

Employment Eligibility Verification Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No. 1615-0047 Expires 08/31/2019

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

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

than the first day of employment, but no Last Name (Family Name)		First Name (G			Middle Initial	Ton 1		
	r not Hame to	nven rvann	0)	Middle Initial	Other I	Other Last Names Used (if any)		
Address (Street Number and	d Name)	Apt. I	Number	City or Town			State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Se	curity Number	Employ	_L /ee's E-mail Add	dress	E	mployee's	Telephone Number
am aware that federal l connection with the con attest, under penalty o	inpretion of this	TOTTII.				r use of	false do	cuments in
1. A citizen of the United	i States							
2. A noncitizen national	of the United State	s (See instruction	ns)					
3. A lawful permanent re	sident (Alien Re	gistration Numbe	er/USCIS I	Number):				
4. An alien authorized to	work until (expir	ation date, if app	licable, mi	m/dd/yyyy)				
Some aliens may write	e "N/A" in the expir	ation date field.	(See instru	uctions)		-		
	er/USCIS Number	OR Form I-94 A	dmission I	Number OR For	omplete Form I-9: eign Passport Nui	mber.		QR Code - Section 1 Not Write In This Space
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Alien Registration Number OR Form I-94 Admission Number OR Foreign Passport Number Country of Issuance:	er/USCIS Number:	OR Form I-94 A	dmission i	Number OR Fon	eign Passport Nui	mber.	Do	
Alien Registration Number OR Form I-94 Admission Number OR Foreign Passport Number Country of Issuance: Signature of Employee	er/USCIS Number; mber: er:	OR Form I-94 A	dmission i	Number OR For	eign Passport Nui	mber.	Do	
1. Alien Registration Number OR 2. Form I-94 Admission Number OR 3. Foreign Passport Number Country of Issuance: Signature of Employee Preparer and/or Tranger of I did not use a preparer or Fields below must be compattest, under penalty of	er/USCIS Number: mber: er: mslator Certif translator. mpleted and signe perjury, that I h	ication (che A preparer(s) are ad when preparer ave assisted i	eck one	Number OR For	Today's Date	(mm/dd/y	yyyy) Section 1	Not Write In This Space
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Employment Eligibility Verification Department of Homeland Security

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OMB No. 1615-0047 Expires 08/31/2019

U.S. Citizenship and Immigration Services Section 2. Employer or Authorized Representative Review and Verification (Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.") Citizenship/Immigration Status First Name (Given Name) M.I. Last Name (Family Name) Employee Info from Section 1 List C List B OR List A **Employment Authorization** Identity Identity and Employment Authorization Document Title Document Title Document Title Issuing Authority Issuing Authority Issuing Authority Document Number Document Number Document Number Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) Expiration Date (if any)(mm/dd/yyyy) Document Title QR Code - Sections 2 & 3 Do Not Write In This Space Issuing Authority Additional Information Document Number Expiration Date (if any)(mm/dd/yyyy) Document Title Issuing Authority Document Number Expiration Date (if any)(mm/dd/yyyy) Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States. (See instructions for exemptions) The employee's first day of employment (mm/dd/yyyy): Title of Employer or Authorized Representative Signature of Employer or Authorized Representative Today's Date (mm/dd/yyyy) Employer's Business or Organization Name First Name of Employer or Authorized Representative Last Name of Employer or Authorized Representative State ZIP Code Employer's Business or Organization Address (Street Number and Name) City or Town Section 3. Reverification and Rehires (To be completed and signed by employer or authorized representative.) B. Date of Rehire (if applicable) A. New Name (if applicable) Middle Initial Date (mm/dd/yyyy) First Name (Given Name) Last Name (Family Name) C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below. Expiration Date (if any) (mm/dd/yyyy) Document Number Document Title

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Today's Date (mm/dd/yyyy)

Name of Employer or Authorized Representative

Signature of Employer or Authorized Representative

LISTS OF ACCEPTABLE DOCUMENTS All documents must be UNEXPIRED

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

	LIST A Documents that Establish Both Identity and Employment Authorization	OR		LIST B Documents that Establish Identity	ID	LIST C Documents that Establish Employment Authorization				
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a temporary I-551 stamp or temporary			Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION				
4.	I-551 printed notation on a machine- readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)						ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	2.	(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)	
5.	For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		4.	School ID card with a photograph Voter's registration card	3.	Original or certified copy of birth certificate issued by a State, county, municipal authority, or				
	a. Foreign passport; and b. Form I-94 or Form I-94A that has		5. 6.	.U.S. Military card or draft record Military dependent's ID card		territory of the United States bearing an official seal				
	the following: (1) The same name as the passport;					- 1	7.	U.S. Coast Guard Merchant Mariner Card	- 000	Native American tribal document U.S. Citizen ID Card (Form I-197)
	and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has					J-17-05	Native American tribal document Driver's license issued by a Canadian government authority	6.	Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		F	or persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security				
6.	Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		11	School record or report card Clinic, doctor, or hospital record Day-care or nursery school record						

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

Refer to the instructions for more information about acceptable receipts.



Employee's Signature

NC-4 Employee's Withholding Allowance Certificate

PURPOSE - Complete Form NC-4 so that your employer can withhold the correct amount of State income tax from your pay. If you do not submit Form NC-4 to your employer, your employer must withhold as if your filling status is "Single" with no withholding allowances.

FORM NC-4EZ - You may use Form NC-4EZ if you plan to claim either the N.C. Standard Deduction or the N.C. Child Deduction Amount (but no other N.C. deductions), and you do not plan to claim any N.C. tax credits.

FORM NC-4 NRA - If you are a nonresident alien, you must use Form NC-4 NRA. In general, a nonresident alien is an alien (not a U.S. citizen) who has not passed the green card test or the substantial presence test. (See Publication 519, U.S. Tax Guide for Aliens, for more information on the green card test and the substantial presence test.)

FORM NC-4 BASIC INSTRUCTIONS - Complete the NC-4 Allowance Worksheet. The worksheet will help you determine your withholding allowances based on federal and State adjustments to gross income including the N.C. Child Deduction Amount, N.C. itemized deductions, and N.C. tax credits. However, you may claim fewer allowances than you are entitled to if you wish to increase the tax withheld during the tax year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be "Head of Household" after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

TWO OR MORE JOBS - If you have more than one job, determine the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other. You should also refer to the "Multiple Jobs Table" to determine the additional amount to be withheld on Line 2 of Form NC-4 (See page 4).

NONWAGE INCOME - If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated income

tax payments using Form NC-40 to avoid interest on the underpayment of estimated income tax. Form NC-40 is available on the Department's website at www.ncdor.gov.

HEAD OF HOUSEHOLD - Generally, you may claim "Head of Household" filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

SURVIVING SPOUSE - Generally, you may claim "Surviving Spouse" filing status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

- Your home is maintained as the main household of a child or stepchild whom you can claim as a dependent; and
- You were entitled to file a joint return with your spouse in the year of your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will complete the NC-4 Allowance Worksheet based on the filing status, "Married Filing Jointly" or "Married Filing Separately."

- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Jointly" should consider the sum of both spouses' income, federal and State adjustments to income, and State tax credits to determine the number of allowances.
- Married taxpayers who complete the worksheet based on the filing status, "Married Filing Separately" should consider only his or her portion of income, federal and State adjustments to income, and State tax credits to determine the number of allowances.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

Date

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Cut here and g	ive this certificate to your employer. Keep the top portion for	your records.
NCDOR NC-4 Employee's	Withholding Allowance Certific	cate
1. Total number of allowances you are claim (Enter zero (0), or the number of allowances a	ng from Page 2, Line 17 of the NC-4 Allowance Worksheet)	
2. Additional amount, if any, withheld from ea	ach pay period (Enter whole dollars)	
Social Security Number	— Filing Status ———	
	O Single or Married Filing Separately O Head of Household	Married Filing Jointly or Surviving Spouse
First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS,	M.I. Last Name	
Address		County (Enter first five letters)
		55 55 50 (1 € 1 € 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ± 1 ±
City	State Zip Code (5 Digit)	Country (If not U.S.)
		<u> </u>

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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 and you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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, 2024.

Your privacy. 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).

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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax. you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your selfemployment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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.

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 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. 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 2023 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

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

2023

OMB No. 1545-0074

TO SELECTION OF	N VICO	rodi witi	moraing is subject to review by the	IKS.	
Step 1:	(a) First	name and middle initial	Last name		(b) Social security number
Enter Personal Information	Address				Does your name match the name on your social security card? If not, to ensure you get
	City or to	credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.			
	I - =	Single or Married filing separately			
	I	Married filing jointly or Qualifying sur	• •		
Complete Ste	ps 2-4	-	e unmarried and pay more than half the cos nerwise, skip to Step 5. See pag privacy.		
Step 2: Multiple Job or Spouse Works	os ^a C ()	ilso works. The correct amount no only one of the following. a) Reserved for future use.	d more than one job at a time, or of withholding depends on inconstance. sheet on page 3 and enter the res	ne earned from all of t	hese jobs.
	(c) If there are only two jobs tot	al, you may check this box. Do the curate than (b) if pay at the lower pay, (b) is more accurate	ne same on Form W-4	for the other job. This
Complete Ste	ps 3–4(l	o) on Form W-4 for only ONE	of these jobs. Leave those steps Form W-4 for the highest paying	s blank for the other jo g job.)	bs. (Your withholding will
Step 3:	lf	your total income will be \$200	,000 or less (\$400,000 or less if n	narried filing jointly):	
Claim Dependent			ying children under age 17 by \$2,		_
and Other Credits		Multiply the number of other	•	\$	-
	tl	nis the amount of any other cre	· · · · · · · · · · · · · · · · · · ·	<u>.</u>	3 \$
Step 4 optional): Other	(6	expect this year that won't h	i obs). If you want tax withheld lave withholding, enter the amoun vidends, and retirement income		
Adjustments	S (I	d er 4(b) \$			
	(0	c) Extra withholding. Enter any	y additional tax you want withheld	l each pay period	4(c) \$
Step 5: Sign Here	Under p	enalties of perjury, I declare that th	is certificate, to the best of my knowle	edge and belief, is true, o	correct, and complete.
	Emplo	pyee's signature (This form is	ate		
Employers Only	Employe	er's name and address		First date of employment	Employer identification number (EIN)
		7-31			

Married Filing Jointly or Qualifying Surviving Spouse													
Higher Paying	Job				Lowe	r Paying	lob Annua	ıl Taxable	Wage & S	alary		F***	
Annual Taxab Wage & Sala	ole	\$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	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
	,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,		850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
	,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,	,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8, 590
\$50,000 - 59,	,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,	,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,	,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,	,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,	,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,		2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259		2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,		2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140 19,740
\$280,000 - 299		2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	21,340
\$300,000 - 319		2,040	4,440	6,760	8,160	9,560	10,780 12,770	11,980 14,770	13,470 16,770	15,470 18,770	17,470 20,770	19,470 22,770	24,640
\$320,000 - 364		2,040	4,440 6,470	6,760	8,550 12,390	10,750 14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$365,000 - 524	1	2,970	6,470 6,840	9,890 10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250
\$525,000 and o	over	3,140	0,040			r Marrie				20,000	20,000	00,000	00,200
Hi-bay Daving	Jah					er Paying				Salary			
Higher Paying Annual Taxal		\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000 -	\$110,000 -
Wage & Sala		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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
	,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
	,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39	,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59	,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79	,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99		1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124	,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149		2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174		2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199		2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249		2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 ~ 399		2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449		2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540 22,510	21,840 24,010	22,960 25,330
\$450,000 and o	over	3,140	6,380	9,010	11,510	14,010 Head of	16,510	18,010	19,510	21,010	22,510	24,010	20,000
Linkou Dovina	Lob					er Paying			Wage &	Salary			
Higher Paying Annual Taxal		\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000		\$90,000 -	- \$100,000	- \$110,000 -
Wage & Sala		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	9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
	9,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
	9,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39	9,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59	9,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79	9,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99	9,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124	4,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149		2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	1	16,190	17,270	18,530
\$150,000 - 174		2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980		18,720	20,020	21,280
\$175,000 - 199		2,190	5,390	7,820	9,980	11,980	14,060	16,360	1	1	21,470	22,770	24,030
\$200,000 - 249		2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	1	23,390	24,690	25,950
\$250,000 - 449		2,970	6,470	9,200	11,660	13,960	16,260	18,560	1	1 '	23,680	24,980	26,230
\$450,000 and	over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

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.

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 2023 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: • \$27,700 if you're married filing jointly or a qualifying surviving spouse • \$20,800 if you're head of household • \$13,850 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 Columbla, 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.

$AUTHORIZATION\ FOR\ DIRECT\ DEPOSIT\ FORM$



PO Box 37 Elizabethtown, NC 28337

□ NE	W	☐ CHANGE	UCANCEL
Social Security No			
Employee Name (ple	ase print		
Name of Bank			
Bank Location			
FOR DEPOSIT	TO: (if you selec	ct both please state % or am	nount)
CHECKING	ACCOUNT		SAVINGS ACCOUNT
ATTACH Voided Check or Deposit Slip			
directly to my accor	unt each pay per		institution shown to deposit my pa am not entitled are deposited to my nk to return said funds.
Signature		Date	