Job			IVIGITI					Wage & S	Salary			
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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999 \$365,000 - 524,999	2,720 2,970	5,920 6,470	8,780 9,630	10,980 12,130	13,110 14,560	15,110 16,860	17,110 19,160	19,110 21,460	21,190 23,760	23,490 26,060	25,560 28,130	26,860 29,430
\$525,000 - 524,999 \$525,000 and over	3,140	6,840	10,200	12,130	15,530	18,030	20,530	23,030	25,760	28,030	30,300	31,800
φ323,000 and over	3,140	0,040		Single o					25,550	20,030	30,300	31,000
Higher Paying Job								Wage & S	Salarv			
Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000 -	\$110,000 -
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
<u>\$125,000 - 149,999</u>	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999 \$450,000 and over	2,970 3,140	5,880 6,250	8,260 8,830	10,560 11,330	12,860 13,830	14,620 15,790	15,920 17,290	17,220 18,790	18,520 20,290	19,910 21,790	21,220 23,100	22,520
φ450,000 and over	3,140	0,230	0,030			Househo	<u> </u>	10,790	20,290	21,790	23,100	24,400
Higher Paying Job								Wage & S	Salarv			
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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

Form G-4 (Rev. 02/15/19)



STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

	TINNOLDING ALLOWANCE CERTIFICATE			
1a. YOUR FULL NAME	1b. YOUR SOCIAL SECURITY NUMBER			
2a. HOME ADDRESS (Number, Street, or Rural Route)	2b. CITY, STATE AND ZIP CODE			
PLEASE READ INSTRUCTIONS ON REVER	SE SIDE BEFORE COMPLETING LINES 3 – 8			
3. MARITAL STATUS				
(If you do not wish to claim an allowance, enter "0" in the brackets b				
A. Single: Enter 0 or 1	4. DEPENDENT ALLOWANCES			
B. Married Filing Joint, both spouses working:				
Enter 0 or 1	5. ADDITIONAL ALLOWANCES []			
Enter 0 or 1 or 2[1]	(worksheet below must be completed)			
D. Married Filing Separate:	(
Enter 0 or 1[]				
E. Head of Household:	6. ADDITIONAL WITHHOLDING \$			
Enter 0 or 1				
	ING ADDITIONAL ALLOWANCES			
(Must be completed in ord 1. COMPLETE THIS LINE ONLY IF USING STANDARD I	ler to enter an amount on step 5) DEDUCTION:			
Yourself: ☐ Age 65 or over ☐ Blind				
Spouse: ☐ Age 65 or over ☐ Blind Number	of boxes checked x 1300\$			
2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:				
A. Federal Estimated Itemized Deductions (If Itemizing D	eductions)\$			
	nd of Household \$4,600			
Each Spouse \$3,000	\$			
C. Subtract Line B from Line A (If zero or less, enter zero).				
	e\$			
	\$			
F. Estimate of Taxable Income not Subject to Withholding	\$			
G. Subtract Line F from Line E (if zero or less, stop here)	\$			
H. Divide the Amount on Line G by \$3,000. Enter total here	e and on Line 5 above			
(This is the maximum number of additional allowances you	can claim. If the remainder is over \$1,500 round up)			
7. LETTER USED (Marital Status A, B, C, D, or E)	TOTAL ALLOWANCES (Total of Lines 3 - 5)			
(Employer: The letter indicates the tax tables in Employer's Tax Gu				
•	Read the Line 8 instructions on page 2 before completing this section.			
a) I claim exemption from withholding because I incurred no Georgi	a income tax liability last year and I do not expect to			
have a Georgia income tax liability this year. Check here b) I certify that I am not subject to Georgia withholding because I m	eet the conditions set forth under the Servicemembers			
Civil Relief Act as provided on page 2. My state of residence is				
of residence is The states of residence must	be the same to be exempt. Check here			
I certify under penalty of perjury that I am entitled to the number of claimed on this Form G-4. Also, I authorize my employer to deduct	withholding allowances or the exemption from withholding status per pay period the additional amount listed above.			
Employee's Signature	Date			
Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, 1800 Century Blvd NE, Suite 8200, Atlanta, GA 30345				
9. EMPLOYER'S NAME AND ADDRESS: EI	MPLOYER'S FEIN:			
E	MPLOYER'S WH#:			

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.

INSTRUCTIONS FOR COMPLETING FORM G-4

Enter your full name, address and social security number in boxes 1a through 2b.

Line 3: Write the number of allowances you are claiming in the brackets beside your marital status.

- A. Single enter 1 if you are claiming yourself
- B. Married Filing Joint, both spouses working enter 1 if you claim yourself
- C. Married Filing Joint, one spouse working enter 1 if you claim yourself or 2 if you claim yourself and your spouse
- D. Married Filing Separate enter 1 if you claim yourself
- E. Head of Household enter 1 if you claim yourself
- Line 4: Enter the number of dependent allowances you are entitled to claim.
- Line 5: Complete the worksheet on Form G-4 if you claim additional allowances. Enter the number on Line H here.

Failure to complete and submit the worksheet will result in automatic denial on your claim.

- Line 6: Enter a specific dollar amount that you authorize your employer to withhold in addition to the tax withheld based on your marital status and number of allowances.
- Line 7: Enter the letter of your marital status from Line 3. Enter total of the numbers on Lines 3-5.

Line 8:

- 1) Check the first box if you qualify to claim exempt from withholding. You can claim exempt if you filed a Georgia income tax return last year and the amount of Line 4 of Form 500EZ or Line 16 of Form 500 was zero, and you expect to file a Georgia tax return this year and will not have a tax liability. You cannot claim exempt if you did not file a Georgia income tax return for the previous tax year. Receiving a refund in the previous tax year does not qualify you to claim exempt.
 - **EXAMPLES:** Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$100. Your tax liability is the amount on Line 4 (or Line 16); therefore, you **do not qualify** to claim exempt.

Your employer withheld \$500 of Georgia income tax from your wages. The amount on Line 4 of Form 500EZ (or Line 16 of Form 500) was \$0 (zero). Your tax liability is the amount on Line 4 (or Line 16) and you filed a prior year income tax return; therefore you qualify to claim exempt.

- b) Check the second box if you are not subject to Georgia withholding and meet the conditions set forth under the Servicemembers Civil Relief Act. Under the Act, a spouse of a servicemember may be exempt from Georgia income tax on income from services performed in Georgia if:
 - 1. The servicemember is present in Georgia in compliance with military orders;
 - 2. The spouse is in Georgia solely to be with the servicemember;
 - 3. The servicemember maintains domicile in another state; and
 - 4. The domicile of the spouse is the same as the domicile of the servicemember or the spouse of the servicemember has elected to use the same residence for purposes of taxation as the servicemember.

Additional information for employers regarding the Military Spouses Residency Relief Act:

- 1. On the W-2 the employer should not report any of the wages as Georgia wages.
- 2. If the spouse of a servicemember is entitled to the protection of the Military Spouses Residency Relief Act in another state and files a withholding exemption form in such other state, the spouse is required to submit a Georgia Form G-4 so that withholding will occur as is required by Georgia Law when a Georgia domiciliary works in another state and withholding is not required by such other state. If the spouse does not fill out the form, the employer shall withhold Georgia income tax as if the spouse is single with zero allowances.

Worksheet for calculating additional allowances. Enter the information as requested by each line. For Line 2D, enter items such as Retirement Income Exclusion, U.S. Obligations, and other allowable deductions per Georgia Law, see the IT-511 booklet for more information.

Do not complete Lines 3-7 if claiming exempt.

O.C.G.A. § 48-7-102 requires you to complete and submit Form G-4 to your employer in order to have tax withheld from your wages. By correctly completing this form, you can adjust the amount of tax withheld to meet your tax liability. Failure to submit a properly completed Form G-4 will result in your employer withholding tax as though you are single with zero allowances.

Employers are required to mail any Form G-4 claiming more than 14 allowances or exempt from withholding to the Georgia Department of Revenue for approval. Employers will honor the properly completed form as submitted pending notification from the Withholding Tax Unit. Upon approval, such forms remain in effect until changed or until February 15 of the following year. Employers who know that a G-4 is erroneous should not honor the form and should withhold as if the employee is single claiming zero allowances until a corrected form has been received.



APPLICANT AUTHORIZATION AND CONSENT FOR RELEASE OF MOTOR VEHICLE RECORDS

l,	, unders	stand that <u>EGM Services, INC.</u>	_
(hereafter referred to as "Comp	any") will contact and enl	list the services of Allied Data Research, Inc.,	а
Consumer Reporting Agency as	defined in the Fair Credit	Reporting Act (FCRA), as part of my	
employment and/or continued of	employment.		
information pertaining to motor determine employment eligibilit	r vehicle records. The resulty or advancement under	t an investigation which will consist of ult of this verification process will be used to this Company's employment policies. All the Fair Credit Reporting Act and the Driver's	
I understand that I am entitled t the report.	o a copy of the consumer	r report if my employment was denied based	l on
2641), and any of its agents/des	ignated personnel to discinated authorized represe	Heights, CA 95611-0634 Phone (888) 378-close orally and in writing the results of this entative of the Company . I have read and riving record release.	
Applicant Signature:		Date:	_
Driver's License #	 State	Social Security #	
Last Name	First Name	Middle Name	-
Date of Birth			



To Whom It May Concern:

I hereby authorize and request EGM Services, Inc. to contact any present or former employer, school, police department, financial institution, drug screening facility or other persons having personal knowledge about me, to furnish bearer with any and all information, including but not limited to criminal, driving, and credit history, in their possession regarding me in connection with an application for employment. I am willing that a photocopy of this authorization be accepted with the same authority as the original, and I specifically waive any written notice from any present or former employer who may provide information based upon this authorization request. I understand this authorization is to be part of the written employment application that I sign.

I have been given a stand-alone, consumer notification that a Consumer report or Investigation Consumer Report will be requested and used for the purpose of evaluating me for employment, promotion, reassignment, or retention as an employee.

Name (please print)		
Signature		
Date		
	ion purposes only)	
Race (optional-will be used for criminal	history only)	
Date of Birth (necessary-will be used for	· identification only)	
Social Security Number (necessary-will	be used for identification only)	
Drivers License Number	State of Issue	
Print all former names used (1)		
(2)	(3)	
List-All former addresses for the past 7	years	



DATE:			
	CHECK O	NLY ONE:	
□ NEW EMPLOYEE	□CHANGE (OF INFORMATION	□ REHIRE
EMPLOYEE #	_ (FOR REHIRE ONLY)		
NAME (LAST/FIRST/MIDD	LE)		
ADDRESS:			
CITY/STATE/ZIPCODE:			
SS#:			
SALARY PER PAY PERIOD:	\$	_	
HOURLY RATE:			
MARITAL STATUS:	□SINGLE	□MARRIED	
# OF EXEMPTIONS:	FEDERAL	STATE	
BIRTHDATE:	HIR	E DATE:	_
WILL EMPLOYEES RECEIV	E DIRECT DEPOSIT?	YES/NO (CIRCLE ONE)	
IF YES, SEND A COPY OF V	OIDED CHECK AND SIG	NED AUTHORIZATION FORM	1
ADDITIONAL COMMENTS	:		



Direct Deposit Form

Worker Instructions:

1. Complete the "WORKER - Required Information

WORKER Required Information

2. Sign the bottom of the form

Employer Instructions:

 Complete "EMPLOYER - Required Information" section.

EMPLOYER -Required Information

Worker Name	Company Name <u>EGM Services, Inc.</u>
Social Security Number	Federal ID Number <u>**-***-8152</u>
Complete fo	or Direct Deposit
I authorize my employer to deposit my wages/salary to	•
Bank Account #1: Checking or Savings (circl	le one) Bank Account #2: Checking or Savings (circle one)
Account #	Account #
Routing #	Routing #
I wish to deposit (check one):	I wish to deposit (check one):
□ Entire Net Pay	□ Entire Net Pay
Specific Dollar Amount	□ % of Net □ Specific Dollar Amount \$
Please Attach One of the following (check one):	Please Attach One of the following (check one):
□ Voided Check	□ Voided Check
 Bank Letter of Specification sheet* * See your local bank representative 	 Bank Letter of Specification sheet* * See your local bank representative
Worker's Signature	Date//
Account Holder's Signature	Date / /