
UMC FOOD MINISTRY

NEW HIRE PACKET



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TABLE OF CONTENTS

- Employee-Parent Agreement
- Background Check Authorization (if over 18)
- Direct Deposit Form
- Driver Policy Signature Form
- Drug-Free Agreement
- Temporary Bonus Policy
- I-9 (Required immigration/citizenship proof)
- W-4 (Required tax withholding document)



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EMPLOYEE-PARENT AGREEMENT



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EMPLOYEE/PARENT ACKNOWLEDGEMENT FORM

I have read, understand, and agree to abide by the policies outlined in the 2015 UMC Food Ministry Employee Manual. Specifically, I understand that:

- All staff are expected to be safe-food certified within 1 calendar year.
- All staff are required to participate in the May 16 all day training at the Trinity UMC in Latonia
- Driving staff are expected to attend the site training on May 21 (630p) in addition to the May 16 training
- Because some of our food is processed under the Federal Child Nutrition Programs, you agree not to take any additional outside employment that would interfere with your ability to fulfill your duties in our CACFP or Summer Food Service Program. This does not mean you cannot have additional employment, however it does mean that you cannot have employment that would require you to leave the kitchen when you were already scheduled to work to do the other job. An example of this might be a volunteer firefighter who has to leave without notice, or an on-call babysitting job that would require you to leave the kitchen to babysit.
- Driving staff shall maintain insurance on the vehicles they use to deliver meals for the Twisty Grill. Driving staff must also sign a separate driver agreement, as well as provide copies of their insurance card at the May 16 training.
- Drivers are not guaranteed a specific route. All drivers will be expected to be available to deliver to any of our sites, unless you have a prior WRITTEN agreement from the Food Ministry director or Pastor Larry
- This is a DRUG and ALCOHOL free environment. If the Twisty Grill has credible information that a staff person is using/and or possessing illegal drugs and/or alcohol, they will be dismissed
- The UMC Food Ministry has a random drug testing policy for its employees. If you are under age 18, your parents will need to sign in order to authorize permission for you to take the test. (Tests will not be given until a final Drug Testing Policy is finalized and distributed to all employees.) You have a right NOT to participate in the random drug-screen, however your employment may be terminated should you decide not to participate.
- All schedule requests must be entered into the “wheniwork.com” site at least 14 days in advance. All work schedules will be distributed through wheniwork.com
- As a staff person of UMC Food Ministry, you represent the UMC Food Ministry both on the clock and off. As such, you are expected to maintain a lifestyle that is consistent with Scripture both on and off the clock.
- As a staff person of the UMC Food Ministry, you represent the highest ideals of our faith. As such, you are expected to be an ACTIVE participant in the life and ministry of a UMC Food Ministry or faith community.

Employee Name (printed) _____ Date _____

Employee Signature: _____ Date _____

Parent Signature (if 20 and under) _____ Date: _____

BACKGROUND CHECK AUTHORIZATION



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Authorization and Request for Criminal Records Check

I, _____, hereby authorize UMC Food Ministry Church to request the police/sheriff's department to release information regarding any record of charges or convictions contained in its files, or in any criminal file maintained on me, whether said file is a local, state, or national file, and including but not limited to accusations and convictions for crimes committed against minors, to the fullest extent permitted by state and federal law. I do release said police/sheriffs department from all liability that may result from any such disclosure made in response to this request.

Signature of Applicant

Date

Print applicant's full name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Print all other names that have been used by applicant (if any): _____

Date of birth: _____ Place of birth: _____

Social Security number: _____

Driver's license number: _____ State issuing license: _____

License expiration date: _____

References: Please list two personal references (people who are not related to you by blood or marriage) and provide a complete address and phone information for each. References are confidential.

1. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

2. Name: _____

Address: _____

Daytime phone: _____ Evening phone: _____

Relationship to reference: _____

Signature of Applicant

Date

DIRECT DEPOSIT FORM



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DIRECT DEPOSIT FORM: Please fill out this form in it's entirety, including the signature line(s). You may choose to have your pay deposited in one or two separate accounts; if you only want it in one account, choose 100% on your first account. If you want to split you pay between accounts, please indicate the percentage of each paycheck; the total must be 100%. YOU MUST PROVIDE either a 1) Voided check or deposit slip or 2) a bank letter stating your routing and account number for each account you desire to use. YOU CANNOT BE PAID AFTER JANUARY 1, 2015 WITHOUT THIS INFORMATION.

UMC FOOD MINISTRY

Authorization Agreement

I hereby authorize UMC FOOD MINISTRY to initiate automatic deposits to my account at the financial institution named below. I also authorize UMC FOOD MINISTRY to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold UMC FOOD MINISTRY responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until UMC FOOD MINISTRY receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account Information

Name of Financial Institution: _____ Percent in this account: _____
Routing Number: _____ %
Account Number: _____ Checking | Savings

Name of 2nd Financial Institution _____ Percent in this account _____
Routing Number _____ %
Account number _____ Checking | Savings

Signature

Authorized Signature (Primary): _____ Date: _____

Authorized Signature (Joint): _____ Date: _____

DRIVER POLICY SIGNATURE FORM



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UMCFood Ministry
Staff Driving/Vehicle Policy
Effective Date: 1/1/2015

1. All staff who hold drivers licenses and who have occasion to drive in their course of employment of UMCFood Ministry or its other ministries are covered under this policy.
2. All employees must submit a copy of their drivers license to the church office. When their license is renewed, a copy of such renewal shall be submitted within 7 days to the church office.
3. All employees must submit a copy of their current insurance cards to the church office showing the carrier and their date of expiration. At each renewal period, they must submit, within 7 days, a copy of the renewal certificate of insurance.
4. The use of drugs/alcohol, or working while under the influence of drugs/alcohol is strictly prohibited.
5. UMCFood Ministry carries owned and non-owned liability insurance. Concerning the automobile insurance coverage that UMCFood Ministry carries, the owner of the vehicle will be responsible for providing the PRIMARY Liability and Physical Damage for the vehicle while being used in course of their employment with the church and it's ministries. UMCFood Ministry policy is EXCESS of the owner's policy and available to protect the Church's interest only.
6. The church carries workman's compensation insurance to cover our employees who are injured while on the job. The coverage limits are mandated by state law.
7. It is the policy of the church that texting, reading, wearing of headphones (except blue-tooth) and all other activities that would create a distraction from driving are strictly prohibited activities while driving for Highland United Methodist.
8. The church and its insurance carrier have a right at any time to request a Motor Vehicle Report on any driver in its employ, and to make decisions on an employee's ability to drive based upon the results of said report.
9. If a person is involved in an accident while in the employ of Highland United Methodist, they must immediately inform their immediate supervisor, who will then immediately inform one of the pastors.

I have read, fully understand, and agree to abide by the terms of this driving policy.

Employee Name (printed)

Printed Owner of Vehicle/Name of Insured (if not employee)

Employee Name (Signature)

Signature of Owner of Vehicle/Name of Insured (if not employee)

Date Signed

Date Signed

Highland United Methodist

Pastor Larry

July 20, 2013

Dear Twisty Grill Staff/Parents:

As many of you are aware, a month or so ago, one of our new drivers was involved in a minor accident while driving food for the Twisty Grill. Luckily, no one was injured, but his car was pretty banged up. Also, we have been very fortunate that this was our first accident in four years of this ministry. Hopefully, it is also our last! We are going to be making some significant changes in the way we hire and train drivers in the future. Some of those changes need to start now, and this letter is part of those changes.

It turns out that this employee was reading while driving and ended up rear ending another vehicle at a stop light. An insurance claim was filed, and our insurance company ended up paying out a little under \$700 to the other vehicle for damages. However, in the process of resolving that claim, our driver asked our insurance company to cover their losses as well, as the driver was on the clock and being paid as an employee of Highland United Methodist. Our driver was cited for an at-fault accident, but still felt that our insurance company should pay for the damages because they were acting on our behalf.

As a result, our insurance company threatened to cancel our insurance for the whole church. They felt their exposure was too great, especially with young drivers. They asked us to hire only drivers with 3 years of experience. In intense negotiations, we agreed to make some modifications. One of those modifications is that IN THE FUTURE, we will hire drivers that are 18 and over. However, we did not want to let our current drivers go. By next year, the majority of our current drivers will be 18. As part of these negotiations, our insurance company has asked us to have our drivers and their parents (or whoever owns the vehicle they drive and carries the insurance) sign the enclosed driver policy. This makes you aware of our policies that you can't read or text while driving, and that you shouldn't expect us to pay for your vehicle if you are at fault in an accident. (Certainly, if you are not at fault, your insurance company will try and subrogate the claim and go after the other driver and their insurance for your deductible).

Again, this is a great ministry. Thanks for all you do. Please return this form along with a copy of your drivers license and insurance card to me tomorrow. (We can make copies at the church). If you have any questions, please call me.

Grace and peace,

Pastor Larry (859) 757-5416

DRUG-FREE AGREEMENT



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UMCFood Ministry

DRUG FREE WORKPLACE POLICY AGREEMENT

(to be signed by ALL employees, and Parents if the worker is either (1) under the age of 18, or (2) over the age of 18 and driving the parent’s vehicle or operating under the parents insurance.

1. This policy is in effect as of June 2, 2014, and shall remain in effect until withdrawn or revised by the Highland United Methodist Church. The entire policy can be obtained here:
<http://storage.cloversites.com/highlandunitedmethodistchurch/documents/Drug%20Test%20Policy.docx>
2. All employees, regardless of age, acknowledge that they are giving permission to Highland United Methodist Church, as well as the outside company the church may choose to employ to implement this policy, the express permission to (1) obtain the sample or either urine or hair, and (2) obtain and share the information contained in the results of this policy with the team outlined in the policy, consisting of a Pastor, the SPR representative as well as the Food Ministry Director(s), without further authorization other than this agreement.
3. If the employee is under the age of 18, the parents acknowledge that they are giving permission to Highland United Methodist Church, as well as the outside company the church may choose to employ to implement this policy, the express permission to (1) obtain the sample or either urine or hair, and (2) obtain and share the information contained in the results of this policy with the team outlined in the policy, consisting of a Pastor, the SPR representative as well as the Food Ministry Director(s), without further authorization other than this agreement.
4. The employee, if under the age of 18, expressly acknowledges, and gives permission to, the team outlined above, to share these results with their parents, and involve them in a potential treatment plan to address the issue at hand.
5. It is understood that if an employee is involved in an auto accident where the use of illegal drugs/alcohol are involved, that immediate termination with no option to retain or regain their employment.
6. It is understood that, while this policy contains a provision for retention of employment (except in the case of an auto accident), this 2nd chance policy is NOT guaranteed, and is only at the sole discretion of the church as represented by the team comprised of a pastor, SPR representative and the Food Ministry Director(s). The employee (and parent’s, if appropriate) acknowledge the procedures involved in the policy entitled “OPTION NOT TO TERMINATE”.
7. This agreement remains in effect from the date of the initial signature, and concluding upon the termination of employment (either by you or UMCFOOD Ministry), unless withdrawn in writing by the employee. (If the employee is under 18, or operating their parent’s vehicle or under the parent’s insurance, then the parent must send written notification to the church of their withdrawal of this agreement).

Signed this _____ day of _____, in the year _____.

Employee Printed Name

Employee Signature

Parent Printed Name

Parent Signature

TEMPORARY BONUS POLICY



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UMC Food Ministry Temporary Bonus Policy

UMC Food Ministry is establishing a **Temporary Bonus System “TBP”** in which all employees are eligible. This has been developed to reward our employees during these difficult times, and to encourage strong performances across the board. The TBP will be based on a point system that rewards availability, promptness, and performance. Your base wage/salary will not be affected by the following stipulations, and remember, this bonus will not be around forever, eventually ending. The TBP is anticipated to **last at least until the end of 2020**, and we hope it will last into 2021; however, UMC Food Ministry reserves the right to terminate the TBP at any time and for any reason whatsoever. During the time of this bonus, no raises will be given to employees and the current \$1.00/Hour Covid Bonus will no longer be paid. This system **will go into effect October 1st**. Here is how the TBP will work:

The bonus will be determined by calculating eligible hours worked in a month in which the TBP is in effect. Overtime, vacation, or FFCRA (Families First Coronavirus Response Act) hours are not eligible hours and will not be considered for the bonus. Once eligible hours are determined for a given employee in a month, that amount is multiplied by the applicable bonus rate to determine the allowable bonus amount that an employee is eligible to receive if they maintain their employment through the end of the following month and the TBP has not been terminated by UMC Food Ministry.

Here is how the point system will work: at the beginning of each month, you start at 0 Points which equals a bonus rate of \$5.00/hour; for every point received, the bonus rate decreases \$1.00/Hour. So, to be clear, here are the bonus rates based on points accumulated at the end of the month:

0 Points - \$5.00/Hour Bonus	1 Point - \$4.00/Hour Bonus	2 Points - \$3.00/Hour Bonus
3 Points - \$2.00/Hour Bonus	4 Points - \$1.00/Hour Bonus	5+ Points - \$0.00/Hour Bonus

For example, if you worked 40 eligible hours a week for 4 weeks in October and your Point Value is \$5, because you had not received any points, you would be eligible for an **\$800.00 bonus for October**. **You must maintain your bonus eligibility by continuing your employment through the last day of November**. On the first paycheck of December you would receive your regular pay **plus an \$800 bonus**.

Here is the list of ways you could receive a point:

1-Point - If you are not available to work full-time (At least 40 hours any of 7 days a week)

- This is based on availability and NOT actual hours worked.

1-Point - If you are not available to work weekends or holidays

- You have to be available to work both weekends AND holidays to not receive a point on this one.
- Typically, UMC Food Ministry has tried to keep weekends and holidays free for our employees. However, with the pandemic we have seen the need to feed children grow exponentially. So, we hope that you understand if working weekends and holidays means more children will have food, we will continue to do so to fulfill our mission!

1-Point – For every write-up/corrective action plan

- Note: Managers can be written up if paperwork is missing, late, or incorrectly filled out.
 - Managers will be held to a different standard. Late inventories, meals arriving late to sites, or unorganized kitchens could constitute a manager write-up.

1-Point – For every unexcused call-off

- **The burden is on you** to provide your supervisor with valid proof that you had a legitimate excuse for calling off without 2 weeks of notice.
- You must give at least 12 hours' notice for a call-off to be considered excused if possible.
 - We know that with some emergencies this will not be possible, and it will be up to your supervisor to determine, based on the circumstance of the call-off, if your notice time was sufficient to be considered excused.
- The following reasons for calling off without 2 weeks of notice will be considered excused:
 - 1) **Sickness** - You MUST provide a doctor's note. Calling off sick WITHOUT a doctor's note = unexcused
 - 2) **Death** in your immediate family
 - 3) **Extenuating Family Circumstances**
 - We know this one is vague but there are so many legitimate family issues that could arise that could require you to call-off.
 - The extent to whether said family circumstance is considered excused is left up to your supervisor.

Tardy Point System:

- **0-Points - 1 excused or unexcused tardy** – Your 1st one is free!
- **1-Point - If you are tardy a 2nd time and it is deemed unexcused** (If your 2nd tardy is excused, you would still not receive a point)
- **1-Point – For every excused or unexcused tardy after 2**
 - Example: You had 2 excused tardies and 2 unexcused tardies during a month. You would receive 2-Points based on those four tardies alone.

Again, the burden is on you to provide your supervisor with valid proof that you had a legitimate excuse for being late.

- For a tardy to be considered excused, **you must have called in to your supervisor before the start of your shift.**
- The following reasons for being late with proper documentation will be considered excused:
 - 1) An **unusually** high volume of traffic due to a wreck
 - Unusually is the key word here. Typical Cincinnati traffic is not a legitimate excuse and make sure you provide photo or video evidence on why the traffic you experienced was unusual.
 - 2) **Vehicle issues**
 - Again, photo or video evidence must be provided (A few examples would be a flat tire, dead battery, or busted windshield)
 - 3) **Extenuating Family Circumstances**
 - Again, we know this one is vague but there are so many legitimate family issues that could arise that could make you late.
 - As with an excused call-off, the extent to whether said family circumstance is considered excused is left up to your supervisor.

Grace Point Opportunity: If you refer an employee that works at least 60 days, you can receive a grace point that you can use within 6 months of receiving it. This means you can use this to **remove any point that you have received within the 6-month allowable period.**

You are **welcome to appeal** any decision made by your supervisor based on unexcused tardies/call-offs. Also note, **the executive team holds the right to override any decisions made as well.** If you wish to appeal a decision the following process will take place:

- 1) You must fill out an appeal form within one week of your unexcused call-off or tardy.
- 2) You must return the form to our Trinity offices with attached documentation evidencing why you believe your call-off or tardy should have been excused.
- 3) The Director of HR will review your form and do and any necessary follow-ups with you your supervisors, and coworkers.
- 4) The Director of HR will present the evidence before the Executive Team (CEO, CFO, CAO, and COO)
- 5) The Executive Team will objectively determine whether or not your point should remain or be removed within one week of receiving your appeal form.
- 6) **The Executive Team's determination is final.**

If at any point during the month, you would like to check on your point total, please speak with the CFO or COO. They will do their best to keep your points as up-to-date as possible on a weekly basis. We hope that this system will encourage each and every one of you to continue to work hard as well as reward you for all the hard work you have given us in the past.

To participate in this new bonus system, you must return a signed copy of this document and fill out the attached Availability Form. By signing this document, you are agreeing with all the terms spelled out in this policy. You further acknowledge and agree that nothing herein shall be construed to constitute or create a contract for employment and that your employment is on an at-will basis. You further understand and agree that the TBP is not a wage increase and is discretionary pay which UMC Food Ministry reserves the right to terminate at any point and for any reason whatsoever. Finally, you acknowledge and agree that, notwithstanding the foregoing, nothing herein shall obligate UMC Food Ministry to pay any bonus to any employee and that the determination whether to pay any and all bonuses is at the sole discretion of UMC Food Ministry.

Employee Name (Printed): _____

Employee Signature: _____

Date: _____

UMC Food Ministry Availability Form

This form will be used to determine if you meet the standards for the bonus system according to availability. If you check that you are available to work full-time, we will schedule you accordingly. The same applies if you check that you can work holidays and weekends. Therefore, if you have checked either of these boxes and we schedule you accordingly, you will receive a point if you tell us that you can't work those days.

- I am available to work full-time (At least 40 hours a week and any of 7 days a week)
- I am available to work weekends AND holidays

If either of these boxes are unchecked, they will each count automatically as a point against your bonus going forward.

If you become more available in the future, you can fill out a new availability form. Your kitchen managers and the office staff at Trinity will have them on hand.

By signing this form, you are stating your honest availability and we will use this form to calculate your bonus eligibility every month.

Employee Name (Printed): _____

Employee Signature: _____

Date: _____

FREQUENTLY ASKED QUESTIONS

1. Why are you giving out this bonus?
 - a. We recognize we are in a time of great uncertainty, and we recognize that we are in a time of high unemployment. We want to make sure our employees are able to keep up with their financial obligations, while at the same time, making sure that UMCFood has the best employees who are committed to our mission.
2. How much bonus can I receive?
 - a. You can receive an amount equal to up to \$5 per hour for each eligible hour worked.
 - i. Every employee is automatically eligible for a \$3 per hour bonus. If you are late, don't show up for work, or are written up for not fulfilling your job duties, you will lose points. Each non-excused violation will result in a \$1 per hour reduction of your bonus eligibility for that MONTH. See the guidelines for how points will be assigned. Basically, if you show up on time every day, and do your work—you are eligible for a \$3 per hour bonus.
 - ii. You may receive an additional \$1 per hour simply by being available on weekends and holidays. We don't like to work weekends, but in the PANDEMIC we are finding that in order to keep up, we are needing to add shift son weekends and holidays. If you don't want to/can't work weekends or holidays, you are still eligible for the \$3 per hour bonus. UMCFood will ask for volunteers to work weekend and holiday shifts, and utilize those volunteers before automatically assigning people for those shifts. If you indicate you are available weekends and holidays, and don't volunteer-that may be ok, as long as we get folks to volunteer and we can do it without you. HOWEVER: If you say you can work, and your bonus is calculated on your say-so, and then refuse a weekend or holiday shift (without an otherwise valid reason), you will be considered "Not available for weekend/holidays" and will lose the ability to receive this extra \$1 per hour. We will try and honor your requests off, as we know weekends and holidays are important to work/life balance, but if you indicate you are available, you need to be available.
 - iii. You may receive an additional \$1 per hour by being available full time. FULL TIME means 7 days a week. You clearly won't work 7 days a week. If you work more than 40 hours per week, you will still receive overtime for over 40. HOWEVER, overtime hours will not be considered for bonus eligibility or calculations.. **NOTE THAT IN ORDER TO BE ELIGIBLE FOR the full-time availability, you must also be available weekends and holidays. If you are not available weekends and holidays, even If you say you are**

available 40 hours Monday – Friday, you will NOT be eligible for the full time extra \$1 per hour bonus.

3. Why don't you just raise our pay rates, instead of all these bonus rules?
 - a. We are doing well financially right now. We don't usually operate with a surplus like we have now, but we wanted to pass this on to our frontline staff. Since we don't know how long our surplus will last, we can't make this a part of your hourly rate or permanent.
 - b. People have different levels of work ethics. Some people just want to do as little as possible to get a paycheck, while others will go all out to do whatever possible to support UMCFood's mission. We want to reward those who go all out by contributing to their financial health.
4. When are we eligible for these bonuses?
 - a. You are eligible from day one of employment, as long as the bonus structure is in place.
 - b. You must also be employed on BOTH the last day of the month in which the bonus eligibility is based upon, AND you must be employed on the last day of the month after the month in which the bonus eligibility is based upon. If you resign/quit/fired before either of these dates, no bonus will be awarded. Since it is a bonus, it is only paid at UMCFood's discretion and it is not part of your earned wages.
5. When will the bonuses be paid out
 - a. The bonus will be awarded and paid on the FIRST paycheck following the month after the month in which the bonus eligibility is based upon. Example: Your bonus is calculated on September hours, and you are still employed with UMCFoods on October 31, the bonus will be paid on the FIRST pay processing date in NOVEMBER, in one lump sum.
6. Why don't I get this bonus even if I quit before the end of the following month? I worked the whole month prior upon which is used to determine the bonus eligibility amount.
 - a. One of the key reasons UMCFood is doing this is to RETAIN (keep) good employees. It costs a lot of money to advertise, onboard and train staff, and we will reward those who stick with us. Structuring these extra dollars in this manner will hopefully encourage employees to stick with us.
 - b. To accomplish this goal, we use the preceding month to determine bonus amounts, but the bonus is not actually awarded until the employee is end of the following month.
7. Will I know in advance when the bonuses will stop?
 - a. UMCFood will make diligent a effort to give a 30 day notice that the bonus structure will stop or change; however, UMCFood reserves the right to terminate or change the bonus structure at any time.
8. Who determines what an "acceptable excuse" is?

- a. UMCFood, at its sole discretion, will decide acceptable excuses. There is an appeal process if you disagree with a decision.
- 9. Why do I get pointed after 2 excused or unexcused tardies, even if it is for an excusable reason?
 - a. You can come up with legitimate excuses for almost anything. We want to encourage employees who “plan for the unexpected”, while still offering grace to truly unavoidable situations which may cause us to be less than 100% present for our job.
- 10. When will this end?
 - a. We’re not sure. We want to share with our staff that which God has blessed us with, but we know we live in uncertain times.
 - b. If we find that paying this kind of money to our staff greatly reduces our need to go out and advertise, train and place staff, we may look at a more permanent higher wage structure. You can help us move in that direction.

I-9 FORM

REQUIRED IMMIGRATION/CITIZENSHIP PROOF



MAKING GOD'S LOVE EDIBLE



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
-----------------------	----------------------------------

Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

Employer Completes Next Page



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

W-4 FORM

REQUIRED TAX WITHHOLDING DOCUMENT



MAKING GOD'S LOVE EDIBLE

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

2021

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 ▶ \$ _____ Add the amounts above and enter the total here 3 \$ _____	
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a) \$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c) \$ _____

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶		▶ _____ ▶
	Employee's signature (This form is not valid unless you sign it.)		Date

Employers Only	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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General Instructions

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er); \$18,800 if you're head of household; \$12,550 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350