

S. E. THURSTON FIRE AUTHORITY

Rainier Yelm

709 Mill Road

Post Office Box 777

Yelm, Washington 98597

(360) 458-2799

Fax (360) 458-2766



Personal Data

Name (Last, First, Initial)	DOB: / /	
Mailing Address (if different)	City	State / Zip
Email Address	Phone #	

Certifications

- Fire Schooling Location: Date:
- Degree: Yes No
- EMT State: Exp. Year:
- IFSAC Firefighter I
- IFSAC Hazardous Material Operations

FOR OFFICIAL USE ONLY:

Date Received _____

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Member Application

Please type or print in ink

Application Type **Circle One**

Date

____/____/____

Firefighter/EMT

Support Services

Other

Personal Data

Name (Last, First, Initial)	DOB:	SSN:
Street Address	City	State
Mailing Address (if different)	City	State
Email Address		
Driver's License No. and State	Home Phone	Cell Phone
Have you ever been convicted of a misdemeanor or felony crime? (Conviction is not an automatic bar to employment)		
Yes If yes, please explain date, charge, place and action taken: (Use back of page if necessary)		
No		

Education

School Name and Location (attach additional sheet if more space is needed)	Number of years	Did you graduate?	Course of Study/Degree
High School			
College			
Other			
List Licenses, Certificates or Registrations	Where Issued	Issue Date	Expiration Date

References (Please do not list relatives)

Name	Address	Phone
Name	Address	Phone
Name	Address	Phone

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Employment and/or Volunteer History: Start with current/last position held. Attach additional pages if necessary. You may attach a resume, but this section must be completed.

Company Name: _____	Employed (Month/Year)
Company Address: _____	From:
City State Zip	To:
Phone _____	Reason for leaving:
Okay to Contact? YES NO	Your Title: _____
Monthly Salary: _____	
Specific Duties: _____	
Number Employees Supervised: _____	
Immediate Supervisor: _____	

Company Name: _____	Employed (Month/Year)
Company Address: _____	From:
City State Zip	To:
Phone _____	Reason for leaving:
Okay to Contact? YES NO	Your Title: _____
Monthly Salary: _____	
Specific Duties: _____	
Number Employees Supervised: _____	
Immediate Supervisor: _____	

Company Name: _____	Employed (Month/Year)
Company Address: _____	From:
City State Zip	To:
Phone _____	Reason for leaving:
Okay to Contact? YES NO	Your Title: _____
Monthly Salary: _____	
Specific Duties: _____	
Number Employees Supervised: _____	
Immediate Supervisor: _____	

Company Name: _____	Employed (Month/Year)
Company Address: _____	From:
City State Zip	To:
Phone _____	Reason for leaving:
Okay to Contact? YES NO	Your Title: _____
Monthly Salary: _____	
Specific Duties: _____	
Number Employees Supervised: _____	
Immediate Supervisor: _____	

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Special Skills

If you have other skills obtained through hobbies, volunteer work, etc., relevant to the position for which you are applying, please describe:

Special Equipment

List machines/equipment that you can operate relevant to the position for which you are applying:

Languages

List any languages other than English that you speak fluently:

--

Preferences

Do you qualify for Veteran's Preference? (if yes, please attach copy of DD214)	YES	NO
Have you previously claimed veteran's preferences and been appointed to a position with a county, municipal government, or other political sub-division of the state?	YES	NO
Are you currently receiving veteran's retirement payments or other survivor's benefits?	YES	NO
Are you currently a member of S. E. Thurston Fire Authority?	YES	NO

I hereby declare the information provided by me in this Application is true, correct, and complete to the best of my knowledge. I understand that if I am selected to be a member, any misstatement or omission of fact on this Application shall be considered cause for dismissal. I authorize investigation of all statements in this Application.

I authorize all previous employers to furnish employing agency my record, reason for leaving, and all information they may have concerning me and I hereby release them and the employing agency from all liability or any damage whatsoever arising therefrom.

I understand that membership/employment with S. E. Thurston Fire Authority is at will. This means that both I and S. E. Thurston Fire Authority are free to terminate the employment relationship at any time, with or without cause or advance notice, and without compensation except for time actually worked, provided the termination is not done for a discriminatory reason in violation of the law.

Signature _____

Date _____

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S. E. THURSTON FIRE AUTHORITY IS AN EQUAL OPPORTUNITY EMPLOYER

You may use the back of this page to provide additional information, if needed.

Driving Record Information

Please list all traffic violations and collisions for the past five (5) years:

List all convictions, warrants:

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Please attach copies of the following documents (where applicable)

- Driver License
- Social Security Card
- EMT National Registry Card
- WA State EMT Card
- CPAT
- FF1
- FF2
- Haz Mat Training
- Immunization Records

You may include copies of any additional documents/certifications that you feel may be pertinent to your application.

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Ride Along Release

Rider Name: (*Last, First, MI*) _____

PLEASE PRINT

DOB: ____ / ____ / ____

Mailing Address: (City, State, Zip) _____

Phone Number: (H - C) ____ - ____ - ____ Driver License Number: _____

Previous Observer: (circle) Yes No *Social Security Number: ____ - ____ - ____

Reason for this request: _____

Future Fire or EMS Goals. If Any: _____

Request for Permission, Assumption or Risks and Waiver

I, _____, hereby request permission to ride as a guest of S. E. Thurston Fire Authority in a vehicle owned by the fire department to permit my observation of fire department work. No payment has been requested, given, or will be given to the fire department or its agents should permission be granted. I further understand should permission be granted, I will be observing fire department work at my own risk and am willing to assume all risks involved including the risk of death or serious injury.

Waiver of Legal Liability

In participating on a S. E. Thurston Fire Authority *Ride Along*, you may be faced with risks. In return for the privilege of participation on *Ride Along*, you are required to waive the department's legal liability to you with respect to these risks. As you may know, the fire department responds to all manner of emergency calls, including, but not limited to, fires, chemical spills, traffic accidents, and medical emergencies of all kinds. All risks are not foreseeable but these risks are common to firefighters' risks. Observers like you may encounter the following list of hazards during the course of their ride along experience: the risk of traffic accidents, hazards at emergency fire scenes,

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including but not limited to: fire, falling debris, hazards from chemical spills, biological exposures which may contain blood and other bodily

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fluids, assaults from patients, public and private premises which may contain hazards such as, holes, depressions, broken steps, broken railings, etc.

In consideration for granting my request to ride and observe, and being reasonably aware of the risks involved, I hereby, forever waive and give up any and all rights, claims, or causes of action against the fire department, its officers, employees, and agents, which may arise as a result of my participation on a *Ride Along*. This waiver also applies to heirs, devisees, and assigns.

Signature

Date

Witnessed (Department personnel only)

Date

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Authorization for Release of Information

I hereby authorize S.E. Thurston Fire Authority, hereinafter SETFA, to conduct a complete background investigation and using a consumer report pursuant to 15 U.S.C. 1681b (b) (2) (B). I understand that an inquiry may include, but is not limited to: criminal records, drug screening, motor vehicle records, credit records, address verification, civil court records, bankruptcy records, personal or professional records, education verification, and copies of prior personnel files. An inquiry will be made as part of a pre-employment screening process as well as at any time during the course of employment with the district. No additional notice or authorization shall be needed for future inquiries and to obtain additional consumer reports.

I specifically authorize any person, firm or corporation contacted by SETFA to release any of the above records to the district. I agree to:

- ✓ Waive any privilege of confidentiality I may have with respect to said records
- ✓ Waive any claims against SETFA of any prior employers as a result of the district's collection of said information.

PLEASE PRINT CLEARLY!

Place of Birth: _____

Date of Birth: _____

Social Security # ____ -- ____ -- ____ Driver's License # _____ State ____

Phone: Home _____ Cell _____

Residence Addresses for the past 7-10 years:

The purpose of listing the date of birth, social security number and previous address information is limited to a means of identification purposes only in conducting a background screening.

Dated this _____ Day of _____, 20____.

First Name

Full Middle Name

Last Name

(Alias)

Applicant Signature: _____ Date: _____

NOTE: THIS FORM WILL BE RETAINED IN OUR FILES

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NON-DISCLOSURE & CONFIDENTIALITY AGREEMENT

1. I understand in the performance of my duties as an employee/volunteer with S.E. Thurston Fire Authority, I will have access to confidential information, materials, and equipment.
2. I understand any violation or breach of this confidentiality or the unauthorized use/dissemination of materials, keys, door codes/passwords, etc. may result in disciplinary action and or/termination.
3. I understand any unauthorized disclosure or breach of confidentiality may result in legal action against me.

Printed Name (Employee/Volunteer)

Signature (Employee/Volunteer)

Date

Printed Witness Name (Fire Department Employee)

Witness Signature (Fire Department Employee)

Date

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New Member Information Form

Member Name: (*Last, First, MI*) _____

SSN: _____ - _____ - _____ DOB: _____ / _____ / _____

Mailing Address: (*City, State, Zip*) _____

Phone Number: (*H*) _____ - _____ - _____ (*W*) _____ - _____ - _____ (*C*) _____ - _____ - _____

E-Mail _____

Marital Status: Single Married Spouse's Name: _____

Emergency Contact

Contact Person: _____ Relationship: (*optional*) _____

Daytime Phone: _____ - _____ - _____ Evening Phone: _____ - _____ - _____

Cell Phone: _____ - _____ - _____ Pager: _____ - _____ - _____

Special Instructions _____

To be filled in by Administration Staff

Date of Membership: _____ Member ID#: _____

Position: _____ Supervisor: _____



Driving Record Request

Each driving record requested is \$15 and is non-refundable.

For validation only

106-060-421-0005

Purchase online (for fastest service):

- **Your own driving record** – login to License eXpress at dol.wa.gov/licenseexpress.html. You can print or save it and it's available for 30 days if you need to print it again.
- **Driving records for authorized business needs** – login and create a business account in License eXpress at dol.wa.gov/licenseexpress.html. You can print or save your records and they are available for 30 days if you need to print them again.

Purchase by mail (allow 10 business days for processing):

- **Use this form.** We will send the record to you or the individual or company you indicate below. Mail this completed form and a **non-refundable \$15 fee for each record** in a check or money order, payable to Department of Licensing, to:

Driver Records, Department of Licensing, PO Box 3907, Seattle, WA 98124-3907

NOTE: If you are requesting a driving record for an employee, prospective employee, or volunteer, you must get a Driving Record Release of Interest (available at dol.wa.gov/driverslicense) from the driver before making your request. Do not mail it to us, keep it in your files.

If you have additional questions, contact customer service at 360.902.3900.

Requestor information

PRINT or TYPE Requestor name Kris Kruse - Office Manager		10-digit daytime phone number (360) 458-2799	
Business name (if applicable) S.E. Thurston Fire Authority			
Mailing or Business address (Street address or PO Box) PO Box 777		City Yelm	State ZIP code WA 98597
How do you want the driving records sent? (Choose one) <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax <input type="checkbox"/> U.S. mail (1 record only)*		Email kkruse@setfa.org	10-digit fax number

**We will not mail more than one driving record. Multiple record requests are sent only by email or fax.*

Driving record requested

PRINT or TYPE Name (Last, First, Middle initial)	
Date of birth	Washington driver license number
Type of record requested Insurance records show violations, convictions, and accidents only. Other drive records show traffic-related collisions, convictions, violations, suspensions, revocations, and disqualifications. We offer the following types of driving records: <input type="checkbox"/> Alcohol/Drug assessment – Used by chemical dependency agencies. <input checked="" type="checkbox"/> Employment record – Used by employers, volunteer organizations, and transit authorities to determine eligibility. Also used by state and federal agencies to carry out their functions. <input type="checkbox"/> Insurance record (3 years) – Used to create and renew life, vehicle, and commercial vehicle insurance policies. <input type="checkbox"/> Full record – Used by legal representation or self-requested by the person named on the record. NOTE: If more than one record type is selected, include \$15 for each additional record.	

I certify under penalty of perjury that I am entitled by federal or state laws to obtain an abstract of the driving record of the individual requested.

Date and place (city or county) signed

X

Signature

If requesting additional driving records, attach separate sheets for each driving record requested.
Include a \$15 non-refundable fee for each record.

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) _____

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



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 07/31/2026

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

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

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

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

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

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

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

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

First Day of Employment (mm/dd/yyyy): _____

I as: Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)
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Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code
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For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.