

Position Sought: \_\_\_\_\_ Date Available: \_\_\_\_\_ Salary Desired: \_\_\_\_\_



De Novo Legal, LLC

This application is designed for the use of individuals applying for various types of positions. Some questions may not be completely applicable to your situation, but we ask that you answer all job-related inquiries to the best of your ability.

De Novo Legal considers all applicants for all positions without regard to race, color, religion, national origin, sex, age, marital status, military discharge status, non-job-related physical or mental disability, or any other legally protected status.

**PERSONAL INFORMATION**

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address: Street \_\_\_\_\_ Apt. No. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Social Security: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_

**EDUCATIONAL INFORMATION**

College: \_\_\_\_\_ GPA: \_\_\_\_\_ Degree: \_\_\_\_\_ Years Completed? \_\_\_\_\_ Did You Graduate: \_\_\_\_\_

Law School: \_\_\_\_\_ GPA: \_\_\_\_\_ Degree: \_\_\_\_\_ Years Completed? \_\_\_\_\_ Did You Graduate: \_\_\_\_\_

Graduate School: \_\_\_\_\_ GPA: \_\_\_\_\_ Degree: \_\_\_\_\_ Years Completed? \_\_\_\_\_ Did You Graduate: \_\_\_\_\_

Para Institute/School: \_\_\_\_\_ GPA: \_\_\_\_\_ Degree: \_\_\_\_\_ Years Completed? \_\_\_\_\_ Did You Graduate: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Please provide your full employment record. Start with your current or most recent employment. We will assume we have your permission to contact these firms unless you indicate to the contrary.

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Duties: \_\_\_\_\_ From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Duties: \_\_\_\_\_ From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_

Firm: \_\_\_\_\_ Address: \_\_\_\_\_

Duties: \_\_\_\_\_ From/To: \_\_\_\_\_

Supervisor: \_\_\_\_\_ Phone No.: \_\_\_\_\_ Salary: \_\_\_\_\_

Reason For Leaving: \_\_\_\_\_



De Novo Legal, LLC

**PROFESSIONAL REFERENCES**

Please list additional business references, other than those listed in the employment history section, whom we may contact.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address : \_\_\_\_\_ How do you know this person? \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ How do you know this person? \_\_\_\_\_

**ADDITIONAL INFORMATION**

Are you 18 years of age or older? \_\_\_\_\_ If not and you are offered employment, proof of your eligibility may be required.

Are you legally authorized to work in the United States? \_\_\_\_\_ If offered employment, you will be required to verify.

When are you available to work? \_\_\_\_\_ Are you available for overtime? \_\_\_\_\_

Do you want: Temporary \_\_\_\_\_ Permanent \_\_\_\_\_ Both \_\_\_\_\_ Temp-To-Perm \_\_\_\_\_

Have you done temporary legal work before? \_\_\_\_\_ Where? \_\_\_\_\_

How did you hear of De Novo? Employment Agency \_\_\_\_\_ Newspaper Ad \_\_\_\_\_ School/College \_\_\_\_\_

Referral \_\_\_\_\_ Referral Name \_\_\_\_\_ Internet \_\_\_\_\_ Other \_\_\_\_\_

Have you applied for a position or worked with De Novo Legal in the past? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

Have you ever been discharged or asked to resign from a job? If yes, please explain: \_\_\_\_\_

Have you ever been arrested and /or convicted of a crime? If yes, please list arrests and/or convictions (this does not necessarily disqualify an applicant for employment): \_\_\_\_\_

**Please Read Carefully Before Signing:** The above information is true and complete to the best of my knowledge. Should I be employed by De Novo Legal, any misrepresentations or false statements contained herein may be considered cause for immediate dismissal. De Novo Legal has my permission to obtain all necessary information from the professional licensing and educational institutions, employers and references I have listed, and I release all parties from any possible damages resulting from disclosing such information with or without prior notice to me. I understand that this application does not constitute an employment contract of any kind, and employment is "at-will." Should I be employed by De Novo Legal, I am free to resign at any time, with or without prior notice and De Novo Legal may transfer, reassign, suspend, demote or terminate my employment at any time with or without cause and without prior notice. I understand that no agreement which is contrary to any of the matters stated above shall be effective unless it is in writing and signed by the Chief Executive Officer of De Novo Legal LLC.

\_\_\_\_\_   
 Print Name

\_\_\_\_\_   
 Signature

\_\_\_\_\_   
 Date

Name: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Please indicate the number of years and months of experience you have in the areas that apply to your background. If you have less than a year of experience, please also indicate that information. Example: 3 months should be written as "0.3"

|                              |                                |  |  |
|------------------------------|--------------------------------|--|--|
| <b><u>Legal Skills</u></b>   | <b><u>Practice Area</u></b>    | <b><u>Litigation Document Review</u></b> | <b><u>Computer Skills</u></b>  |
| Bate Stamping _____          | Anti-trust _____               | Antitrust/Trade _____                    | Access _____   |
| Blue Book _____              | Asbestos _____                 | Bankruptcy _____                         | Excel _____  |
| Cite Checking _____          | Bankruptcy _____               | Commercial / Civil _____                 | Outlook _____  |
| Coding _____                 | Blue Sky _____                 | Compliance _____                         | Powerpoint _____   |
| Conflict Checking _____      | Class Action _____             | Employment & Labor _____                 | Word _____   |
| Copy Checking _____          | Commercial Law _____           | Environmental _____                      |  |
| Data Entry _____             | Compliance _____               | Insurance Defense _____                  | <b><u>Typing Skills</u></b>  |
| Defense Work _____           | Constitutional Law _____       | Intellectual Property _____              | Type <50 wpm _____   |
| Deposition Digesting _____   | Construction _____             | Lender Liability _____                   | Type >75 wpm _____   |
| Docket Clerking _____        | Contract _____                 | Malpractice _____                        | Type 50-75 wpm _____   |
| Document Pulling _____       | Corporate _____                | Personal Injury _____                    |  |
| Drafting Memo/Brief _____    | Criminal _____                 | Product Liability _____                  | <b><u>Experience (Non Doc Review)</u></b>                                    |
| Editing _____                | Environmental _____            | Professional Liability _____             | Large Law Firm (100+) _____  |
| Imaging _____                | ERISA _____                    | Securities _____                         | Medium Firm (50-100) _____   |
| Indexing _____               | Hedge Fund _____               | Tax _____                                | Small Firm (under 50) _____  |
| Large Case Mgmt _____        | Insurance _____                | Other: _____                             | Fortune 500 Company _____  |
| Law Library exp _____        | Insurance Defense _____        |  | Fortune 1000 Company _____   |
| Legal Research _____         | Intellectual Property _____    | <b><u>Document Review Skills</u></b>     | Government Agency _____  |
| Lexis/Nexis _____            | Litigation _____               | 1st level Doc Review _____               |  |
| Loan Closing _____           | M & A _____                    | Privilege Review _____                   | <b><u>Hours Per Week</u></b>   |
| Local Courts Knowledge _____ | Product Liability _____        | Privilege Log _____                      | Minimum _____  |
| Plaintiff's Work _____       | Real Estate: _____             | Online _____                             | Maximum _____  |
| Proofreading _____           | Commercial _____               | Manual _____                             |  |
| Redlining _____              | Residential _____              | <b><u>Document Review Tools</u></b>      | <b><u>Availability</u></b>   |
| Security Clearance _____     | Securities _____               | Amici _____                              | Weekends _____   |
| Shepardizing _____           | Tax _____                      | Applied Discovery _____                  | Second Shift _____   |
| Taking Depositions _____     | Trusts & Estates _____         | Attenex _____                            | Third Shift _____  |
| Title Company Exp _____      |                                | Case Central _____                       |  |
| Trial Experience _____       | <b><u>IP Practice Area</u></b> | Cataphora _____                          | <b><u>Degrees</u></b>  |
| Trial Preparation _____      | Computer Science _____         | Concordance _____                        | BA/BS _____  |
| UCC _____                    | Copyright _____                | Doc Hunter _____                         | Paralegal Certificate _____  |
| Westlaw _____                | IP Licensing _____             | FIOS _____                               | Master's Degree _____  |
| Witness Kits _____           | Patent Prosecution _____       | FYI _____                                | MBA _____  |
|                              | Trademark _____                | GGO _____                                | Law School _____   |
| <b><u>Languages</u></b>      | <b><u>Acts Experience</u></b>  | iConect _____                            | LLM _____  |
| Arabic _____                 | Patriot Act _____              | iPro _____                               | Ph.D. _____  |
| Bulgarian _____              | 1930's Act _____               | JFS _____                                | <b><u>Honors</u></b>   |
| Cantonese _____              | 1940's Act _____               | Kroll _____                              | Cum Laude _____  |
| Chinese _____                | Sarbanes-Oxley _____           | Lighthouse _____                         | Magna Cum Laude _____  |
| Danish _____                 | 33 Act _____                   | Relativity _____                         | Summa Cum Laude _____  |
| Dutch _____                  | 34 Act _____                   | Ring Tail _____                          | Law Review _____   |
| Finnish _____                |                                | Stratify _____                           | Top 10% _____  |
| French _____                 |                                | Summation _____                          | Top 25% _____  |
| German _____                 |                                | Zantaz _____                             |  |
| Greek _____                  |                                | Other: _____                             | <b><u>Bar Admission</u></b> (list states in<br>which you are admitted) _____ |
| Hebrew _____                 |                                |  |  |
| Hindi _____                  |                                |  |  |
| Italian _____                |                                |  |  |
| Japanese _____               |                                |  | <b><u>Patent Bar #</u></b> _____   |
| Korean _____                 |                                |  | <b><u>Notary Public</u></b> (list states in<br>which you are a notary) _____ |
| Mandarin _____               |                                |  |  |
| Norwegian _____              |                                |  |  |
| Portuguese _____             |                                |  | <b><u>How did you hear about us?</u></b>                                     |
| Romanian _____               |                                |  | Craigslist _____   |
| Russian _____                |                                |  | HotJobs _____  |
| Serbian _____                |                                |  | Monster _____  |
| Shanghia _____               |                                |  | Referred by _____  |
| Spanish _____                |                                |  | Recruited _____  |
| Swedish _____                |                                |  | Other: _____   |
| Turkish _____                |                                |  |  |



De Novo Legal, LLC

150 East 42<sup>nd</sup> Street  
4<sup>th</sup> Floor  
New York, NY 10017  
(212) 905-7500

[www.denovolegal.com](http://www.denovolegal.com)

**RECORDS CONFIRMATION AUTHORIZATION**

I, \_\_\_\_\_, hereby authorize the Registrar/ records office of  
(Print Name)

\_\_\_\_\_ to confirm the following  
(name of school or institution)

information, either verbally or in writing, to De Novo Legal LLC

Type of degree: \_\_\_\_\_

Conferred on (month/year): \_\_\_\_\_

Type of degree: \_\_\_\_\_

Conferred on (month/year): \_\_\_\_\_

Also known as (Name): \_\_\_\_\_

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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### **HARASSMENT FORM**

De Novo Legal will not tolerate harassment or intimidation of our employees on any legally prohibited basis, including, race, sex, sexual orientation, age, religion, national origin, disability, veteran status or marital status. Any suggestions made to any employee that sexual favors will have an affect on any term or condition of employment with De Novo Legal, will not be tolerated. It is our policy that any harassment, including acts creating a hostile work environment or any other discriminatory acts directed against its employees, will be taken seriously and will result in appropriate discipline, up to and including discharge.

If you are aware of any discriminatory behavior or any activity that may be considered harassment in violation of this policy, it is your responsibility to immediately report this conduct to your De Novo Legal representative or directly to someone of a management position. De Novo Legal will investigate all such claims, with regard to privacy of all individuals involved.

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Print Name

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Signature

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Date



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**CERTIFICATE OF GOOD STANDING**

I hereby certify that I am an attorney, licensed and active in the following state(s):  
\_\_\_\_\_, and that I hold the following bar number(s):  
\_\_\_\_\_. I further certify that on this date, I am in good standing with  
the above listed state bar(s), and there are currently no actions pending against me. Should my  
bar status change while I am employed with De Novo Legal, or should I be disbarred or revoked  
from any jurisdiction, I agree to notify De Novo Legal immediately.

I understand that disciplinary action by a bar association, or misrepresentation regarding my bar  
status, could result in immediate termination from De Novo Legal.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



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**CONFIDENTIALITY AGREEMENT**

This agreement (hereinafter, this "Agreement") is made on \_\_\_\_\_, 2008 by and between DE NOVO LEGAL, LLC, (hereinafter, the "Company"), and **(Print Name)** \_\_\_\_\_ (hereinafter, the "Employee"). In consideration of the promises contained herein, and other good and valuable consideration, including but not limited to the at will employment of the Employee by the Company, the receipt and adequacy of which is hereby acknowledged, the Company and Employee agree as follows.

1. **Confidential Information.** In order for the Company reasonably to protect its interests against the use of any of the Company's confidential information, Employee covenants that he or she will not at any time communicate or disclose to any person or use for Employee's account any information, observations, data, written materials, records and documents or other information concerning the business or affairs of the Company, or the business or affairs of any supplier or client of the Company (all of the foregoing are hereinafter referred to as "Confidential Information"). Employee acknowledges that the Confidential Information is the sole property of the Company. Employee acknowledges that all confidential information, including any originals and copies, whether in hardcopy or electronic form, shall at all times remain the property of the Company and shall not be copied, published or distributed. Employee hereby agrees to preserve the confidentiality of any and all information that they view or have access to view.

2. **Client Information.** Employee will be reviewing material provided by the Company's client (hereinafter "Client") during the course of their at will employment. Employee covenants that he or she will not at any time communicate or disclose to any person any information, observations, data, written materials, records and documents or other information pertaining to, relating to and/or provided by the Client. Employee covenants that they will apply an attorney-client privilege to any and all material they review.

3. **Duty to Support.** Commencing on the date hereof and continuing for a period which terminates two years after termination of the employment relationship, Employee agrees not to take any action, or make any statement, which could reasonably be expected to harm or be contrary to the best business interests of the Company, its licensees, or any of their respective directors, officers and employees, specifically and without limiting the foregoing.

4. **Remedies; Setoff.** Employee hereby agrees that the scope and time period of the foregoing covenants are reasonable and necessary to protect the Company's investment in its business. Employee hereby agrees that in the event he or she violates any of the provisions of this Agreement, the Company will be entitled, if it so elects, (a) to institute and prosecute proceedings at law or in equity to obtain damages with respect to such violation or to enjoin Employee from engaging in any activity in violation hereof, and (b) to recover all of its reasonable expenses, including attorneys' fees, incurred in addressing such violation.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date







Para informacion en espanol, visite <http://www.ftc.gov/credit> o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

## A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to <http://www.ftc.gov/credit> or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See <http://www.ftc.gov/credit> for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See <http://www.ftc.gov/credit> for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer-reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).



**You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-5-OPTOUT (1-888-567-8688).

- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:**

| FOR QUESTIONS OR CONCERNS REGARDING   | PLEASE CONTACT  |
|---|---|
| Consumer reporting agencies, creditors and others not listed below  | Federal Trade Commission<br>Consumer Response Center- FCRA<br>Washington, DC 20580 - 877-382-4357                         |
| National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)        | Office of the Comptroller of the Currency<br>Compliance Management, Mail Stop 6-6<br>Washington, DC 20219 - 800-613-6743  |
| Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)                           | Federal Reserve Board<br>Division of Consumer & Community Affairs<br>Washington, DC 20551 - 202-452-3693                  |
| Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name) | Office of Thrift Supervision<br>Consumer Programs<br>Washington D.C. 20552 - 800- 842-6929                                |
| Federal credit unions (words "Federal Credit Union" appear in institution's name)   | National Credit Union Administration<br>1775 Duke Street<br>Alexandria, VA 22314 - 703-519-4600                           |
| State-chartered banks that are not members of the Federal Reserve System  | Federal Deposit Insurance Corporation<br>Division of Compliance & Consumer Affairs<br>Washington, DC 20429 - 877-275-3342 |
| Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission                   | Department of Transportation<br>Office of Financial Management<br>Washington, DC 20590 - 202-366-1306                     |
| Activities subject to the Packers and Stockyards Act, 1921  | Department of Agriculture<br>Office of Deputy Administrator-GIPSA<br>Washington, DC 20250 - 202-720-7051                  |

# Form W-4 (2009)

**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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

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

**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-earner/multiple job 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 the Instructions for Form 8233 before completing this Form W-4.

**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 2009. 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** \_\_\_\_\_

**B** Enter "1" if:   
 { • 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** \_\_\_\_\_

**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** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

**G** **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • 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** \_\_\_\_\_

**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** \_\_\_\_\_

For accuracy, **complete all worksheets that apply.**   
 { • 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 (\$25,000 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 <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service | <h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">► <b>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.</b></p> | OMB No. 1545-0074<br><br><h1 style="margin:0;">2009</h1> |
|---|---|--|

|  |                   |  |
|--|-------------------|--|
| <b>1</b> Type or print your first name and middle initial.   | Last name         | <b>2</b> Your social security number   |
| Home address (number and street or rural route)  |                   | <b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br><b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code  |                   | <b>4</b> 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"/>   |
| <b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)   | <b>5</b> _____    |  |
| <b>6</b> Additional amount, if any, you want withheld from each paycheck   | <b>6</b> \$ _____ |  |
| <b>7</b> I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption.<br>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b><br>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.<br>If you meet both conditions, write "Exempt" here . . . . . ► <b>7</b> _____ |                   |  |

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.

|  |  |
|--|--|
| <b>Employee's signature</b><br>(Form is not valid unless you sign it.) ►                             | <b>Date</b> ►  |
| <b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) | <b>9</b> Office code (optional) <b>10</b> Employer identification number (EIN) |

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

**1** Enter an estimate of your 2009 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. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_

**3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_

**4** Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . **4** \$ \_\_\_\_\_

**5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) . . . . . **5** \$ \_\_\_\_\_

**6** Enter an estimate of your 2009 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 \$3,500 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 \$50,000 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 4–9 below to calculate 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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 <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$4,500                               | 0                     | \$0 - \$6,000                               | 0                     | \$0 - \$65,000                               | \$550                 | \$0 - \$35,000                               | \$550                 |
| 4,501 - 9,000                               | 1                     | 6,001 - 12,000                              | 1                     | 65,001 - 120,000                             | 910                   | 35,001 - 90,000                              | 910                   |
| 9,001 - 18,000                              | 2                     | 12,001 - 19,000                             | 2                     | 120,001 - 185,000                            | 1,020                 | 90,001 - 165,000                             | 1,020                 |
| 18,001 - 22,000                             | 3                     | 19,001 - 26,000                             | 3                     | 185,001 - 330,000                            | 1,200                 | 165,001 - 370,000                            | 1,200                 |
| 22,001 - 26,000                             | 4                     | 26,001 - 35,000                             | 4                     | 330,001 and over                             | 1,280                 | 370,001 and over                             | 1,280                 |
| 26,001 - 32,000                             | 5                     | 35,001 - 50,000                             | 5                     |  |                       |  |                       |
| 32,001 - 38,000                             | 6                     | 50,001 - 65,000                             | 6                     |  |                       |  |                       |
| 38,001 - 46,000                             | 7                     | 65,001 - 80,000                             | 7                     |  |                       |  |                       |
| 46,001 - 55,000                             | 8                     | 80,001 - 90,000                             | 8                     |  |                       |  |                       |
| 55,001 - 60,000                             | 9                     | 90,001 - 120,000                            | 9                     |  |                       |  |                       |
| 60,001 - 65,000                             | 10                    | 120,001 and over                            | 10                    |  |                       |  |                       |
| 65,001 - 75,000                             | 11                    |   |                       |  |                       |  |                       |
| 75,001 - 95,000                             | 12                    |   |                       |  |                       |  |                       |
| 95,001 - 105,000                            | 13                    |   |                       |  |                       |  |                       |
| 105,001 - 120,000                           | 14                    |   |                       |  |                       |  |                       |
| 120,001 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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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 using it 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.



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

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**Who must file a Form D-4?**

Every new employee who resides in DC and who is required to have 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 if 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 taxes at the end of the year.

**Should I deduct an additional amount 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.

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

|  |       |  |                                |
|--|-------|--|--------------------------------|
| Print Name: Last   | First | Middle Initial   | Maiden Name                    |
| Address (Street Name and Number)   |       | Apt. #   | Date of Birth (month/day/year) |
| City   | State | Zip Code   | Social Security #              |
| <b>I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.</b> |       | I attest, under penalty of perjury, that I am (check one of the following):<br><input type="checkbox"/> A citizen or national of the United States<br><input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____)<br><input type="checkbox"/> An alien authorized to work until ___/___/___<br>(Alien # or Admission #) _____ |                                |
| Employee's Signature   |       |  | Date (month/day/year)          |

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

|   |            |
|---|------------|
| Preparer's/Translator's Signature                       | Print Name |
| Address (Street Name and Number, City, State, Zip Code) |            |
| Date (month/day/year)                                   |            |

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

| List A                                | OR | List B      | AND | List C      |
|---------------------------------------|----|-------------|-----|-------------|
| Document title: _____                 |    | _____       |     | _____       |
| Issuing authority: _____              |    | _____       |     | _____       |
| Document #: _____                     |    | _____       |     | _____       |
| Expiration Date (if any): ___/___/___ |    | ___/___/___ |     | ___/___/___ |
| Document #: _____                     |    |             |     |             |
| Expiration Date (if any): ___/___/___ |    |             |     |             |

**CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

|  |   |                       |
|--|---|-----------------------|
| Signature of Employer or Authorized Representative | Print Name  | Title                 |
| Business or Organization Name                      | Address (Street Name and Number, City, State, Zip Code) | Date (month/day/year) |

**Section 3. Updating and Reverification.** To be completed and signed by employer.

|                             |  |
|-----------------------------|--|
| A. New Name (if applicable) | B. Date of rehire (month/day/year) (if applicable) |
|-----------------------------|--|

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title: \_\_\_\_\_ Document #: \_\_\_\_\_ Expiration Date (if any): \_\_\_/\_\_\_/\_\_\_

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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.

|  |                       |
|--|-----------------------|
| Signature of Employer or Authorized Representative | Date (month/day/year) |
|--|-----------------------|