

EMPLOYEE SIGNATURE FORMS

Form last updated: October 2009

EMPLOYEE # _____

****** TO BE COMPLETED BEFORE FIRST SHIFT WORKED******

FULL NAME: _____

DATE HIRED: _____

HOME PHONE #: _____

CELL PHONE #: _____

EMPLOYEE EMERGENCY PHONE #: _____

D.O.B. _____

S.S.N. _____

MARITAL STATUS: _____

NAME OF SPOUSE: _____

NUMBER OF DEPENDENTS: _____

RELATIVES WORKING FOR US: _____

RELATIONSHIP: _____

JOB CODE/TITLE: _____

BEGINNING PAY RATE: _____

SPECIFIC REASON FOR SEPERATION:

SEPERATION DATE: _____

WOULD WE REHIRE? YES NO

MANAGER SIGNATURE: _____ DATE: _____

EMPLOYEE UNIFORM AGREEMENT

To provide an atmosphere that is as esthetic as possible to the widest variety of guests, the following dress codes for employees must be maintained.

HOSTS:

1. Dress attire: dressy skirt, slacks, or walking shorts
2. The following items may not be worn:
 - Shorts that are more than 4" above the knee
 - Jeans (any color, any style)
 - Sandals (open toed shoes)
 - Revealing clothes

MIDWAY/BUSSER/SERVERS/BARTENDERS/DOORMEN/EXPEDITERS:

1. Employees may wear either a generic black collared golf shirt, approved uniform collared golf shirt (purchased at Udawg Graphics) or an approved Texas Tech logo shirt. Employees may not work in a Caboose logo T-shirt until they have been employed a minimum of 30 days.
2. Black shorts or pants (shorts no more than 4" above the knee).
3. Solid BLACK tennis shoes (unsoiled).
4. White socks.
5. The following items may not be worn: Jeans (includes shorts).
 - Tennis shoes must remain clean and must be free of logos or color stripes. The shoes must have traction durable treads.
 - Jewelry must be worn in moderation
 - If a cap is worn, it must be a Caboose cap
 - Caboose shirts, shorts, and aprons must be replaced when they become torn, permanently stained, or have frays or holes in them.

COOKS/DISHWASHERS:

1. Tennis shoes with traction durable treads
2. Cap or hairnet
3. The following items may not be worn: shorts, tank tops, or sleeveless shirts

In addition to the above, the following personal hygiene practices must be maintained:

1. Long hair must be pulled back off the shoulders
2. Men must be clean and shaven (no beards or goatees)
3. No chewing gum while on duty
4. All employees are expected to arrive to work clean and in a clean uniform (in uniform and ready to go 15 minutes prior to shift)

ANY FAILURE TO COMPLY WITH THESE POLICIES MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION.

I have read the above and completely understand these policies and procedures and by signing this form I agree to abide by all policies and procedures set forth.

EMPLOYEE SIGNATURE _____
PRINT NAME _____
DATE _____

SERVICE OF ALCOHOLIC BEVERAGES

All employees involved in the serving of alcoholic beverages must do so according to state law and must be T.A.B.C. certified. No persons under 21 or intoxicated persons may be served. Employees must communicate to a manager possible intoxicated persons or drinking minors.

Servers, bartenders, bar backs and doormen must attend a T.A.B.C. approved alcohol server-training course prior to their first shift worked in which liquor is served. Bussers, cooks, and midway are exempt from this certification (T.A.B.C. certification may be obtained online at Leam2Serve.com)

TEN STEPS TO RESPONSIBLE ALCOHOLIC BEVERAGE SERVICE

The Copper Caboose and the 50th Street Caboose are committed to the responsible service of alcoholic beverages. In accordance to our commitment, all employees are required to follow the procedures listed below:

1. No employee will serve an alcoholic beverage to anyone under the age of 21.
2. All employees will carefully check Identification of anyone who appears to be under 30 years of age.
 - a. Acceptable documentation is a valid Texas driver's license with a photo or a photo ID issued by the state of Texas. These are the only legally defensible forms of ID, check with manager on duty to verify other forms of identification.
 - b. The employee will carefully check the identification to determine it's authenticity. The manager should be informed if there is any appearance of forgery or tampering.
 - c. In the absence of authentic identification in case of doubt, the employee will refuse service of alcoholic beverages to the customer.
3. No employee will serve alcoholic beverages to anyone who is intoxicated.
4. No employee will serve alcoholic beverages to anyone to the point of intoxication.
5. It is the employee's responsibility to inform a manager when a customer shows signs of intoxication or is requesting alcoholic beverages above the limits of responsible beverage service.
6. Any intoxicated customer wishing to leave the establishment will be urged to use alternative transportation provided by the establishment. (This can be a cab service, designated driver, etc.) You may also offer incentives for the designated driver, such as free non-alcoholic beverages, appetizers, or a discount on a meal.
7. All employees must inform their supervisor when intervention attempts fail.
8. No employee will drink alcoholic beverages while working.
9. All employees must verify one ID for each drink sold.
10. All employees who serve/sell alcoholic beverages will successfully complete a Texas Alcoholic Beverage Commission server/seller course.

It is the duty of all staff members to report any violations concerning the dispensing and delivering of alcohol directly to the manager on duty. If the manager is directly involved in the violation, then report directly to the Human Resource Department at 1-800-687-7591.

ANY FAILURE TO COMPLY WITH THESE POLICIES MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION. IT ALSO CAN RESULT IN YOUR TABC CERTIFICATION BEING SUSPENDED OR REVOKED.

EMPLOYEE SIGNATURE _____

PRINT NAME _____

DATE _____



AFLAC NOTIFICATION

ELIGIBILITY All Employees employed by the Employer shall be eligible to participate under the Plan **except** the following: **PART TIME SEASONAL UNDER AGE 21 NON UNION**

An eligible Employee may become a Participant in the Plan:

- Immediately, upon the first day of employment (but not prior to the Effective date of the Plan).
- On the 90 day following commencement of employment
- On the first day of the month following days of employment.
- Other: OTHER

Provided the Employee completes a Salary Redirection Agreement (“SRA”). However, eligibility for coverage under any given Benefit Plan or Policy shall be determined by the terms of that Benefit Plan or Policy, and reductions of the Employee’s Compensation to pay Pre-tax or After-tax Contribution(s) shall commence when the Employee becomes covered under the applicable Benefit Plan or Policy.

An eligible Employee may become a Participant in the Dependent Care and/or Medical Expense Reimbursement Plan(s) (if elected below).

- On the same day such Employee is eligible for the Pre-Tax Contribution benefits under the Plan.
- On the day following commencement of employment.
- On the first day of the month following days of employment.
- Other: **OTHER**, provided the Employee completes an SRA selecting such benefits.

BENEFITS PROVIDED UNDER THE PLAN

The following Benefit Plans and Policies subject to the terms and conditions of the Plan are available for election by eligible Employees. The maximum a Participant can contribute via the SRA is the maximum aggregate cost of the Benefit Plans or Policies elected minus any Nonelective Contribution made by the Employer. It is intended that such Pre-tax Contribution amounts shall, for tax purposes, constitute an Employer contribution, but may constitute Employee contributions for state insurance law purposes. Copies of the Benefit Plans or Policies (or a list of eligible Policy numbers) shall be attached as an appendix to this Plan.

- Medical Coverage
- Vision Care Coverage
- Disability Income – Short Term (A&S)
- Cancer Insurance
- Group Term Life Insurance
- Disability Income – Long Term (LTD)
- Intensive Care Insurance
- Accident Insurance
- Hospital Indemnity Insurance (HIP)
- Specified Health Event
- Personal Sickness Indemnity (PSI)
- Medical Care Expense Reimbursement described in Appendix I to this SPD, not to exceed \$ 0 per Plan Year pursuant

to the 50TH STREET CABOOSE Medical Care Expense Reimbursement Plan.

EMPLOYEE SIGNATURE _____

PRINT NAME _____

DATE _____

EMPLOYEE HANDBOOK REVIEW

The CABOOSE RESTAURANTS have a strong commitment to our number one goal of Complete Customer Satisfaction as well as Quality of Product, Quality of Service, Employee job satisfaction and Teamwork. Any employee who cannot maintain the level of standards necessary to achieve these goals may face disciplinary action which may include, but not be limited to the following:

- a. verbal consultation
- b. written consultation
- c. termination of job responsibilities

It is every employee's responsibility to do everything within your power to ensure that each and every guest leaves 110% satisfied wanting to return and spend more of their hard earned income at the Caboose Restaurants. Remember that there are many choices when choosing a place to dine. Let's make Caboose their #1 pick.

Initial Expectations

When you arrive to work your first shift, you will be expected to:

- a. Be in proper uniform
- b. Look for opportunities to be a team player
- c. Do your part to take care of each and every guest

Personal Misconduct/Theft

Personal misconduct will not be tolerated. This includes:

- a. Loud, abusive and/or vulgar language anywhere in the restaurant,
- b. Verbal or physical harassment of any patron or employee,
- c. Misrepresentation to management, abuse of confidentiality, or insubordination to superiors.
- d. Approaching a guest concerning gratuity is strictly prohibited. Consult your manager for guidance in all situations concerning guest service, complaints, and gratuity.
- e. ***Employees may NOT discuss the quality of customers and/or gratuity while in the restaurant, whether with co-workers or customers.***

Theft of any kind will not be tolerated. This includes:

- a. Theft of company property, company goods, or personal belongings.
- b. Failure to ring up merchandise delivered to a guest (sliding)
- c. Consumption of goods or drinks without paying for it (grazing).
- d. Falsely inflating a guest check and/or adding gratuity to a bill without the approval of the guest and manager on duty.

Sexual and Other Unlawful Harassment

A fundamental policy of THE CABOOSE RESTAURANTS is that the workplace is for work. Our goal is to provide a workplace free from tensions involving matters which do not relate to the business. In particular, an atmosphere of tension created by non-work related conduct, including ethnic, racial, sexual or religious remarks, national origin, disability, animosity, unwelcome sexual advances or request for sexual favors or other such conduct does not belong in our workplace.

Harassment of employees or of applicants by other employees, by those of the opposite or same sex, is prohibited. Harassment includes, without limitation, verbal harassment (epithets, derogatory statements, slurs), physical harassment (assault, physical interference with normal work or involvement), visual harassment (posters, cartoons, drawings), and innuendo.

Sexual harassment is a violation of State and Federal law. It includes unwelcome sexual advances, request for sexual favors, sexually motivated physical contact and other verbal or physical conduct, or visual forms of harassment of a sexual nature when submission to such conduct is either explicitly or implicitly made a term or condition of employment or is used as the basis for employment decisions or when such conduct has the purpose or effect of unreasonably interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Attendance, Tardiness and Absenteeism

To maintain a productive work environment, THE CABOOSE RESTAURANTS expect employees to be reliable and to be punctual in reporting for work. Front of the house employees are required to arrive 15 minutes before a scheduled shift. Absenteeism and tardiness place a burden on other employees and on THE CABOOSE RESTAURANTS. In the rare instances when employees cannot avoid being late to work or are unable to work as scheduled, they should notify their supervisor as soon as possible in advance of the anticipated tardiness or absence.

Missed shifts and excessive tardiness will not be tolerated. Employees are responsible for knowing their schedules, covering their shifts properly, and being on time. It is your responsibility to cover all scheduled shifts that you can not work. If you do not call or cover your shift, it will be assumed that you have terminated your employment. All schedule changes must be written on a Schedule Change Form and approved by a Manager.

Employees will be paid for any time they are required to be on work premises (mandatory meetings). In the event that you are not needed at the time of your arrival, you will be given a specific time to return to work. This time will be at least 30 minutes later than your scheduled time. These shifts will begin and end at a set time designated by your immediate supervisor. If you are required to arrive to work in less than 15 minutes, you will be paid for the entire "on call" shift, if you are required to arrive to work in 30 minutes or longer, you will be paid for the time you are on the premises only.

Server Financial Responsibility

All servers are required to claim 100% of their tips made after every shift.
Servers are required to have guests sign all coupons, vips discounts and any other guest discount.
Any coupons or % discounts not signed will result in a \$1.00 employee fund charge.
Servers are also required to have the manager on duty sign all guest comps and voids.
A \$1.00 employee fund charge will be assessed for all coupons and % discounts not signed.
Servers are also required to have a ticket with each trade transaction.
Any missing ticket or trade voucher will result in a \$2.00 employee fund charge.
All employee funds will be used for employee contests.
Tips on credit cards not adjusted properly will be forfeited.
Servers are financially responsible for all bank shortages.
If the result of any charge would bring an employees hourly wage below the Federal minimum wage, they will not be held financially responsible.

Parking

The 50th Street Caboose location requires employees to park in the west parking lot.

Parking is permitted in the designated areas only. For safety reasons, employees will use the front entrance when entering or leaving the building unless opening, then you may use the back entrance.

Phone Use

Personal phone calls are prohibited on company lines without manager on duty approval.
Because of the limited number of phone lines, please use the pay phones during your break periods.

Smoking and Eating While Working

Employees may eat and smoke only when given permission to do so by the employee's supervisor.

Safety Guidelines

- Proper lifting techniques are to be exercised when moving supplies or equipment. Employees should lift with a straight back. Do not turn while lifting. Any item weighing more than 35 lbs should be moved or lifted by two or more people.
- All employees must wear specially designed closed-toe, anti-slip safety shoes while working in the restaurant or kitchen.
- Horseplay or any type of activity which may cause unnecessary injury to you or another employee is not permitted (running, popping towels, etc).

- In the restaurant, spills must be SWEPT, MOPPED, and TOWEL DRIED IMMEDIATELY and a wet floor sign placed at the spill site. In the wait station, spills must be SWEPT, DRIED WITH APRONS AND TOWELS, AND A FAN PLACED ON THE AREA IMMEDIATELY. (Employees never clean their own spills.) Employees must then identify the area by placing a “wet floor” sign at the location.
- All employees filtering fryer must wear heat resistant gloves.

Discount Policies

All Caboose employees receive 30% off any food item anytime during their employment. Each employee may have up to one guest and receive the 30% discount off of the entire ticket. B.O.H. employees receive 100% comp meals 1 hour prior to or 1 hour after each scheduled shift worked. Employee meals may not be taken to go without manager approval and confirmation. Any left over food or kitchen scraps will be discarded and never taken out of the building.

All employee discounts must be signed by the employee. A Beverage must be rung up with ALL employee meals. All guest/customer comps must be labeled and signed by the manager and have an explanation. (No employee comps may be made to go without manager approval).

Employees who are given comp meals may not give them away.

Personal Appearance

All employees are expected to abide by company hygiene, uniform and appearance guidelines while on duty. Employees may not wear the uniform shirt while in the restaurant or bar during off hours.

Dress, grooming, and personal cleanliness standards contribute to the morale of all employees. During business hours, employees are expected to present a clean, neat and professional appearance. You should dress and groom yourself according to the requirements of your position and accepted social standards.

If your supervisor feels your personal appearance inappropriate, you may be asked to leave the workplace until you are properly dressed or groomed. Under such circumstances, you will not be compensated for the time away from work. Consult your supervisor if you have questions as to what constitutes appropriate appearance.

Without unduly restricting individual tastes, the following personal appearance guidelines should be followed:

- Extremes in design, fit, color, or material should be avoided;

- Perfume, cologne and aftershave lotion should be used moderately or avoided altogether, as some individuals may be sensitive to strong fragrances;
- Excessive makeup is not permitted;
- Jewelry should not be functionally restrictive, dangerous to job performance or excessive;
- Mustaches and beards must be clean, well trimmed and neat;
- Hairstyles are expected to be in good taste;
- Facial jewelry, such as eyebrow rings, nose rings, lip rings and tongue studs, is not and must not be worn during business hours;
- Torn or soiled clothes are not acceptable.

Miscellaneous/Off Duty Guidelines

- *Employees may not consume alcoholic beverages while on the job. Employees are allowed to consume alcoholic beverages while in the restaurant as a guest only with the permission of the manager on duty.*
- Employees may not redeem coupons for TOYS.
- Midway employees and doormen may not play Midway games.
- Employees may not study on the clock.
- For safety and insurance reasons, off duty employees may not be in any work areas.
- Employees are NOT allowed to sit at the bar.
- Bartender's Girlfriends or Boyfriends are NOT allowed to sit at their bar.
- No Employees are allowed to sit at booths with a TV. These are for customers only.
- For safety and insurance reasons, off duty employees may not be in any work areas.

ANY FAILURE TO COMPLY WITH THESE POLICIES MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION.

I have read the entire Caboose Handbook Review and understand that the entire Caboose Employee Handbook is always available for my review. And by signing this form I agree to abide by all Caboose policies and procedures set forth.

EMPLOYEE SIGNATURE _____

PRINT NAME _____

DATE _____

HEALTH AND SAFETY NOTIFICATION

The health and safety of employees and guests are of the greatest importance to the Caboose. Of greatest concern is the BIG 5.

The Big 5 includes:

1. SHIGELLOSIS
2. HEPATITS A
3. ECOLI
4. SALMONELLA
5. NORO VIRUS

If you are diagnosed with or have symptoms of any of the BIG 5 health problems, **YOU MUST NOTIFY A MANAGER IMMEDIATELY.**

Failure to report symptoms or a positive test result will result in disciplinary action including termination. These illnesses are highly contagious and very dangerous to both co-workers and guests.

I HAVE READ AND UNDERSTAND CABOOSE'S HEALTH AND SAFETY POLICY AND AGREE TO ABIDE BY THE ABOVE GUIDELINES.

EMPLOYEE SIGNATURE

PRINT NAME

DATE

**EMPLOYEE ACKNOWLEDGEMENT OF NOTIFICATION OF
NON-PARTICIPATION IN WORKER'S COMPENSATION INSURANCE**

I _____, hereby acknowledge that I was notified by the management of this facility that the THE CABOOSE RESTAURANTS do not participate in the worker's compensation program.

I understand that in the event of any on-the-job injury, I am to:

- 1) Report the matter immediately to my supervisor.
- 2) Complete an accident report in detail.
- 3) If necessary, go to a doctor or hospital.
- 4) Inform the manager of my expected recovery time.
- 5) Not return to work until released to do so by my doctor.

I understand that the company will not make any payments in connection with an injury that is not clearly sustained on-the-job or reported at the time it occurs.

I further agree that any payments voluntarily made by the company in connection with an on- the-job injury are not intended to be, and will not be understood to be, any admission of liability by the company.

EMPLOYEE SIGNATURE _____

PRINT NAME _____

DATE _____

Industrial Accident Board
200 East Riverside Drive
First Floor
Austin, Texas 78704

Please indicate whether
information requested by
telephone:
Yes _____ No _____

WAIVER OF CONFIDENTIALITY

I understand the information in my worker's compensation file(s) is confidential under Article 8307,S9a, Revised Civil Statutes of Texas. However, I do hereby waive any such right of confidentiality and both authorize and request that such information be available to:

Caboose Entertainment
Employer

3715 24th St. Lubbock TX 79410
Employer Address

to whom I have made an application for employment.

APPLICANT'S SIGNATURE

PRINTED NAME

PRINTED STREET ADDRESS

SOCIAL SECURITY NUMBER

DATE OF APPLICATION FOR EMPLOYMENT: _____

STATE OF TEXAS §
 §
COUNTY OF _____ §

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____, 20 ____, TO
CERTIFY WHICH WITNESS MY HAND AND OFFICIAL SEAL.

NOTARY PUBLIC, STATE OF TEXAS

*This information is requested in accordance with the provisions of Article 8307, S9a, Revised Civil Statutes of Texas, as amended.

NAME OF REQUESTOR

TITLE OF REQUESTOR

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, 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 the documents have 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 #

<p>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.</p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <p><input type="checkbox"/> A citizen or national of the United States</p> <p><input type="checkbox"/> A lawful permanent resident (Alien #) A _____</p> <p><input type="checkbox"/> An alien authorized to work until _____</p> <p>(Alien # or Admission #) _____</p>
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Employee's Signature	Date (month/day/year)
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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 and 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)
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Form W-4 (2010)

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 2010 expires February 16, 2011. 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 his or her 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-earners/multiple jobs situations.

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

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. 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 style="padding: 0 10px;"> <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> <td style="font-size: 3em; vertical-align: middle;">}</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 _____			
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 style="padding: 0 10px;"> <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 \$18,000 (\$32,000 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> <td style="font-size: 3em; vertical-align: middle;">}</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 \$18,000 (\$32,000 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. 	}	
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----- 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 <div style="font-size: 2em; font-weight: bold; margin: 0;">2010</div>
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 \$	
7 I claim exemption from withholding for 2010, 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)