



IATSE Local 927  
449-1/2 Moreland Ave. NE.  
Suite 215  
Atlanta, GA 30307  
404.870.9911 ♦ Fax: 404.870.9906



## AGREEMENT AND AUTHORIZATION FOR WORK DUES

I, \_\_\_\_\_ hereby request I.A.T.S.E. Local 927, (“Union”), to refer me to work available with any employer with whom the referral shall be in accordance with the terms and conditions of the Union’s agreement with employer.

In consideration for referral, I hereby agree to pay the Union work dues. The amount of work dues is established from time to time by the Union and is posted at the Union’s office which is located at 449-1/2 Moreland Ave. NE, Suite 215 in Atlanta, Georgia. The work dues are due and payable at the time the employer compensates me.

Where applicable, I hereby authorize the employer to deduct from my wages an amount equal to the Union’s work dues and to remit the same to the Union. I understand and agree that I am ultimately responsible for payment of work dues. I understand and agree that if for any reason the fee is not taken out of my check, that my failure to pay such work dues relieves the Union of any obligation to refer me to work.

I further understand and agree that the work dues are due and payable to the Union regardless of my membership or lack of membership in the Union.

I hereby acknowledge that the Union has made no guarantees, inducements, or promises of any kind in connection with this agreement and authorization, which I now sign freely and voluntarily.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Telephone #

\_\_\_\_\_  
City, State, Zip

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

**NOTICE:** The Union shall refer workers for work under this agreement without regard to their race, sex, color, religion, creed, national origin, age, membership or lack of membership in the Union.

# Personal Information

(Print Clearly)

## Personal Data:

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

SSN: \_\_\_\_\_

DOB: \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_

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

My Email address is: \_\_\_\_\_

Add me to the I.A.T.S.E. Local 927 email list  
Yes No (Circle One)

Emergency Contact: Who should we call if you  
were to get hurt on a job site?

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

Relation: \_\_\_\_\_

Phone #: \_\_\_\_\_

Are you interested in quick calls? \_\_\_\_\_

Do you have reliable transportation? \_\_\_\_\_

## Contact Numbers For Work Calls:

Call this # 1st: \_\_\_\_\_

Circle one (home or Cell)

Call this # 2nd: \_\_\_\_\_

Circle one (home or Cell)

## Other Information:

Are you a full or part time student? (Y) (N)

Veteran? Branch: \_\_\_\_\_ From/To: \_\_\_\_\_

Discharge type: \_\_\_\_\_

## Union Members Only:

I joined my 1<sup>st</sup> IATSE Local in (year) \_\_\_\_\_

Local # \_\_\_\_\_

Date initiated into Local 927: \_\_\_\_\_

I was a member of Local 41 \_\_\_\_\_

Local 225 \_\_\_\_\_

Local 824 \_\_\_\_\_

Local 834 \_\_\_\_\_

\*\*\*\*\*

## Work References

Name \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_

Phone \_\_\_\_\_



Atlanta Landmarks, Inc.  
660 Peachtree Street, NE  
Atlanta, GA 30365  
(404) 881-2100

# EMPLOYMENT HISTORY REQUEST FORM

FOR  
**I.A.T.S.E. STAGEHANDS**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Address: \_\_\_\_\_  
STREET CITY STATE ZIP CODE

How long have you lived at current address? \_\_\_\_\_ mos. / yrs.      How long have you lived in Georgia? \_\_\_\_\_ mos. / yrs.

Previous Address: \_\_\_\_\_  
(if current is less than 3 yrs.) STREET CITY STATE ZIP CODE

Contact Info: ( ) \_\_\_\_\_ ( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
HOME CELL / PAGER OTHER

## Related Employment History

Provide the following information for your past three (3) employers, starting with the most recent.

FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS		( )
IMMEDIATE SUPERVISOR	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS		( )
IMMEDIATE SUPERVISOR	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE
JOB TITLE	ADDRESS		( )
IMMEDIATE SUPERVISOR	SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES		
REASON FOR LEAVING			

## Skills and Qualifications

Summarize any training, skills, licenses, and/or certificates that may qualify you as being able to perform job-related functions during your employment.

SKILLS:    Carpentry    Electrician    Audio    Props    A/V    Rigging    Forklift    Trucks

Number of years trained/experience in live theatrical performances? \_\_\_\_\_ mos. / yrs.

## Job Related Educational Background

	NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
			MAJOR	DEGREE	
HIGH SCHOOL					
COLLEGE					
OTHER					

## References

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

I understand that if I am employed, any misrepresentation or material omission made by me on this questionnaire will be sufficient cause for immediate discharge from the employer's service, whenever it is discovered.

## EXPERIENCE AND QUALIFICATIONS FORM

Please check the selected level of each individual skill listed below:

<b>LEAD</b>	Capable of running a crew and teaching other referrals how to do the job
<b>CRAFTSMAN</b>	Able to work independently or lead a small group to complete a job
<b>JOURNEYMAN</b>	Able to work at this job with minimal supervision
<b>HELPER</b>	Can work assisting other referrals but need additional training

<b>LEAD</b>	<b>CRAFTSMAN</b>	<b>JOURNEYMAN</b>	<b>HELPER</b>
-------------	------------------	-------------------	---------------

CIRCLE REQUESTED LIST	A	B	C	Extra
	LEAD	CRAFTSMAN	JOURNEYMAN	HELPER
CARPENTER				
FLYMAN				
ELECTRICIAN				
BOARD OPERATOR				
SPOT OPERATOR				
MOVING LIGHT OPERATOR				
AUDIO				
A-1				
A-2				
ENGINEER				
RIGGING				
DOWN RIGGER				
UP RIGGER				
CLIMBER				
LICENSED LIFT OPERATOR				
PROPS				
PROPS BUILDER				
PROPS SHOW RUNNER				
VIDEO				
ENGINEER				
BREAKOUT SET UP				
CAMERA				
OPERATOR				
OWNER/OPERATOR				
HANDHELD				
LONG LENS				
PROJECTIONIST				
PYRO/SPECIAL EFFECTS				
LICENSE				
LASER				
SHOP SKILLS				
CARPENTER				
WELDER				
ELECTRICS				
PROPS				

SPECIAL SKILLS: \_\_\_\_\_

\_\_\_\_\_

## SPECIAL SKILLS, LICENSES & CERTIFICATIONS

Your name: \_\_\_\_\_

### **Carpentry:**

Tool Knowledge: \_\_\_\_\_

Construction, welding, fabrication experience: \_\_\_\_\_

\_\_\_\_\_

Carpentry Certifications: \_\_\_\_\_

### **Electrics:**

Spotlights operated: \_\_\_\_\_

Boards operated: \_\_\_\_\_

Electrical Certifications: \_\_\_\_\_

### **Audio**

Boards operated: \_\_\_\_\_

FOH or Monitor experience: \_\_\_\_\_

Audio Certifications: \_\_\_\_\_

### **Video**

Equipment operated: \_\_\_\_\_

\_\_\_\_\_

Shows run: \_\_\_\_\_

Cameras run: \_\_\_\_\_

Projectors run: \_\_\_\_\_

Video Wall experience: \_\_\_\_\_

A/V Certifications: \_\_\_\_\_

### **Licenses and Safety Certifications:**

OSHA, Forklift, AWP, ETCP, SPRAT, First Aid, Safety: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

### LIST A

Documents that Establish Both  
Identity and Employment  
Authorization

### LIST B

Documents that Establish  
Identity

### LIST C

Documents that Establish  
Employment Authorization

OR

AND

<p>1. U.S. Passport or U.S. Passport Card</p>	<p>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</p>	<p>1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States</p>
<p>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</p>	<p>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</p>	<p>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</p>
<p>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</p>	<p>3. School ID card with a photograph</p>	<p>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</p>
<p>4. Employment Authorization Document that contains a photograph (Form I-766)</p>	<p>4. Voter's registration card</p>	<p>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</p>
<p>5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form</p>	<p>5. U.S. Military card or draft record</p>	<p>5. Native American tribal document</p>
<p>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</p>	<p>6. Military dependent's ID card</p>	<p>6. U.S. Citizen ID Card (Form I-197)</p>
<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>7. U.S. Coast Guard Merchant Mariner Card</p>	<p>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</p>
<p>8. Native American tribal document</p>	<p>8. Native American tribal document</p>	<p>8. Employment authorization document issued by the Department of Homeland Security</p>
<p>9. Driver's license issued by a Canadian government authority</p>	<p>9. Driver's license issued by a Canadian government authority</p>	<p>9. Driver's license issued by a Canadian government authority</p>
<p>10. School record or report card</p>	<p>For persons under age 18 who are unable to present a document listed above:</p>	<p>10. School record or report card</p>
<p>11. Clinic, doctor, or hospital record</p>	<p>11. Clinic, doctor, or hospital record</p>	<p>11. Clinic, doctor, or hospital record</p>
<p>12. Day-care or nursery school record</p>	<p>12. Day-care or nursery school record</p>	<p>12. Day-care or nursery school record</p>

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

# Form W-4 (2017)

**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 2015 expires February 17, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- is age 66 or older,
- is blind, or
- Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple job situations.

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

**Head of household.** Generally, you can 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 expense and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 506 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. 505 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. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b> _____
<b>C</b>	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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	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.) ▶	<b>H</b> _____

For accuracy, completes 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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 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.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>▶ 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  <h1 style="font-size: 2em;">2017</h1>
1 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 withheld at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2016, 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 (This 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) _____



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

▶ **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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	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 (See instructions)	
<input type="checkbox"/> 3. A lawful permanent resident (Allen 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. (See instructions)	
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.	
1. Alien Registration Number/USCIS Number: _____ <b>OR</b> 2. Form I-94 Admission Number: _____ <b>OR</b> 3. Foreign Passport Number: _____ Country of Issuance: _____	QR Code - Section 1 Do Not Write in This Space

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

**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.  A preparer(s) and/or translator(s) assisted this 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 (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code







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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**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 two documents from List B and one document from List C as listed on the List of Acceptable Documents.)*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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		<div style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 3            Do Not Write in This Space         </div>
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 Retires (To be completed and signed by employer or authorized representative.)**

<b>A. New Name (if applicable)</b>			<b>B. Date of Retire (if applicable)</b>	
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)
----------------	-----------------	---------------------------------------

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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1511004011

STATE OF GEORGIA EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME 1b. YOUR SOCIAL SECURITY NUMBER
2a. HOME ADDRESS (Number, Street, or Rural Route) 2b. CITY, STATE AND ZIP CODE

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1 [ ]

B. Married Filing Joint, both spouses working: Enter 0 or 1 [ ]

C. Married Filing Joint, one spouse working: Enter 0 or 1 or 2 [ ]

D. Married Filing Separate: Enter 0 or 1 [ ]

E. Head of Household: Enter 0 or 1 [ ]

4. DEPENDENT ALLOWANCES [ ]

5. ADDITIONAL ALLOWANCES [ ] (worksheet below must be completed)

6. ADDITIONAL WITHHOLDING \$ \_\_\_\_\_

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:

Yourself: [ ] Age 65 or over [ ] Blind

Spouse: [ ] Age 65 or over [ ] Blind

Number of boxes checked \_\_\_\_\_ x 1300.....\$ \_\_\_\_\_

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:

A. Federal Estimated Itemized Deductions.....\$ \_\_\_\_\_

B. Georgia Standard Deduction (enter one): Single/Head of Household \$2,300 Each Spouse \$1,500 \$ \_\_\_\_\_

C. Subtract Line B from Line A.....\$ \_\_\_\_\_

D. Allowable Deductions to Federal Adjusted Gross Income.....\$ \_\_\_\_\_

E. Add the Amounts on Lines 1, 2C, and 2D.....\$ \_\_\_\_\_

F. Estimate of Taxable Income not Subject to Withholding.....\$ \_\_\_\_\_

G. Subtract Line F from Line E (if zero or less, stop here).....\$ \_\_\_\_\_

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above.....\$ \_\_\_\_\_

(This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) \_\_\_\_\_ TOTAL ALLOWANCES (Total of Lines 3 - 5) \_\_\_\_\_ (Employer: The letter indicates the tax tables in Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.

a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here [ ]

b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is \_\_\_\_\_. My spouse's (servicemember) state of residence is \_\_\_\_\_. The states of residence must be the same to be exempt. Check here [ ]

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature \_\_\_\_\_ Date \_\_\_\_\_

Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P.O. Box 49432, Atlanta, GA 30359.

9. EMPLOYER'S NAME AND ADDRESS: EMPLOYER'S FEIN: \_\_\_\_\_

EMPLOYER'S WH#: \_\_\_\_\_

Do not accept forms claiming additional allowances unless the worksheet has been completed. Do not accept forms claiming exempt if numbers are written on Lines 3 - 7.