



# Employment Application

3951 Madison Pike • PO Box 176056 • Covington, Kentucky 41017 • tel 859.363.7300 • fax 859.356.9507

(Please complete this application on its entirety)

<b>P E R S O N A L</b>	Last Name:		First:	Middle:	Date:
	Street Address:				Home Phone:
	City:		State:	Zip Code:	Business Telephone:
	Have you ever applied for employment with us?		If yes, Month & Year:		Social Security No:
	Position Desired:				Pay Rate Desired:
	Are you available to work Full-Time?				If asked, will you work overtime?
	Are you legally eligible for employment in the United States of America?				Date Available To Begin Work:
	Other special training or skills (machine operation and/or construction related abilities):				Date of Birth:

<b>E D U C A T I O N</b>	School	Name & Location of School	Course of Study	Did you Graduate?	# of Years Completed	Degree or Diploma
	Graduate School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	College			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Business / Technical			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	High School			<input type="checkbox"/> Yes <input type="checkbox"/> No		
	Elementary			<input type="checkbox"/> Yes <input type="checkbox"/> No		

(Prospective employees will receive consideration without discrimination of race, creed, color, sex, age, national origin, handicap or veteran status)

M O R E  P E R S O N A L	Are you a Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you a US Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Are you over 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
	How long at Present address?	How long at Previous address?
	What was your Previous address?	
	In the past 10 years, have you ever been convicted of a crime, excluding misdemeanors and summary offenses, which has not been annulled, expunged or sealed by a court?	
	State names and relationships of relatives & friends working for us, other than a spouse:	

T R A V E L	Can you travel if the job requires? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you travel for up to a week at a time? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Can you work out of town for extended stays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you work overtime on short notice? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Can you work Saturdays? <input type="checkbox"/> Yes <input type="checkbox"/> No	Can you work Sundays? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Can you work evenings / nights? <input type="checkbox"/> Yes <input type="checkbox"/> No	Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
	If you do not already, would you be willing to get a CDL license? <input type="checkbox"/> Yes <input type="checkbox"/> No	

S I G N A T U R E	The information provided in this application for employment is true, correct and complete. If employed, any miss-statement or omission of fact on this application may result in my dismissal.	
	I understand that acceptance of an offer of employment does not create a contractual obligation upon the employer to continue to employ me in the future.	
	If you decide to engage an investigative consumer reporting agency to report on my credit and personal history, I authorize you to do so. If a report is obtained you must provide, at my request, the name of the agency so I may obtain from them the nature and substance of the information contained in the report.	
	Signature:	Date:

Please list below all licenses and certifications that you currently hold. Indicate the type of license, the license number and the date that you obtained each license. Also, include your driver's license as well.

License Type:	License Location:	License Number:	License Start Date:	License Expiration Date:

**Drug Testing:**

Anodyne Services, Inc reserves the right to Drug / Alcohol Test any applicant or employee prior to consideration of employment as well as during employment.

Anodyne Services, Inc may or may not give prior notice for these tests. Anyone refusing to take these tests can be eliminated from consideration of employment with the company or if already employed, can be suspended for a period to be determined later.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



(Please give accurate, complete Full-Time and Part-Time employment records. Start with your present or most recent employer.)

E M P L O Y M E N T  H I S T O R Y	Company Name:		Telephone:	
	Address:		Employed (month & year): From:                      To:	
	City:	State:	Zip:	Hourly pay rate:
	Description of work performed:		Job title:	
	Reason for leaving:		Supervisor name:	
	Company Name:		Telephone:	
	Address:		Employed (month & year): From:                      To:	
	City:	State:	Zip:	Hourly pay rate:
	Description of work performed:		Job Title:	
	Reason for leaving:		Supervisor name:	
	Company Name:		Telephone:	
	Address:		Employed (month & year): From:                      To:	
	City:	State:	Zip:	Hourly pay rate:  Start:                      Ending:
	Description of work performed:		Job Title:	
	Reason for leaving:		Supervisor Name:	

Please indicate if there are any employers listed above that you would rather we did not contact, we may contact them otherwise:

Employer:	Reason:
Employer:	Reason:
Employer:	Reason:

M I L I T A R Y	Have you served in the U.S. Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No
	Describe any training relevant to the position for which you are applying:

O R G A N I Z A T I O N S	Please list any and all organizations you have been in:

In order to be considered for employment with Anodyne Services, Inc, all eligible applicants **must** have the following:

- 1) A valid drivers license or CDL
- 2) At lease one valid telephone number
- 3) A residence
- 4) A reliable vehicle

Please list the following below:

Drivers License Number: \_\_\_\_\_ State: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_

\_\_\_\_\_

I have a reliable vehicle that will transport me to and from work everyday?

- Yes
- No

I certify that the above information is complete, true and correct. I understand that if I do not complete all of the above items or sign this certification, that I **will not** be considered for employment with Anodyne Services, Inc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

The following benefits are offered to employees of Anodyne Services, Inc. This may or may not be a complete listing of benefits and is subject to change.

Upon one (1) **consecutive** year of employment, an employee is eligible for five (5) paid days of vacation (please see vacation policy for further clarifications).

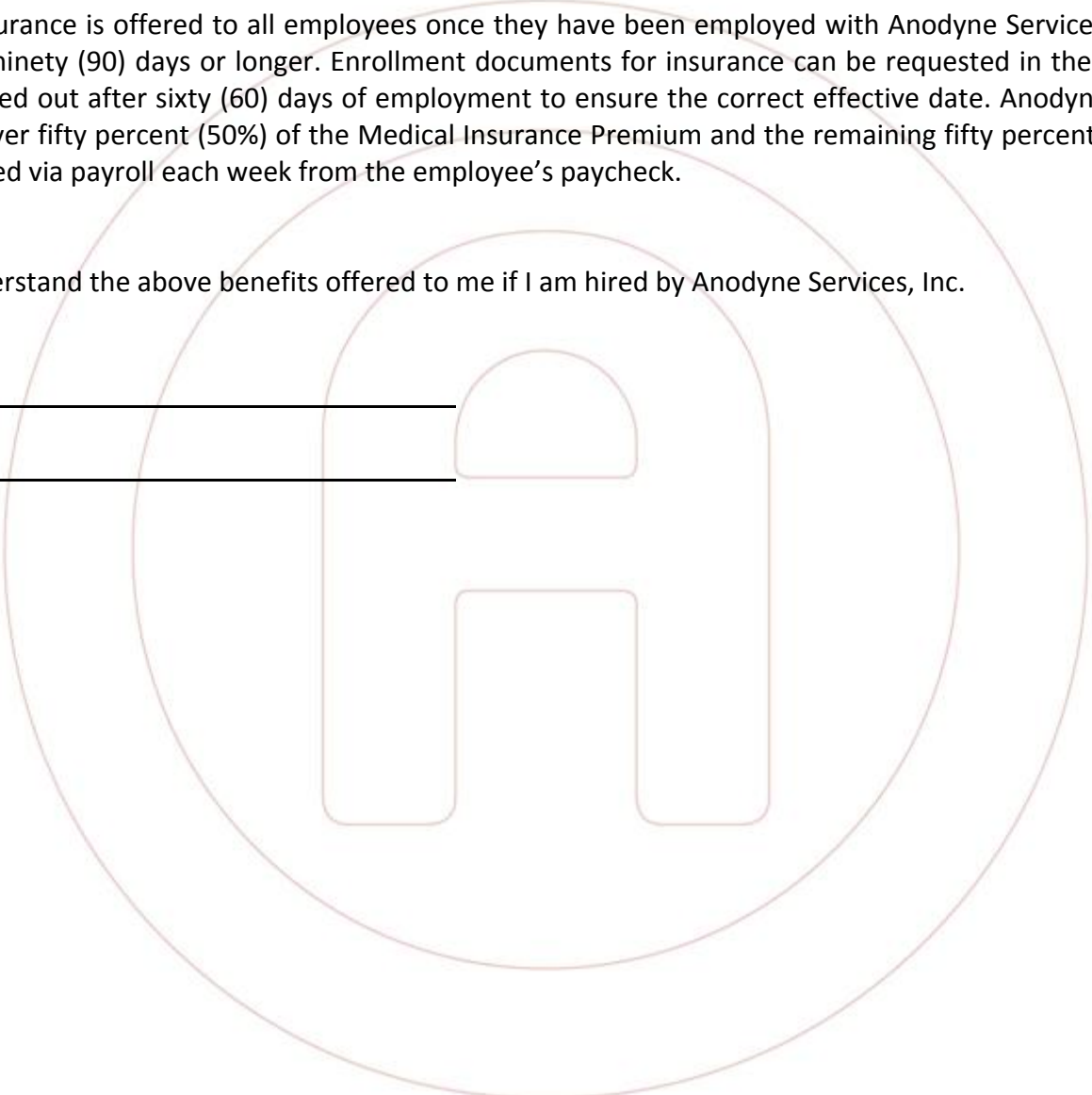
Upon one (1) **consecutive** year of employment, an employee is eligible for six (6) paid holidays: New Year's Day, Memorial Day, 4<sup>th</sup> of July, Labor Day, Thanksgiving Day and Christmas Day.

Health Insurance is offered to all employees once they have been employed with Anodyne Services, Inc for a period of ninety (90) days or longer. Enrollment documents for insurance can be requested in the office and may be filled out after sixty (60) days of employment to ensure the correct effective date. Anodyne Services, Inc will cover fifty percent (50%) of the Medical Insurance Premium and the remaining fifty percent (50%) will be deducted via payroll each week from the employee's paycheck.

I fully understand the above benefits offered to me if I am hired by Anodyne Services, Inc.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



# Emergency Notification Form

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

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

Relationship to Employee: \_\_\_\_\_

## Contact's Phone Numbers

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Family Dentist: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Cell Phone Policy

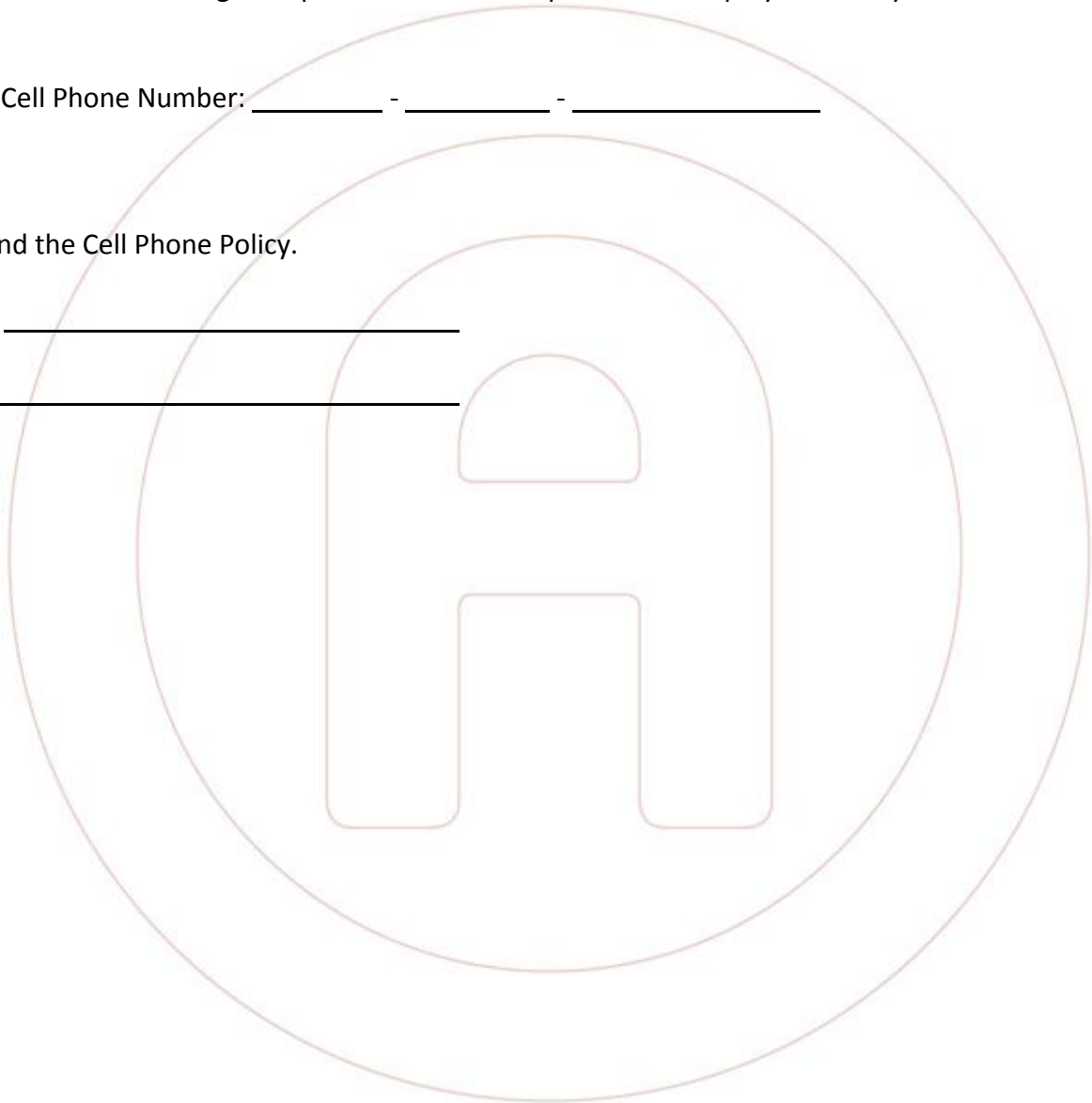
As part of employment with Anodyne Services Inc. all employees are required to have a working cell phone which they may be reached during and after working hours for the purpose of communication related to work related issues and scheduling. Compensation for this is part of the employee's salary.

Employee Cell Phone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

I understand the Cell Phone Policy.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_





# BACKGROUND CHECK RELEASE FORM-EMPLOYMENT

PER FCRA: 1) Signing this authorizes us to do a background investigation. 2) You may not be hired based upon our report. 3) You will be told if that is the intention. 4) You can view the report and dispute items you feel are erroneous, either with us or the source (courthouse, for example).

LAST NAME \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE NAME \_\_\_\_\_ SOC.SEC# \_\_\_\_\_

PRESENT ADDRESS \_\_\_\_\_ CITY, ST, ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_ YRS \_\_\_\_\_

PRIOR ADDRESS \_\_\_\_\_ CITY, ST, ZIP \_\_\_\_\_ COUNTY \_\_\_\_\_ YRS \_\_\_\_\_

OTHER PRIOR COUNTY (IES): \_\_\_\_\_ ST \_\_\_\_\_ ST \_\_\_\_\_ D.O.B MO: \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_

DRIVER LIC# \_\_\_\_\_ STATE: \_\_\_\_\_ MAIDEN OR OTHER NAMES USED \_\_\_\_\_

COLLEGE \_\_\_\_\_ CITY/ST \_\_\_\_\_ PH \_\_\_\_\_ YEARS COMPLETED \_\_\_\_\_ DEGREE? \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ CITY/ST \_\_\_\_\_ PH \_\_\_\_\_ LAST GRADE COMPLETED \_\_\_\_\_ GRADUATE? \_\_\_\_\_

IF DIFFERENT THAN PRESENT NAME: NAME IN HIGH SCHOOL \_\_\_\_\_ COLLEGE: \_\_\_\_\_

LIST ALL CONVICTIONS INCLUDING TRAFFIC (INDICATE "M" FOR MISDEMEANOR OR "F" FOR FELONY.)

YEAR	NATURE OF OFFENSE	RESOLUTION	WHERE (CITY/ST COUNTY)	M OR F	OTHERS:
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

NOTE: USE REVERSE SIDE IF MORE ROOM NEEDED.

PRIOR EMPLOYERS:

NAME	CITY/ST	PHONE #	SUPV'R NAME	FROM	TO
1. _____	_____	( ) _____	_____	____/____/____	____/____/____
YOUR POSITION: _____	EARNINGS: _____	REASON LEFT: _____	CO-WORKER _____		
2. _____	_____	( ) _____	_____	____/____/____	____/____/____
YOUR POSITION: _____	EARNINGS: _____	REASON LEFT: _____	CO-WORKER _____		
3. _____	_____	( ) _____	_____	____/____/____	____/____/____
YOUR POSITION: _____	EARNINGS: _____	REASON LEFT: _____	CO-WORKER _____		

I HEREBY AUTHORIZE THE RELEASE TO BACKGROUND BUREAU, INC., (BBI) AN INDEPENDENT PRE-EMPLOYMENT SCREENING/CONSUMER REPORTING AGENCY, ANY INFORMATION HELD BY ANY PARTIES REGARDING MY PRIOR EMPLOYMENT, CRIMINAL, CREDIT, DRIVING, WORKERS' COMPENSATION AND EDUCATIONAL HISTORY AS WELL AS INFORMATION REGARDING MY GENERAL CHARACTER AND REPUTATION. I RELEASE ANY PROVIDERS OF SUCH INFORMATION FROM ANY LIABILITY FOR PROVIDING SAME. I UNDERSTAND THE INFORMATION MAY BE REVIEWED INITIALLY AND PERIODOCALLY BY BBI IF REQUESTED BY FOR REPORTING TO MY PROSPECTIVE/ACTUAL EMPLOYER, I AGREE FALSIFICATION MAY MAKE ME INELIGIBLE FOR EMPLOYMENT OR SUBJECT TO IMMEDIATE DISMISSAL, IF HIRED. I FURTHER ACKNOWLEDGE THAT BBI IS RELYING ON THIRD PARTY INFORMATION AND I THEREFORE RELEASE BBI, MY PROSPECTIVE EMPLOYER, AND THEIR RESPECTIVE OWNERS, OFFICERS, AGENTS AND EMPLOYEES FROM ANY AND ALL LIABILITY ARISING OUT OF ERRORS OR OMISSIONS. IF NOT HIRED BASED ON REPORT INFORMATION, I UNDERSTAND I DO HAVE CERTAIN RIGHTS UNDER FCRA LAWS.

SIGNED \_\_\_\_\_ DATED \_\_\_\_\_ ( CA RESIDENTS) CHECK HERE IF YOU WISH TO RECEIVE A COPY OF THE REPORT

COVER SHEET (EMPLOYER USE ONLY) -FAX: (859) 781-5888 EMAIL: BBI@ONE.NET CALL: (800) 854-3990 OR ( 859) 781-3400

CLIENT: \_\_\_\_\_ Attn: \_\_\_\_\_ PH: \_\_\_\_\_ RETURN via: \_\_\_\_\_

COUNTY  PRIOR COUNTY ALSO  FEDERAL  MULTISTATE DATABASE  IDENTI \_\_TRACE \_\_CK  SEX OFFENDER  PATRIOT  CREDIT

MVR  VERIFY EDUCATION  VERIFY PRIOR EMPLOYMENT  INVESTIGATE PRIOR EMPLOYMENT  W.COMP \_\_Civil \_\_Refs

NOTE: THIS FORM IS THE PROPERTY OF BACKGROUND BUREAU, INC. 2019 ALEXANDRIA PIKE, HIGHLAND HEIGHTS, KY 41076

# 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.)

<p><b>A</b> Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .</p> <p><b>B</b> Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span></p> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <p><b>C</b> Enter "1" for your <b>spouse</b>. 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.) . . . . .</p> <p><b>D</b> Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .</p> <p><b>E</b> Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .</p> <p><b>F</b> Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .</p> <p><b>G</b> <b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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" <b>additional</b> if you have six or more eligible children.</li> </ul> <p><b>H</b> Add lines A through G and enter total here. (<b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶</p> <p>For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span></p> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<p><b>A</b> _____</p> <p><b>B</b> _____</p> <p><b>C</b> _____</p> <p><b>D</b> _____</p> <p><b>E</b> _____</p> <p><b>F</b> _____</p> <p><b>G</b> _____</p> <p><b>H</b> _____</p>
--	---

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

<p>Form <b>W-4</b></p> <p>Department of the Treasury Internal Revenue Service</p>	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: 0.8em; 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>	<p>OMB No. 1545-0074</p> <h1 style="margin: 0;">2009</h1>
<p>1 Type or print your first name and middle initial. Last name</p>		<p>2 Your social security number</p>
<p>Home address (number and street or rural route)</p>		<p>3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withheld at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small></p>
<p>City or town, state, and ZIP code</p>		<p>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"/></p>
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</p>		<p>5 _____</p>
<p>6 Additional amount, if any, you want withheld from each paycheck</p>		<p>6 \$ _____</p>
<p>7 I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption.</p> <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability and</b></li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability.</b></li> </ul> <p>If you meet both conditions, write "Exempt" here . . . . . ▶</p>		<p>7 _____</p>
<p>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.</p>		
<p>Employee's signature (Form is not valid unless you sign it.) ▶</p>		<p>Date ▶</p>
<p>8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)</p>		<p>9 Office code (optional) 10 Employer identification number (EIN)</p>

**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.

Revenue Form K-4  
42A804 (4-05)

KENTUCKY DEPARTMENT OF REVENUE  
EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE

Payroll No. \_\_\_\_\_

Social Security No. \_\_\_\_\_

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

Print Home Address \_\_\_\_\_

EMPLOYEE:

File this form with your employer. Otherwise, Kentucky income tax must be withheld from your wages.

EMPLOYER:

Keep this certificate with your records. If the employee is believed to have claimed too many exemptions, the Department of Revenue should be so advised.

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If SINGLE, and you claim an exemption, enter "1"; if you do not, enter "0" \_\_\_\_\_
2. If MARRIED, one exemption each for you and spouse if not claimed on another certificate.
  - (a) If you claim both of these exemptions, enter "2" \_\_\_\_\_
  - (b) If you claim one of these exemptions, enter "1" \_\_\_\_\_
  - (c) If you claim neither of these exemptions, enter "0" \_\_\_\_\_
3. Exemptions for age and blindness (applicable only to you and your spouse but not to dependents):
  - (a) If you or your spouse will be 65 years of age or older at the end of the year, and you claim this exemption, enter "2"; if both will be 65 or older, and you claim both of these exemptions, enter "4" \_\_\_\_\_
  - (b) If you or your spouse are blind, and you claim this exemption, enter "2"; if both are blind, and you claim both of these exemptions, enter "4" \_\_\_\_\_
4. If you claim exemptions for one or more dependents, enter the number of such exemptions \_\_\_\_\_
5. National Guard exemption (see instruction 1) \_\_\_\_\_
6. Exemptions for Excess Itemized Deductions (Form K-4A) \_\_\_\_\_
7. Add the number of exemptions which you have claimed above and enter the total \_\_\_\_\_
8. Additional withholding per pay period under agreement with employer. See instruction 1 ..... \$ \_\_\_\_\_

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date \_\_\_\_\_

Signed \_\_\_\_\_

## INSTRUCTIONS

**1. NUMBER OF EXEMPTIONS.**—Do not claim more than the correct number of exemptions. However, if you have unusually large amounts of itemized deductions, you may claim additional exemptions to avoid excess withholding. You may also claim an additional exemption if you will be a member of the Kentucky National Guard at the end of the year. If you expect to owe more income tax for the year than will be withheld, you may increase the withholding by claiming a smaller number of exemptions or you may enter into an agreement with your employer to have additional amounts withheld. If you claim more than 10 exemptions this information is sent to the Department of Revenue.

**2. CHANGES IN EXEMPTIONS.**—You may file a new certificate at any time if the number of your exemptions **INCREASES**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **DECREASES** for any of the following reasons.

- (a) You are divorced or legally separated from your spouse for whom you have been claiming an exemption or your spouse claims his or her own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else, so that you no longer expect to furnish more than half the support for the year.
- (c) Your itemized deductions substantially decrease and a Form K-4A has previously been filed.

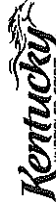
**OTHER DECREASES** in exemption, such as the death of a spouse or a dependent, do not affect your withholding until the next year, but require the filing of a new certificate by December 1 of the year in which they occur.

**3. DEPENDENTS.**—To qualify as your dependent (line 4 on reverse), a person (a) must receive more than one-half of his or her support from you for the year, and (b) must not be claimed as an exemption by such person's spouse, and (c) must be a citizen of the United States, or a resident of the United States, Canada, or Mexico, or (d) must have lived with you for the entire year as a member of your household or be related to you as follows:

- your child, stepchild, legally adopted child, foster child (if he lived in your home as a member of the family for the entire year), grandchild, son-in-law, or daughter-in-law;
- your father, mother, or ancestor of either, stepfather, stepmother, father-in-law, or mother-in-law;
- your brother, sister, stepbrother, stepsister, brother-in-law, or sister-in-law;
- your uncle, aunt, nephew, or niece (but only if related by blood).

**4. PENALTIES.**—Penalties are imposed for willfully supplying false information or willful failure to supply information which would reduce the withholding exemption.

[www.revenue.ky.gov](http://www.revenue.ky.gov)



Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions increases.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases because:

- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
(b) The support of a dependent for whom you claimed exemption is taken over by someone else.
(c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

Scissors icon please detach here



Department of Taxation

Employee's Withholding Exemption Certificate

Print full name \_\_\_\_\_ Social Security number \_\_\_\_\_

Home address and ZIP code \_\_\_\_\_

Public school district of residence \_\_\_\_\_ School district no. \_\_\_\_\_
(See The Finder at tax.ohio.gov.)

1. Personal exemption for yourself, enter "1" if claimed \_\_\_\_\_

2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) \_\_\_\_\_

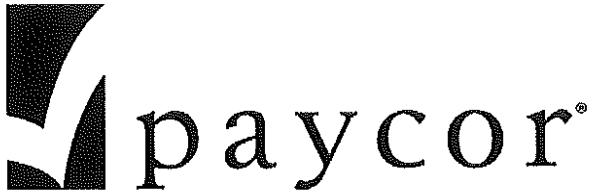
3. Exemptions for dependents \_\_\_\_\_

4. Add the exemptions that you have claimed above and enter total \_\_\_\_\_

5. Additional withholding per pay period under agreement with employer \_\_\_\_\_ \$ \_\_\_\_\_

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature \_\_\_\_\_ Date \_\_\_\_\_



**Direct Deposit Worksheet**

COMPANY NAME: *Anodyne Services, Inc.*

*I hereby authorize Paycor, Inc. to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credit entries to my account(s). It is agreed that these deposits will be made in accordance with the rules of the National Automated Clearing House Association (NACHA).*

CHECKING ACCOUNT AMOUNT \_\_\_\_\_

CHECKING ACCOUNT AMOUNT \_\_\_\_\_

SAVINGS ACCOUNT AMOUNT \_\_\_\_\_

CREDIT UNION AMOUNT \_\_\_\_\_

**FOR FULL NET, INDICATE 100%**

*The authority shall remain in full force and effect until Paycor, Inc., has received written notification from me of its termination in such time and in such a manner as to afford Paycor, Inc. and the bank a reasonable opportunity to act upon the termination request.*

**A VOIDED CHECK MUST BE ATTACHED FOR ALL CHECKING ACCOUNTS**

**A DEPOSIT SLIP MUST BE ATTACHED FOR ALL SAVINGS ACCOUNTS**

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

Signature \_\_\_\_\_ SS# \_\_\_\_\_

**DIRECT DEPOSIT MAY TAKE TWO PAY PERIOD TO BECOME EFFECTIVE**

**Form I-9, Employment  
Eligibility Verification**Department of Homeland Security  
U.S. Citizenship and Immigration Services**Instructions**

Please read all instructions carefully before completing this form.

**Anti-Discrimination Notice.** It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. 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 presented have a future expiration date may also constitute illegal discrimination.

**What Is the Purpose of This Form?**

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

**When Should the Form I-9 Be Used?**

All employees, citizens and noncitizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

**Filling Out the Form I-9**

**Section 1, Employee:** This part of the form must be completed at the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

**Preparer/Translator Certification.** The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

**Section 2, Employer:** For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required

document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, **Section 2** must be completed at the time employment begins. **Employers must record:**

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the Form I-9. **However, employers are still responsible for completing and retaining the Form I-9.**

**Section 3, Updating and Reverification:** Employers must complete **Section 3** when updating and/or reverifying the Form I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in **Section 1**. Employers **CANNOT** specify which document(s) they will accept from an employee.

- A. If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B. If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C. If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
  1. Examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C);
  2. Record the document title, document number and expiration date (if any) in Block C, and
  3. Complete the signature block.

---

---

### What Is the Filing Fee?

There is no associated filing fee for completing the Form I-9. This form is not filed with USCIS or any government agency. The Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

### USCIS Forms and Information

To order USCIS forms, call our toll-free number at **1-800-870-3676**. Individuals can also get USCIS forms and information on immigration laws, regulations and procedures by telephoning our National Customer Service Center at **1-800-375-5283** or visiting our internet website at [www.uscis.gov](http://www.uscis.gov).

### Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Forms I-9 for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR § 274a.2.

### Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of U.S. Immigration and Customs Enforcement, Department of Labor and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

### Paperwork Reduction Act

We try to create forms and instructions that are accurate, can be easily understood and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: 1) learning about this form, and completing the form, 9 minutes; 2) assembling and filing (recordkeeping) the form, 3 minutes, for an average of 12 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.

**Form I-9, Employment Eligibility Verification**

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

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 #

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):

- A citizen or national of the United States
- A lawful permanent resident (Alien #) A \_\_\_\_\_
- 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: _____	OR	_____	_____	_____
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)
--	-----------------------

## LISTS OF ACCEPTABLE DOCUMENTS

<b>LIST A</b> Documents that Establish Both Identity and Employment Eligibility	<b>LIST B</b> Documents that Establish Identity	<b>LIST C</b> Documents that Establish Employment Eligibility
<b>OR</b>		<b>AND</b>
1. U.S. Passport (unexpired or expired)	1. Driver's license or ID card issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
9. Driver's license issued by a Canadian government authority		
	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

**Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)**