



# CAIN CONTRACTING, INC.

An 8(A) Service Disabled Veteran Owned Business

POSITION APPLIED FOR: \_\_\_\_\_

APPLICANT TELEPHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

## Employment Application

YOUR NAME: \_\_\_\_\_  
Last First Middle

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE U.S.A.?

Yes  No (If yes, verification will be required.)

I AM SEEKING A PERMANENT POSITION:  Yes  No

IF NECESSARY FOR THE JOB I AM ABLE TO:

Work (which shifts)? \_\_\_\_\_

Work overtime? \_\_\_\_\_

Provide a valid Drivers License? \_\_\_\_\_

Are you able to perform the essential functions of the position with or without accommodations?

Yes  No

IF NECESSARY FOR THE JOB, ARE YOU OVER (Please mark one) 14\_\_ 15\_\_ 16\_\_ 18\_\_ 19\_\_ 21\_\_

I WILL BE ABLE TO REPORT TO WORK \_\_\_\_ DAYS AFTER BEING NOTIFIED THAT I AM HIRED.

| EDUCATION:                               | Yrs. Completed | Field of Study | Graduate or Degree |
|--|----------------|----------------|--------------------|
| High School _____                        |                |                |                    |
| College/University _____                 |                |                |                    |
| Business/Technical _____                 |                |                |                    |
| Other (May include grammar school) _____ |                |                |                    |

MILITARY SERVICE:  Yes  No

Duty/Specialized Training: \_\_\_\_\_

REFERENCES: List two personal references who are not relatives or former supervisors.

| Name  | Address | Telephone | Occupation | Years known |
|-------|---------|-----------|------------|-------------|
| _____ | _____   | _____     | _____      | _____       |
| _____ | _____   | _____     | _____      | _____       |

EMPLOYMENT: List last employment first. Include summer or temporary jobs. Be sure all your experience or employers related to this job are listed here, in the summary (following this section), or use an extra sheet of paper if necessary.

| Employer Name and Address | Position Title/Duties Skills              | Dates Employed from to | Reason for leaving |
|---------------------------|---|------------------------|--------------------|
| _____                     | _____                                     | _____                  | _____              |
| _____                     | _____                                     | _____                  | _____              |
| _____                     | Supervisor's Name: _____ Telephone: _____ |                        |                    |

| Employer Name and Address | Position Title/Duties Skills              | Dates Employed from to | Reason for leaving |
|---------------------------|---|------------------------|--------------------|
| _____                     | _____                                     | _____                  | _____              |
| _____                     | _____                                     | _____                  | _____              |
| _____                     | Supervisor's Name: _____ Telephone: _____ |                        |                    |

**EMPLOYMENT CONTINUED...**

|   |                              |                                       |
|---|------------------------------|---------------------------------------|
| Employer Name and Address                 | Position Title/Duties Skills | Dates Employed<br>from _____ to _____ |
|   |                              | Reason for leaving                    |
| Supervisor's Name: _____ Telephone: _____ |                              |                                       |

|   |                              |                                       |
|---|------------------------------|---------------------------------------|
| Employer Name and Address                 | Position Title/Duties Skills | Dates Employed<br>from _____ to _____ |
|   |                              | Reason for leaving                    |
| Supervisor's Name: _____ Telephone: _____ |                              |                                       |

Summarize other employment related to this job: \_\_\_\_\_

Types of computers, other electronic or mechanical equipment that you are qualified to operate or repair: \_\_\_\_\_

Typing speed: \_\_\_\_\_ per minute.

Professional Licenses, Certifications or Registrations: \_\_\_\_\_

Additional skills including supervision skills, other languages, or information regarding the career/occupation you wish to bring to the employer's attention: \_\_\_\_\_

In case of accident or illness please contact: Name: \_\_\_\_\_ Daytime phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Information to the applicant:** As part of our procedure for processing your employment application, your personal and employment references may be checked. If you have misrepresented or omitted any facts on this application, and are subsequently hired, you may be discharged from your job. You may make a written request for information derived from the checking of your references.

If necessary for employment, you may be required to: supply your birth certificate or other proof of authorization to work in the US, have a physical examination and/or a drug test, or to sign a conflict of interest agreement and abide by its terms.

I understand and agree to the information shown above:

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

**Equal Employment Opportunity:** While many employers are required by federal law to have an Affirmative Action Program, all employers are required to provide equal employment opportunity and may ask your national origin, race and sex for planning and reporting purposes only. This information is optional and failure to provide it will have no effect on your application for employment.

Employer Section:

# Form W-4 (2008)

**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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 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 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.

**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 dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A \_\_\_\_\_

B Enter "1" if: B \_\_\_\_\_

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.

C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C \_\_\_\_\_

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

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

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F \_\_\_\_\_

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

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

- If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.
- If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H \_\_\_\_\_

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married); see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

|  |  |  |
|--|--|--|
| Form <b>W-4</b><br>Department of the Treasury<br>Internal Revenue Service  | <h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p> | OMB No. 1545-0074<br><div style="font-size: 2em; font-weight: bold; text-align: center;">2008</div>  |
| 1 Type or print your first name and middle initial. Last name  |  | 2 Your social security number  |
| Home address (number and street or rural route)  |  | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate.<br>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. |
| City or town, state, and ZIP code  |  | 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>  |
| 5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)   |  | 5 _____  |
| 6 Additional amount, if any, you want withheld from each paycheck  |  | 6 \$ _____   |
| 7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. <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 no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here |  | 7 _____  |
| Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.   |  |  |
| Employee's signature<br>(Form is not valid unless you sign it.)  |  | Date   |
| 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)  |  | 9 Office code (optional)   |
|  |  | 10 Employer identification number (EIN)  |

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1 Enter an estimate of your 2008 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 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,000 \text{ if head of household} \\ \$5,450 \text{ if single or married filing separately} \end{array} \right\}$  2 \$ \_\_\_\_\_
- 3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest 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 2008 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 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. 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 - \$6,500                        | 0                     | \$0 - \$65,000                        | \$530                 | \$0 - \$35,000                        | \$530                 |
| 4,501 - 10,000                       | 1                     | 6,501 - 12,000                       | 1                     | 65,001 - 120,000                      | 880                   | 35,001 - 80,000                       | 880                   |
| 10,001 - 18,000                      | 2                     | 12,001 - 20,000                      | 2                     | 120,001 - 180,000                     | 980                   | 80,001 - 150,000                      | 980                   |
| 18,001 - 22,000                      | 3                     | 20,001 - 27,000                      | 3                     | 180,001 - 310,000                     | 1,160                 | 150,001 - 340,000                     | 1,160                 |
| 22,001 - 27,000                      | 4                     | 27,001 - 35,000                      | 4                     | 310,001 and over                      | 1,230                 | 340,001 and over                      | 1,230                 |
| 27,001 - 33,000                      | 5                     | 35,001 - 50,000                      | 5                     |                                       |                       |                                       |                       |
| 33,001 - 40,000                      | 6                     | 50,001 - 65,000                      | 6                     |                                       |                       |                                       |                       |
| 40,001 - 50,000                      | 7                     | 65,001 - 80,000                      | 7                     |                                       |                       |                                       |                       |
| 50,001 - 55,000                      | 8                     | 80,001 - 95,000                      | 8                     |                                       |                       |                                       |                       |
| 55,001 - 60,000                      | 9                     | 95,001 - 120,000                     | 9                     |                                       |                       |                                       |                       |
| 60,001 - 65,000                      | 10                    | 120,001 and over                     | 10                    |                                       |                       |                                       |                       |
| 65,001 - 75,000                      | 11                    |                                      |                       |                                       |                       |                                       |                       |
| 75,001 - 100,000                     | 12                    |                                      |                       |                                       |                       |                                       |                       |
| 100,001 - 110,000                    | 13                    |                                      |                       |                                       |                       |                                       |                       |
| 110,001 - 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, and the District of Columbia 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.

FORM  
**MW 507**

**Employee's Maryland Withholding Exemption Certificate**

|                              |   |
|------------------------------|---|
| Print your full name         | Your Social Security number             |
| Address (including ZIP code) | County of residence (or Baltimore City) |

Withhold at Single Rate  Married (surviving spouse or unmarried Head of Household) Rate   
 Married, but withhold at Single Rate

1. Total number of exemptions you are claiming not to exceed line f in worksheet below 1. \_\_\_\_\_
2. Additional withholding per pay period under agreement with employer 2. \_\_\_\_\_
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions below and check boxes that apply.
  - a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld.  
AND
  - b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirement).

If both a and b apply, enter year applicable \_\_\_\_\_ (year effective) Enter "EXEMPT" here 3. \_\_\_\_\_
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
  - District of Columbia     Pennsylvania     Virginia     West Virginia

I further certify that I do not maintain a place of abode in Maryland as described in the instructions on page 2.  
Enter "EXEMPT" here 4. \_\_\_\_\_

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or line 4, whichever applies.

|  |  |
|--|--|
| Employee's signature _____   | Date _____                             |
| Employer's name and address (including zip code) (For employer use only) | Federal employer identification number |

**Worksheet and instructions**

Enter on line 1 above, the number of personal exemptions that you will be claiming on your tax return; however, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000, you must complete the worksheet below, if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household).

|   |          |
|---|----------|
| <b>Line 1</b><br>a. Multiply the number of your personal exemptions by the value of each exemption from the table on page 2. (Generally the value of your exemption will be \$3200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced.) Do not claim any personal exemptions that you are currently claiming at another job, or any exemptions being claimed by your spouse. To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. NOTE: Dependent taxpayers may not claim themselves as an exemption. | a. _____ |
| b. Multiply the number of additional exemptions you are claiming for dependents who are 65 years of age or older by the value of each exemption from the table on page 2.   | b. _____ |
| c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you are currently claiming at another job; or any amounts being claimed by your spouse. NOTE: Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,500 and a maximum of \$2,000.  | c. _____ |
| d. Enter \$1,000 for additional exemptions for taxpayer and/or spouse at least 65 years of age and/or blind.  | d. _____ |
| e. Add total of lines a through d   | e. _____ |
| f. Divide the amount on line e by \$3,200. Drop any fraction. Do not round up. This is the maximum number of exemptions you may claim for withholding tax purposes.   | f. _____ |

| If Your federal AGI is between |           | If you will file your tax return                         |  |
|--------------------------------|-----------|--|--|
|                                |           | Single or Married Filing Separately<br>Your Exemption is | Joint, Head of Household, or Qualifying Widow(er)<br>Your Exemption is |
| \$0                            | \$100,000 | \$3,200  | \$3,200  |
| \$100,001                      | \$125,000 | \$2,400  | \$3,200  |
| \$125,001                      | \$150,000 | \$1,800  | \$3,200  |
| \$150,001                      | \$175,000 | \$1,200  | \$2,400  |
| \$175,001                      | \$200,000 | \$1,200  | \$1,800  |
| \$200,001                      | \$250,000 | \$600  | \$1,200  |
| In excess of \$250,000         |           | \$600  | \$600  |

**Line 2**

**ADDITIONAL WITHHOLDING PER PAY PERIOD UNDER AGREEMENT WITH EMPLOYER** If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

**Line 3**

**WHO MAY CLAIM EXEMPTION FROM WITHHOLDING OF INCOME TAX** You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- last year you did not owe any Maryland income tax and had a right to a full refund of any tax withheld; and
- this year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld. If you are eligible to claim this exemption, your employer will not withhold Maryland income tax from your wages.

**STUDENTS AND SEASONAL EMPLOYEES** whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

**Line 4**

**CERTIFICATION OF NONRESIDENCE IN THE STATE OF MARYLAND** This line is to be completed by residents of the District of Columbia, Pennsylvania, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Line 4 is *not* to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law.

If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

**GENERAL INSTRUCTIONS**

**FEDERAL PRIVACY ACT INFORMATION** Social Security numbers must be included. The mandatory disclosure of your Social Security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.

**DUTIES AND RESPONSIBILITIES OF EMPLOYER** Retain this certificate with your records. You are required to submit a copy of this certificate to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

- you have any reason to believe this certificate is incorrect;
- the employee claims more than 10 exemptions;
- the employee claims exemptions from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week; or
- the employee claims exemptions from withholding on the basis of nonresidence.

Upon receipt of any exemption certificate (Form MW 507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

**DUTIES AND RESPONSIBILITIES OF EMPLOYEE** If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee shall file a new withholding exemption certificate with the employer within 10 days after the change occurs.

For additional information please call 410-767-1300 or toll-free at 1-800-492-1751 or visit our Web site at [www.marylandtaxes.com](http://www.marylandtaxes.com)

# Employment Eligibility Verification

## 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 of a future expiration date may also constitute illegal discrimination.

**Section 1 - Employee.** All employees, citizens and noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. 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" includes 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 I-9. However, employers are still responsible for completing the I-9.

**Section 3 - Updating and Reverification.** Employers must complete Section 3 when updating and/or reverifying the 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.

- If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- 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.
- 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:

- examine any document that reflects that the employee is authorized to work in the U.S. (see List A or C),
- record the document title, document number and expiration date (if any) in Block C, and
- complete the signature block.

**Photocopying and Retaining Form I-9.** A blank 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 I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the Department of Homeland Security (DHS) Handbook for Employers, (Form M-274). You may obtain the handbook at your local U.S. Citizenship and Immigration Services (USCIS) office.

**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 the 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.

**Reporting Burden.** 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, 5 minutes; 2) completing the form, 5 minutes; and 3) assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 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., Washington, DC 20529. OMB No. 1615-0047.

**NOTE:** This is the 1991 edition of the Form I-9 that has been rebranded with a current printing date to reflect the recent transition from the INS to DHS and its components.

# Employment Eligibility Verification

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

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

|                                  |       |                |                                |
|----------------------------------|-------|----------------|--------------------------------|
| Print Name: Last                 | First | Middle Initial | Maiden Name                    |
| Address (Street Name and Number) |       | Apt. #         | Date of Birth (month/day/year) |
| City                             | State | Zip Code       | Social Security #              |

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- 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 | _____  | AND | _____  |
| Issuing authority: _____        |    | _____  |     | _____  |
| Document #: _____               |    | _____  |     | _____  |
| Expiration Date (if any): _____ |    | _____  |     | _____  |
| Document #: _____               |    | _____  |     | _____  |
| Expiration Date (if any): _____ |    |        |     |        |

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

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

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

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

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

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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



## LISTS OF ACCEPTABLE DOCUMENTS

| LIST A<br>Documents that Establish Both<br>Identity and Employment<br>Eligibility   | OR   | LIST B<br>Documents that Establish<br>Identity  | AND   | LIST C<br>Documents that Establish<br>Employment Eligibility  |
|---|--|---|---|---|
| <ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (Form N-560 or N-561)</li> <li>3. Certificate of Naturalization (Form N-550 or N-570)</li> <li>4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (Form I-151 or I-551)</li> <li>6. Unexpired Temporary Resident Card (Form I-688)</li> <li>7. Unexpired Employment Authorization Card (Form I-688A)</li> <li>8. Unexpired Reentry Permit (Form I-327)</li> <li>9. Unexpired Refugee Travel Document (Form I-571)</li> <li>10. Unexpired Employment Authorization Document issued by DHS that contains a photograph (Form I-688B)</li> </ol> | <p style="font-size: 2em; margin: 0;">OR</p> | <ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="margin-left: 20px;">For persons under age 18 who are unable to present a document listed above:</p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | <p style="font-size: 2em; margin: 0;">AND</p> | <ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)</li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. ID Card for use of Resident Citizen in the United States (Form I-179)</li> <li>7. Unexpired employment authorization document issued by DHS (other than those listed under List A)</li> </ol> |

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