

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"

<p><u>Legal Skills</u></p> <p>Bate Stamping _____</p> <p>Blue Book _____</p> <p>Cite Checking _____</p> <p>Coding _____</p> <p>Conflict Checking _____</p> <p>Copy Checking _____</p> <p>Data Entry _____</p> <p>Defense Work _____</p> <p>Deposition Digesting _____</p> <p>Docket Clerking _____</p> <p>Document Pulling _____</p> <p>Drafting Memo/Brief _____</p> <p>Editing _____</p> <p>Imaging _____</p> <p>Indexing _____</p> <p>Large Case Mgmt _____</p> <p>Law Library exp _____</p> <p>Legal Research _____</p> <p>Lexis/Nexis _____</p> <p>Loan Closing _____</p> <p>Local Courts Knowledge _____</p> <p>Plaintiff's Work _____</p> <p>Proofreading _____</p> <p>Redlining _____</p> <p>Security Clearance _____</p> <p>Shepardizing _____</p> <p>Taking Depositions _____</p> <p>Title Company Exp _____</p> <p>Trial Experience _____</p> <p>Trial Preparation _____</p> <p>UCC _____</p> <p>Westlaw _____</p> <p>Witness Kits _____</p> <p><u>Languages</u></p> <p>Arabic _____</p> <p>Bulgarian _____</p> <p>Cantonese _____</p> <p>Chinese _____</p> <p>Danish _____</p> <p>Dutch _____</p> <p>Finnish _____</p> <p>French _____</p> <p>German _____</p> <p>Greek _____</p> <p>Hebrew _____</p> <p>Hindi _____</p> <p>Italian _____</p> <p>Japanese _____</p> <p>Korean _____</p> <p>Mandarin _____</p> <p>Norwegian _____</p> <p>Portuguese _____</p> <p>Romanian _____</p> <p>Russian _____</p> <p>Serbian _____</p> <p>Shanghia _____</p> <p>Spanish _____</p> <p>Swedish _____</p> <p>Turkish _____</p>	<p><u>Practice Area</u></p> <p>Anti-trust _____</p> <p>Asbestos _____</p> <p>Bankruptcy _____</p> <p>Blue Sky _____</p> <p>Class Action _____</p> <p>Commercial Law _____</p> <p>Compliance _____</p> <p>Constitutional Law _____</p> <p>Construction _____</p> <p>Contract _____</p> <p>Corporate _____</p> <p>Criminal _____</p> <p>Environmental _____</p> <p>ERISA _____</p> <p>Hedge Fund _____</p> <p>Insurance _____</p> <p>Insurance Defense _____</p> <p>Intellectual Property _____</p> <p>Litigation _____</p> <p>M & A _____</p> <p>Product Liability _____</p> <p>Real Estate: _____</p> <p style="padding-left: 20px;">Commercial _____</p> <p style="padding-left: 20px;">Residential _____</p> <p>Securities _____</p> <p>Tax _____</p> <p>Trusts & Estates _____</p> <p><u>IP Practice Area</u></p> <p>Computer Science _____</p> <p>Copyright _____</p> <p>IP Licensing _____</p> <p>Patent Prosecution _____</p> <p>Trademark _____</p> <p><u>Acts Experience</u></p> <p>Patriot Act _____</p> <p>1930's Act _____</p> <p>1940's Act _____</p> <p>Sarbanes-Oxley _____</p> <p>33 Act _____</p> <p>34 Act _____</p>	<p><u>Litigation Document Review</u></p> <p>Antitrust/Trade _____</p> <p>Bankruptcy _____</p> <p>Commercial / Civil _____</p> <p>Compliance _____</p> <p>Employment & Labor _____</p> <p>Environmental _____</p> <p>Insurance Defense _____</p> <p>Intellectual Property _____</p> <p>Lender Liability _____</p> <p>Malpractice _____</p> <p>Personal Injury _____</p> <p>Product Liability _____</p> <p>Professional Liability _____</p> <p>Securities _____</p> <p>Tax _____</p> <p>Other: _____</p> <p><u>Document Review Skills</u></p> <p>1st level Doc Review _____</p> <p>Privilege Review _____</p> <p>Privilege Log _____</p> <p>Online _____</p> <p>Manual _____</p> <p><u>Document Review Tools</u></p> <p>Amici _____</p> <p>Applied Discovery _____</p> <p>Attenex _____</p> <p>Case Central _____</p> <p>Cataphora _____</p> <p>Concordance _____</p> <p>Doc Hunter _____</p> <p>FIOS _____</p> <p>FYI _____</p> <p>GGO _____</p> <p>iConect _____</p> <p>iPro _____</p> <p>JFS _____</p> <p>Kroll _____</p> <p>Lighthouse _____</p> <p>Relativity _____</p> <p>Ring Tail _____</p> <p>Stratify _____</p> <p>Summation _____</p> <p>Zantaz _____</p> <p>Other: _____</p>	<p><u>Computer Skills</u></p> <p>Access _____</p> <p>Excel _____</p> <p>Outlook _____</p> <p>Powerpoint _____</p> <p>Word _____</p> <p><u>Typing Skills</u></p> <p>Type <50 wpm _____</p> <p>Type >75 wpm _____</p> <p>Type 50-75 wpm _____</p> <p><u>Experience (Non Doc Review)</u></p> <p>Large Law Firm (100+) _____</p> <p>Medium Firm (50-100) _____</p> <p>Small Firm (under 50) _____</p> <p>Fortune 500 Company _____</p> <p>Fortune 1000 Company _____</p> <p>Government Agency _____</p> <p><u>Hours Per Week</u></p> <p>Minimum _____</p> <p>Maximum _____</p> <p><u>Availability</u></p> <p>Weekends _____</p> <p>Second Shift _____</p> <p>Third Shift _____</p> <p><u>Degrees</u></p> <p>BA/BS _____</p> <p>Paralegal Certificate _____</p> <p>Master's Degree _____</p> <p>MBA _____</p> <p>Law School _____</p> <p>LLM _____</p> <p>Ph.D. _____</p> <p><u>Honors</u></p> <p>Cum Laude _____</p> <p>Magna Cum Laude _____</p> <p>Summa Cum Laude _____</p> <p>Law Review _____</p> <p>Top 10% _____</p> <p>Top 25% _____</p> <p><u>Bar Admission</u> (list states in which you are admitted) _____</p> <p>_____</p> <p><u>Patent Bar #</u> _____</p> <p><u>Notary Public</u> (list states in which you are a notary) _____</p> <p>_____</p> <p><u>How did you hear about us?</u></p> <p>Craigslist _____</p> <p>HotJobs _____</p> <p>Monster _____</p> <p>Referred by _____</p> <p>Recruited _____</p> <p>Other: _____</p>
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De Novo Legal, LLC

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

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.

Print Name

Signature

Date



De Novo Legal, LLC

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4th Floor
New York, NY 10017
(212) 905-7500

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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.



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.

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 Consumer Response Center- FCRA 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 Compliance Management, Mail Stop 6-6 Washington, DC 20219 - 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs 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 Consumer Programs Washington D.C. 20552 - 800- 842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 - 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs 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 Office of Financial Management Washington, DC 20590 - 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator-GIPSA 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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <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. </td> </tr> </table>	{	<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	_____
{	<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. 				
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. <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	_____		
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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <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 (\$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. </td> </tr> </table>				{	<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 (\$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.
{	<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 (\$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 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 2009
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)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, 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 _____
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 (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, 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 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 - \$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.



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

Print or type	First name and middle initial	Last name	Your social security number
	Permanent home address (number and street or rural route)		Apartment number
	City, village, or post office	State	ZIP code

Single or Head of household Married
Married, but withhold at higher single rate
Note: If married but legally separated, mark an **X** in the *Single or Head of household* box.

Are you a resident of New York City? Yes No
Are you a resident of Yonkers? Yes No

Complete the worksheet on page 3 before making any entries.

1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20)	1.	
2 Total number of allowances for New York City (from line 31)	2.	

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3 New York State amount	3.	
4 New York City amount	4.	
5 Yonkers amount	5.	

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
----------------------	------

Penalty — A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep page 3 for your records.

Employers only: Please mark an **X** in the appropriate box(es) to indicate why you are sending a copy of this form to New York State:

Employee is a new hire Employee claimed more than 14 exemption allowances for New York State

Employer's name and address (Employer: complete this section only if you must send a copy of this form to the NYS Tax Department.)	Employer identification number
------------------------------------------------------------------------------------------------------------------------------------	--------------------------------

Instructions

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.

- Your wages have increased and you expect to earn \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must** file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, **and** you are over 65 years of age, under 18, or a full-time student under 25. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,000.

Withholding allowances

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 3 on page 3 of this form. If you want more tax withheld, you may claim fewer allowances. **If you claim more than 14 allowances**, your employer **must send** a copy of your **Form IT-2104** to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1, 2, 20, or 31, and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amount(s)* below.

Income from sources other than wages — If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider filing estimated tax, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Income Tax Payment Voucher for Individuals*, or see *Need help?* below.

Other credits (Worksheet line 13) — If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances as follows:

- If you expect your New York adjusted gross income to be less than \$50,000, divide the amount of the expected credit by 60 and enter the result (round to the nearest whole number) on line 13.
- If you expect your New York adjusted gross income to be \$50,000 or more, divide the amount of the expected credit by 70 and enter the result (round to the nearest whole number) on line 13.

Example: You expect your New York adjusted gross income to exceed \$50,000. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 70. $160/70 = 2.2857$. The additional withholding allowance(s) would be 2. Enter 2 on line 13.

Married couples with both spouses working — If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. You should each mark an **X** in the box *Married, but withhold at higher single rate* on the certificate front, and divide the total number of allowances that you compute on line 20 and line 31 (if applicable) between you and your working spouse. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. **Do not** claim more total allowances than you are entitled to. If you and your spouse's combined income is between \$100,000 and \$150,000, use the chart in Part 4 to compute the number of allowances to transfer to line 19.

Taxpayers with more than one job — If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, reduce the number of allowances by six on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

Single taxpayers or heads of household — If you are a single taxpayer or head of household and your total income is between \$100,000 and \$150,000, use the chart in Part 4 to compute the number of allowances to transfer to line 19. Substitute the words *Highest paying job* for *Higher earner's wages* within the chart.

Dependents — If you are a dependent of another taxpayer and expect your income to exceed \$3,000, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job — If you will use the head-of-household filing status on your state income tax return, mark the *Single*

or *Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 14.

Married couples with only one spouse working — If your spouse does not work and has no income subject to state income tax, mark the *Married* box on the front of the certificate. You may also wish to claim two additional allowances on line 15.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances using the worksheet on page 3 and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.50 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 10% (.10) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting that your employer withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart in Part 4, is accurate for a weekly payroll. Therefore, if you are paid other than weekly, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed using the worksheet on page 3.

Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).


This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.


Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Director of Records Management and Data Entry, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone 1 800 225-5829. From areas outside the United States and outside Canada, call (518) 485-6800.

Need help?

 **Internet access:** www.nystax.gov
Get answers to frequently asked questions; check your refund status; check your estimated tax account; download forms, publications; get tax updates and other information.

 **Telephone assistance** is available from 8:00 A.M. to 5:00 P.M. (eastern time), Monday through Friday.

To order forms and publications:	1 800 462-8100
Refund status:	1 800 443-3200
Personal Income Tax Information Center:	1 800 225-5829
From areas outside the U.S. and outside Canada:	(518) 485-6800
Fax-on-demand forms: Forms are available 24 hours a day, 7 days a week.	1 800 748-3676
Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY):	1 800 634-2110

Worksheet

Part 1 — Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

6 Enter the number of dependents that you will claim on your state return (*do not include yourself or, if married, your spouse*) ... 6. _____

For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.

7 College tuition credit 7. _____

8 New York State household credit 8. _____

9 Real property tax credit..... 9. _____

For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.

10 Child and dependent care credit 10. _____

11 Earned income credit 11. _____

12 Empire State child credit 12. _____

13 Other credits (*see instructions*) 13. _____

For lines 14 and 15, enter 2 if either situation applies.

14 Head of household status **and** only one job 14. _____

15 Married couples with only **one** spouse working **and** only one job 15. _____

16 Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate \$ _____ .
Divide this estimate by \$1,000. Drop any fraction and enter the number 16. _____

17 If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 28.
All others enter 0 17. _____

18 Add lines 6 through 17 18. _____

19 If you are single or head of household, or married with both spouses working, and your total income is between \$100,000 and \$150,000, enter the appropriate number from the chart in Part 4. All others enter 0 19. _____

20 Subtract line 19 from line 18. Enter the result, including negative amounts, here and on line 1. If your employer cannot accommodate negative allowances, enter 0 here and on line 1 and see *Additional dollar amounts* in the instructions.
(If you have more than one job, or if you and your spouse both work, see instructions.) 20. _____

Part 2 — Complete this part only if you expect to itemize deductions on your state return.

21 Enter your estimated federal itemized deductions for the tax year..... 21. _____

22 Enter your estimated state, local, and foreign income taxes included on line 21 22. _____

23 Subtract line 22 from line 21 23. _____

24 Enter your estimated college tuition itemized deduction 24. _____

25 Add lines 23 and 24 25. _____

26 Based on your federal filing status, enter the applicable amount from the table below..... 26. _____

Single (cannot be claimed as a dependent) ...	\$ 7,500	Qualifying widow(er).....	\$15,000
Single (can be claimed as a dependent)	\$ 3,000	Married filing jointly.....	\$15,000
Head of household.....	\$10,500	Married filing separate returns.....	\$ 7,500

27 Subtract line 26 from line 25 (*if line 26 is larger than line 25, enter 0 here and on line 17 above*) 27. _____

28 Divide line 27 by \$1,000. Drop any fraction and enter the result here and on line 17 above 28. _____

Part 3 — Complete this part to compute your withholding allowances for New York City (line 2).

29 Enter the amount from line 6 above 29. _____

30 Add lines 14 through 17 above and enter total here 30. _____

31 Add lines 29 and 30. Enter the result here and on line 2..... 31. _____

Part 4 — This chart is for married couples with both spouses working, and single taxpayers or heads of household, with a combined income between \$100,000 and \$150,000. All others do not have to use this chart.

Enter the number of allowances (top number) on line 19; or the additional withholding (bottom dollar amount) on line 3.

Higher earner's wages ↓	Total income									
	\$100,000 to 105,000	\$105,000 to 110,000	\$110,000 to 115,000	\$115,000 to 120,000	\$120,000 to 125,000	\$125,000 to 130,000	\$130,000 to 135,000	\$135,000 to 140,000	\$140,000 to 145,000	\$145,000 to 150,000
under \$90,000	1 \$1.50	2 \$3.00	3 \$4.50	5 \$6.00	6 \$7.50	7 \$9.00	8 \$10.50	9 \$12.00	10 \$13.50	11 \$15.00
\$90,000 – \$100,000		1 \$1.50	2 \$3.00	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	7 \$10.50	8 \$12.00	9 \$13.50
\$100,000 – \$110,000		1 \$1.50	1 \$1.50	2 \$3.00	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	7 \$10.50	8 \$12.00
\$110,000 – \$120,000			1 \$1.50	2 \$3.00	2 \$3.00	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00	7 \$10.50
\$120,000 – \$130,000					2 \$3.00	3 \$4.50	3 \$4.50	4 \$6.00	5 \$7.50	6 \$9.00
\$130,000 – \$140,000							3 \$4.50	4 \$6.00	4 \$6.00	5 \$7.50
\$140,000 – \$150,000									4 \$6.00	5 \$7.50

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 #
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.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (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)
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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)
----------------------------------------------------	-----------------------