



CANDIDATE APPLICATION FORM

LAST NAME (Please Print)	First	M.I.	Social Security #
Home Phone	Work	Cell/Pager *Indicate Primary	E-mail Address
Street Address		Apt. #	Type of Employment Interested In: <input type="checkbox"/> Temporary <input type="checkbox"/> Temp-to-Hire <input type="checkbox"/> Direct
City		State	Zip Code
Types of Position interested in:		Salary Desired	
1.	Education: <input type="checkbox"/> High School <input type="checkbox"/> College <input type="checkbox"/> 1 yr <input type="checkbox"/> 2yr <input type="checkbox"/> 3yr <input type="checkbox"/> 4yr <input type="checkbox"/> JD <input type="checkbox"/> LLM		
2.	Temp/Hourly: _____ Full Time/Salary _____		
3.	Are you able to commit to a full time permanent position for a minimum of two years? <input type="checkbox"/> Yes <input type="checkbox"/> No If No Explain: _____		
Available Date: _____		Do you have any time off scheduled in the next year?	

To avoid duplicating your job search, please list companies you have contacted on your own or through some other source:

Positions Willing To Work:

<input type="checkbox"/> Administrative Assistant	<input type="checkbox"/> Human Resources/General	<input type="checkbox"/> Call Center/ Customer Service	<input type="checkbox"/> Web Development	<input type="checkbox"/> Accountant	<input type="checkbox"/> Marketing	<input type="checkbox"/> Legal Secretary
<input type="checkbox"/> Executive Assistant	<input type="checkbox"/> Benefits	<input type="checkbox"/> Clerical	<input type="checkbox"/> IT / Help Desk	<input type="checkbox"/> Accounts Payable/Receivable	<input type="checkbox"/> Sales/ Business Development	<input type="checkbox"/> Hospitality
<input type="checkbox"/> Data Entry	<input type="checkbox"/> Recruiter	<input type="checkbox"/> Word Processing	<input type="checkbox"/> Purchasing	<input type="checkbox"/> Bookkeeper	<input type="checkbox"/> Paralegal	<input type="checkbox"/> Management
<input type="checkbox"/> Receptionist	<input type="checkbox"/> HR Assistant	<input type="checkbox"/> Office Services	<input type="checkbox"/> Scanner	<input type="checkbox"/> Payroll	<input type="checkbox"/> Training and Development	<input type="checkbox"/> Entry Level

Do you have interest in specific companies?
Are there companies that you would not want to work for?
Company size you prefer? Work pace? _____ How did you hear about us? _____

Please check areas of business experience:

<input type="checkbox"/> Telecommunication	<input type="checkbox"/> Legal	<input type="checkbox"/> Banking	<input type="checkbox"/> Non-profit/Associations
<input type="checkbox"/> Medical/Health Industry	<input type="checkbox"/> Governmental	<input type="checkbox"/> Energy	<input type="checkbox"/> Service Industry
<input type="checkbox"/> General Business/Corporate	<input type="checkbox"/> Construction	<input type="checkbox"/> Engineering	<input type="checkbox"/> Educational Institutions
<input type="checkbox"/> Other areas of business experience			

Select your 5 greatest strengths:

<input type="checkbox"/> Ability to prioritize	<input type="checkbox"/> Self Motivated	<input type="checkbox"/> Overtime	<input type="checkbox"/> Phones	<input type="checkbox"/> Production level	<input type="checkbox"/> Scheduling
<input type="checkbox"/> Client Interaction	<input type="checkbox"/> Team Player	<input type="checkbox"/> Computer	<input type="checkbox"/> Typing	<input type="checkbox"/> Sense of urgency	<input type="checkbox"/> Spelling
<input type="checkbox"/> Production level	<input type="checkbox"/> Organization	<input type="checkbox"/> Flexibility	<input type="checkbox"/> Legal	<input type="checkbox"/> Quality of Work	<input type="checkbox"/> Grammar

Preferred Hours	Willing to go to N. Va? Georgetown? DC?
<input type="checkbox"/> 8:30-5:00 <input type="checkbox"/> 9:00-5:30 <input type="checkbox"/> 9:30-6:00 <input type="checkbox"/> Part Time <input type="checkbox"/> Evenings/Weekends	<input type="checkbox"/> Metro (Public trans. only) <input type="checkbox"/> Non-Metro-car
On a scale of 1-10 (1 poor, 10-excellent)	Languages/Skill Level (Read-R, Write-W, Speak-S) Shorthand Dictaphone
How well do you work for demanding people? _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Both
How are your organizational skills? _____	R W S R W S R W S <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Your punctuality? _____	

Please check experience in the following software programs and how long you have worked with them:

<input type="checkbox"/> MS Word Yrs _____	<input type="checkbox"/> PowerPoint Yrs _____	<input type="checkbox"/> Excel Yrs _____	<input type="checkbox"/> Access Yrs _____	<input type="checkbox"/> Outlook Yrs _____
<input type="checkbox"/> FastNotes Yrs _____	<input type="checkbox"/> Lexis-Nexis Yrs _____	<input type="checkbox"/> Legal Key Yrs _____	<input type="checkbox"/> Styles Yrs _____	<input type="checkbox"/> Concordance Yrs _____
<input type="checkbox"/> iManage Yrs _____	<input type="checkbox"/> Carpe Diem Yrs _____	<input type="checkbox"/> DTE Yrs _____	<input type="checkbox"/> Summation Yrs _____	<input type="checkbox"/> Elite Yrs _____
<input type="checkbox"/> CMS Yrs _____	<input type="checkbox"/> People Soft Yrs _____	<input type="checkbox"/> ADP Yrs _____	<input type="checkbox"/> Ceridian Yrs _____	<input type="checkbox"/> Timeslips Yrs _____
<input type="checkbox"/> SAP Yrs _____	<input type="checkbox"/> Quick books Yrs _____	<input type="checkbox"/> Westlaw Yrs _____	<input type="checkbox"/> Quark Yrs _____	<input type="checkbox"/> Java Yrs _____

Please list all other software programs and special skills or training:

--

Previous Employment

Present/Last Position-please include salary information

Dates Employed		Position	Company/Firm Name
From (Mo./Yr.)	To		
Starting Salary	Ending Salary	Supervisor	Address
Overtime Salary	Next Raise	Supervisor's Position	Phone Number
Reason for Leaving	Number of People in Company / Number Supervised		Type of Business

Previous Position

Dates Employed		Position	Company/Firm Name
From (Mo./Yr.)	To		
Starting Salary	Ending Salary	Supervisor	Address
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Starting Salary	Ending Salary	Supervisor	Address
Overtime Salary	Next Raise	Supervisor's Position	Phone Number
Reason for Leaving	Number of People in Company / Number Supervised		Type of Business

Have you ever been convicted of a felony offense? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, explain)

Please read carefully

It is our policy to make referrals of employment candidates to employers based on merit only. Our selection process is not influenced by race, sex, religion, color, age, or national origin. I agree to the policy of conducting background reference check and understand that under the Fair Credit Reporting Act I have the right to a disclosure of the nature and substance of any background investigation.

May we contact your current employer?

Yes No

Signature: _____ Date: _____

Emergency Contact Information:

Contact Name: _____ Phone: _____ Relationship: _____



REFERENCE REQUEST

GS AP CP SEC GOV

To Be Completed by Applicant

Company Name

Reference Name & Title

Street Address

City, State, Zip Code

Phone Number/ Fax Number

Email (preferred)

I, _____ (print name),
authorize you to furnish Palmer with my employment
record and any additional information about my job history
and performance that may enable Palmer to determine my
employment qualifications. I hereby release both you and
Palmer from any and all liability for any damage that
results from the disclosure of this information.

Applicant Signature

Employed From _____ To _____

To Be Completed by Employer

Please mail or fax (202.464.1002) the following information about the above named applicant who is currently applying to work with Palmer. All information provided by you will be completely confidential. We thank you in advance for the information.

Job Title _____ Were you the immediate supervisor? _____

Please check the appropriate skill level of the applicant in the following categories:

	Excellent	Good	Satisfactory	Poor		Excellent	Good	Satisfactory	Poor
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office Etiquette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Work on Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality of Work Produced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed/Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eligible for Re-hire	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Strong Points _____

Weak Points _____

Additional Comments _____

Signature _____ Title _____ Date _____



REFERENCE REQUEST

GS AP CP SEC GOV

To Be Completed by Applicant

Company Name

Reference Name & Title

Street Address

City, State, Zip Code

Phone Number/ Fax Number

Email (preferred)

I, _____ (print name),
authorize you to furnish Palmer with my employment
record and any additional information about my job history
and performance that may enable Palmer to determine my
employment qualifications. I hereby release both you and
Palmer from any and all liability for any damage that
results from the disclosure of this information.

Applicant Signature

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	Excellent	Good	Satisfactory	Poor		Excellent	Good	Satisfactory	Poor
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Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Work on Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality of Work Produced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed/Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eligible for Re-hire	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Strong Points _____

Weak Points _____

Additional Comments _____

Signature _____ Title _____ Date _____



REFERENCE REQUEST

GS AP CP SEC GOV

To Be Completed by Applicant

Company Name

Reference Name & Title

Street Address

City, State, Zip Code

Phone Number/ Fax Number

Email (preferred)

I, _____ (print name),
authorize you to furnish Palmer with my employment
record and any additional information about my job history
and performance that may enable Palmer to determine my
employment qualifications. I hereby release both you and
Palmer from any and all liability for any damage that
results from the disclosure of this information.

Applicant Signature

Employed From _____ To _____

To Be Completed by Employer

Please mail or fax (202.464.1002) the following information about the above named applicant who is currently applying to work with Palmer. All information provided by you will be completely confidential. We thank you in advance for the information.

Job Title _____ Were you the immediate supervisor? _____

Please check the appropriate skill level of the applicant in the following categories:

	Excellent	Good	Satisfactory	Poor		Excellent	Good	Satisfactory	Poor
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Office Etiquette	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Organizational Skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Follow Directions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Team Player	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Ability to Work on Own	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Attention to Detail	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Client Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Quality of Work Produced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speed/Efficiency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eligible for Re-hire	Yes <input type="checkbox"/>		No <input type="checkbox"/>	

Strong Points _____

Weak Points _____

Additional Comments _____

Signature _____ Title _____ Date _____

Purpose. Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

Basic Instructions. Enter on line 1 below, the number of personal exemptions that you will be claiming on your tax return; however, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based upon itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

Exemption from withholding. You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- a. last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND
- b. this year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income is below the minimum filing requirements

should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Certification of nonresidence in the State of Maryland. Complete Line 4. This line is to be completed by residents of the District of Columbia, Pennsylvania, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 5; enter "EXEMPT" in the box to the right on Line 5; and attach a copy of your spousal military identification card to Form MW507. **Beginning 2011, you must also complete and attach Form MW507M.**

Duties and responsibilities of employer. Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

- 1. you have any reason to believe this certificate is incorrect;
- 2. the employee claims more than 10 exemptions;
- 3. the employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
- 4. the employee claims an exemption from withholding on the basis of nonresidence; or
- 5. the employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW 507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 or 5 above, a new exemption certificate must be filed by February 15th of the following year.

Duties and responsibilities of employee. If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee shall file a new withholding exemption certificate with the employer within 10 days after the change occurs.

Employee's Maryland Withholding Exemption Certificate

Print full name	Social Security number
Street Address City, State, Zip	County of residence (or Baltimore City)

Single
 Married (surviving spouse or unmarried Head of Household) Rate
 Married, but withhold at Single Rate

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2	1.	
2. Additional withholding per pay period under agreement with employer	2.	\$
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply. <input type="checkbox"/> a. Last year I did not owe any Maryland Income tax and had a right to a full refund of all Income tax withheld and <input type="checkbox"/> b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements). If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here.....	3.	
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies. <input type="checkbox"/> District of Columbia <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Virginia <input type="checkbox"/> West Virginia I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here...	4.	
5. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here	5.	

Under the **penalty of perjury**, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3, 4 or 5, whichever applies.

Employee's signature	Date
Employer's Name and address including zip code (For employer use only)	Federal employer identification number

Personal Exemptions Worksheet

Line 1

- a. Multiply the number of your personal exemptions by the value of each exemption from the table below. (Generally the value of your exemption will be \$3,200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced. **Do not claim any personal exemptions that you are currently claiming at another job, or any exemptions being claimed by your spouse.** To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. **NOTE:** Dependent taxpayers may not claim themselves as an exemption. a. _____
- b. Multiply the number of additional exemptions you are claiming for dependents who are 65 years of age or older by the value of each exemption from the table below. b. _____
- c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you are currently claiming at another job; or any amounts being claimed by your spouse. **NOTE:** Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,500 and a maximum of \$2,000. c. _____
- d. Enter \$1,000 for additional exemptions for taxpayer and/or spouse at least 65 years of age and/or blind. d. _____
- e. Add total of lines a through d. e. _____
- f. Divide the amount on line e by \$3,200. **Drop any fraction. Do not round up.** This is the **maximum** number of exemptions you may claim for withholding tax purposes. f. _____

If Your federal AGI is		If you will file your tax return	
		Single or Married Filing Separately Your Exemption is	Joint, Head of Household or Qualifying Widow(er) Your Exemption is
\$100,000 or less		\$3,200	\$3,200
Over	But not over		
\$100,000	\$125,000	\$2,400	\$3,200
\$125,000	\$150,000	\$1,800	\$3,200
\$150,000	\$175,000	\$1,200	\$2,400
\$175,000	\$200,000	\$1,200	\$1,800
\$200,000	\$250,000	\$600	\$1,200
In excess of \$250,000		\$600	\$600

FEDERAL PRIVACY ACT INFORMATION

Social Security numbers must be included. The mandatory disclosure of your Social Security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET

(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City	State	Zip Code	

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here)

2601064 Rev. 11/07

Signature _____ Date _____

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

_____ Year D-4 Employee Withholding Allowance Certificate

Your first name	M.I.	Last name
Home address (number and street)		Apartment number
		Social security number
City	State	Zip code +4
1 Tax filing status <i>Fill in only one:</i> <input type="radio"/> Single <input type="radio"/> Married/domestic partners filing jointly <input type="radio"/> Married filing separately <input type="radio"/> Head of household <input type="radio"/> Married/domestic partners filing separately on same return		
2 Total number of withholding allowances from worksheet below <input type="text"/>		
3 Additional amount, if any, you want withheld from each paycheck \$ <input type="text"/>		
4 If claiming exemption from withholding, read below and, if qualified, write "EXEMPT" in this box.		
I am exempt because: last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me; and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on federal Form W-4.		
If claiming withholding exemption, are you a full-time student. <input type="radio"/> Yes <input type="radio"/> No		
Signature Under penalties of law, I declare that I have completed this certificate and, to the best of my knowledge, it is correct.		
Employee's signature	Date	
<input type="text"/>	<input type="text"/>	

Employer Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information please send a copy to: Office of Tax and Revenue, 941 North Capitol St., NE, Washington, DC 20002-4259 Attn: Compliance Administration

Detach and give the top portion to your employer. Keep the bottom portion for your records.

D-4 Employee Withholding Allowance Worksheet

Section A Number of withholding allowances		
a Enter 1 for yourself and	a	<input type="text"/>
b Enter 1 if you are filing as a head of household and	b	<input type="text"/>
c Enter 1 if you are 65 or over and	c	<input type="text"/>
d Enter 1 if you are blind	d	<input type="text"/>
e Enter number of dependents	e	<input type="text"/>
f Enter 1 for your spouse/registered domestic partner if filing jointly	f	<input type="text"/>
g Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over and	g	<input type="text"/>
h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind	h	<input type="text"/>
i Number of allowances Add Lines a through h and enter on Line 2 of the certificate. If you want to claim additional withholding allowances, complete section B below.	i	<input type="text"/>
Section B Additional withholding allowances		
j Enter estimate of your itemized deductions	j	<input type="text"/>
k Enter \$2,000 if married/registered domestic partners filing separately; all others enter \$4,000	k	<input type="text"/>
l Subtract k from j	l	<input type="text"/>
m Multiply \$1,675 by the number of allowances on Line i	m	<input type="text"/>
n Divide l by m. Round to the nearest whole number.	n	<input type="text"/>
o Add Lines n and i and enter on Line 2 above.	o	<input type="text"/>

Detach and give the top portion to your employer. Keep the bottom portion for your records.

Who must file a Form D-4?

Every new employee who resides in DC and is required to have DC taxes withheld, must fill out Form D-4 and file it with his/her employer.

If you are not liable for DC taxes because you are a nonresident you must file Form D-4A. Certificate of Nonresidence in the District of Columbia, with your employer.

When should you file?

File Form D-4 whenever you start new employment. Once filed with your employer, it will remain in effect until you file an amended certificate. You may file a new withholding allowance certificate any time the number of withholding allowances you are entitled to increases. You must file a new certificate within 10 days if the number of withholding allowances you claimed decreases.

How many withholding allowances should you claim?

Use the worksheet on the front of this form to figure the number of withholding allowances you should claim. If you want less money withheld from your paycheck, you may claim additional allowances by completing Section B of the worksheet, Lines j through o. However, if you claim too many allowances, you may owe additional taxes at the end of the year.

Should I have an additional amount deducted from my paycheck?

In some instances, even if you claim zero withholding allowances, you may not have enough tax withheld. You may, upon agreement with your employer, have more tax withheld by entering on Line 3, a dollar amount of your choosing.

What to file

After completing Form D-4, detach the top portion and file it with your employer. Keep the bottom portion for your records.

Form W-4 (2011)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using

Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2011
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

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 who claims no withholding allowances; 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.