



New Hire Workbook

Career EMT

Clinton First Aid & Rescue Squad
dba North Hunterdon Emergency Services

May, 2013

Updated March 2020, v10



Welcome

Welcome to the Clinton First Aid & Rescue Squad, Inc, dba North Hunterdon Emergency Services as a new hire EMT. As a “Career Staff” member of the Squad, we have put together this workbook to assist you during your orientation period. Enclosed are steps to take pre-employment once you have received your offer letter; orientation period; and probationary period.

Take a few moments and review the information enclosed, and be sure to ask any questions that you may have of your Field Training Officer, Operations Lieutenant or Deputy Chief of EMS.

Once again, on behalf of the Employment Committee, Executive Board and all the members of CFARS, welcome!

Bucky

Bucky Buchanan, Deputy Chief of EMS
Operations Chief

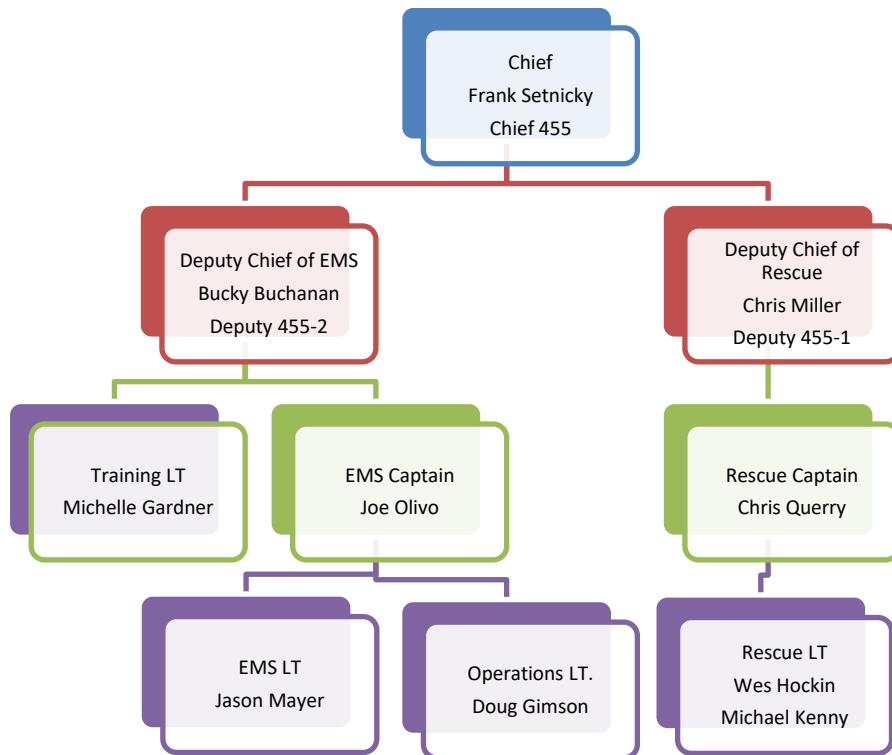
Enclosures:

- [Pre-Hire Checklist](#)
- [Orientation Checklist](#)
- [Uniform Ordering Instructions](#)
- [Training Requirements](#)
- [Technology & Links of importance](#)
- [NJ Division of Motor Authorization for Abstract](#)
- [Beneficiary Forms for PSOB and VFIS insurance policies](#)

About Us

The Clinton First Aid & Rescue Squad, Inc., dba North Hunterdon Emergency Services, is a nonprofit organization that provides pre-hospital Emergency Medical Services and Rescue Services (Vehicle, water, collapse, trench, rope and confined-space rescues) to the Town of Clinton, Clinton Township, Lebanon Borough, High Bridge Borough, and portions of Franklin Township and Union Township. In addition, through mutual aid agreements and contracts our career members provide EMS services in the Hampton Borough, Glen Gardner, Tewksbury Township and Somerville Borough (Somerset County) communities. Our members run approximately 4000 calls a year in the 208 square miles we cover. This is done by a mix of career and volunteer members.

Organizational Chart



Pre-Hiring Checklist

The following items must be completed on or by your first orientation shift.

- ✓ ACCEPTANCE: Return your signed offer letter
- ✓ PHYSICAL & DRUG SCREENING: St Lukes Occupational Health, Walmart Plaza, Clinton Phone: 484-526-3223
 - Contact SLOH and request a New Hire Employee Screening and Drug Test for CLINTON RESCUE SQUAD.
 - Include: Physical, Lift Test and Drug Screen when making your appointment
 - There is no cost to you for this.
 - Notify DC Buchanan of your appointment date once made, so that authorization forms can be sent over.
- ✓ BACKGROUND CHECK: Town of Clinton Police Department, 43 Leigh St, Clinton NJ 08809 (Old Highway & Leigh St), rear of building. 908-735-8611. Contact: Ptl. Pete Tilstra ptilstra@clintonnj.gov to schedule fingerprinting FOR A PAID EMT POSITION. This is a 2 step process
 - You will go to Clinton PD, with ID, and have a file started. Ptl. Tilstra will give you a form to then complete your fingerprinting.
 - Go online to <http://www.bioapplicant.com/nj/> to schedule your fingerprinting using the form you receive. There will be a fee, which you can charge to a credit card.
 - Make sure to print the receipt and return to the Operations Chief for reimbursement.
 - You will need to bring that form with you to your fingerprinting appointment, so keep in safe place
- ✓ DRIVERS LICENSE ABSTRACT: Return attached form giving us permission through our insurance company to obtain a copy of your Driver's License
- ✓ HEP-B VACCINATION: You have 3 options for HEP-B protection
 - Provide proof of HEB-B Vaccination on enclosed [HEP B VACCINE RECORD](#)
 - If you have not had, CFARS will provide for your series of 3 shots at no cost to you, through AFS
 - You can decline by signing the enclosed DECLINATION STATEMENT
- ✓ Contact Operations Chief for scheduling of your first 5 Orientation Shifts. Your orientation shifts will normally begin at 6:00am weekdays and run for 12 hours.

Orientation Checklist

As a new Career Member of CFARS, you will have up to 5 Orientation Shifts scheduled with our Field Training Officer and/or senior career members. They will orient you to processes, procedures and territories. To help make this possible, please bring the enclosed **Training For New Hire** package with you. In addition, on your first day please be sure to bring:

- ✓ EMT, CPR and all other required training certs, as noted on your offer letter
- ✓ Copies of any / all other relevant training certificates that we can keep on file
- ✓ Driver's License
- ✓ Passport, Social Security card, NRA ID or Certified copy of your Birth Certificate
- ✓ Voided check for Direct Deposit
- ✓ Attached forms completed

Uniform

For your first few shifts, please wear navy blue uniform pants, or as close as possible. Shirts should be a plain navy or black polo, button down or the like, with no other agency patches or insignias on it. An outer plain fleece or collared pull over is OK as well, as long as no other agency or insignias. New uniforms take approximately 2-3 weeks to arrive, so please order early in your process (see next section).

Footwear should be black in color, with sole and ankle support, in neat, clean appearance.

Hats, if you like to wear, must be non-descript dark color ball-caps.

Undershirts should be dark blue or black. CFARS T-Shirt will be provided on first shift.

Arrival

Upon arrival for your first orientation shift, please be in uniform as described above, with requested documentation and this forms package. You will be reporting for your first shift to our headquarters at 48 Old Highway 22, Clinton NJ. Enter through the double glass doors facing Bank of America (Door bell button on lower right side as you face the doors). Please park in the REAR of our building, and NOT in the Bank parking lot. If there is no room in the back lot, park across the street in the A&P lot closest to Old Highway. Usual reporting time for your first day will be 0600 hours, unless instructed otherwise. Plan on working until the end of our shift 1800 hours.

Uniform Ordering Instructions

IF ORDERING APPROVED UNIFORMS

MUST HAVE PURCHASE ORDER # ASSIGNED BY DEPUTY CHIEF

Go to <http://www.uniformspec.com/register/> to set up an account, if you haven't already

- Scroll down to NEW CUSTOMER REGISTRATION FORM
- Complete YOUR information as customer
- Fill in CFARS Billing info: CFARS, PO Box 5265, Clinton NJ 08809
- Be sure to click on the BLUE BOX when finished. The blue box is a SPAM Control Setting

Go to <http://www.uniformspec.com/login>

- Log in using your email, password and CODE:
 - 45RPOEMT (if you are an EMT)
- On the LEFT side of the website click on FIRST RESPONDERS
- On the next page click on SHIRTS (either short or long, navy blue) or TROUSERS (Only 2 things authorized)
 - Note: Boots, Polos, outwear, are NOT authorized on PO purchase for you at this point, however you may purchase on your own.
- EMS Pant, select TROUSERS> EMS PANT> ELBECO TEC2 - 1pair only
- SHIRTS, select SHIRTS> SHORT OR LONG SLEEVE> ELBECO SHORT OR LONG SLEEVE - 1 only
 - (You can order more on your own if you choose, but finish this order, then logging out and log back in using code 45RCASHN for Non-EMT or 45RCASHE for EMTs)
- Add the items to you checkout
- Enter your payment choice - PURCHASE ORDER - A/R
 - Enter your PURCHASE ORDER NUMBER : Use ####, where is your 4 digit member ID#)
- Select SALESMAN DROP OFF
- CHECKOUT

Forward your email confirmation to DC Buchanan (opschief@clintonems.org) so he can attach to the Purchase Order.

For Somerville Rescue Contract Employees

We will have separate uniform shirts for those assigned to the Somerville Rescue Squad 54 Rescue contract truck. Be sure to send your polo shirt size to Operations Chief so that shirt(s) may be ordered.

ORDERING MEMBER EXPENSE ITEMS

POLOS, JOB SHIRTS, BOOTS, ADDITIONAL PANTS, SHIRTS, ETC

Go to <http://www.uniformspec.com/register/> to set up an account, if you haven't already

- Scroll down to NEW CUSTOMER REGISTRATION FORM
- Fill in your Billing info
- Be sure to click on the BLUE BOX when finished. The blue box is a SPAM Control Setting
- Log out

Go to <http://www.uniformspec.com/login>

- Log in using your email, password and CODE:
 - 45RCASHE (if you are a NJ EMT). If not NJ EMT, such as NREMT or Paramedic, contact Operations Chief for directions
- On the LEFT side of the website click on FIRST RESPONDERS
- On the next page click on items you'd like to order.
- Add the items to you checkout
- Enter your payment choice - CREDIT CARD
 - Purchase Orders are NOT approved for self-purchases
- Select SALESMAN DROP OFF
- CHECKOUT

Training

The following is list of your required training. Anything not currently held must be obtained within six months of employment. Copies must be supplied to First Lt/Training Officer, and updated in your emsCharts certifications screen:

Certification	Issued/Completion Date	Expiration Date
EMT - NJ Accepted credential		
Professional level CPR/AED		
ICS100.c		
ICS200.c		
NIMS 700.b		
NIMS 800.c		
PHTLS or BTLS		
PEPP or equivalent		
HazMat Awareness		
Valid NJ Drivers License		
CEVO Ambulance or equivalent		
HIPAA (In house)		
EPI-Pen (In house)		
NJ Disability Awareness		
LUCAS2 In-Service with FTO		
SSMR In-Service with FTO		
Naloxone In-Service with FTO		

Other important info

Item	Requested	Received
Uniforms		
ID Card http://www.clintonems.org/id-card-form.html		
HEP-B certification		
Direct Deposit		
Timeclock operation		
Paystub Access		
Keyfob - CFARS		
Access - Station 2		
Access - EMS Station 13/14 (58 BLS)		
Access - EMS Station 54 (54 BLS)		

Technology & Log Ins:

Below are our normal & usual systems utilized as part of your job. You may have already received via email some of the log in info. This is a place for you to keep track of the log ins & ID's.

MEMBER ID#: _____

Online Scheduling: www.WhenToWork.com

User ID: _____ PW: _____

Patient Care Reporting: www.emsCharts.com

User ID: _____ PW: _____

Time & Labor (Time Clock): paylocity.com

User ID: _____ PW: _____

eServices (Paystubs & tax info): paylocity.com – access will be mailed to you

User ID: will be emailed to you PW: Will be emailed to you

IAMRESPONDING (Call alerts – Text): www.IamResponding.com

Agency Name: CFA&RS User Name: _____ PW: _____

eDispatches (Call Alerts – Verbal) – Send email to opschief@clintonems.org requesting access

Turns your phone into a squad pager. Download APP from App Store or Google Store. You'll need 4 digit code from us.

Stations Computer access:

User ID: _____ PW: password123 – you will be prompted to change this on your initial log in. (Supplied by Network Administrator – Most Station computer stations)

Member Zone access:

User ID: _____ PW: _____

(Supplied by Network Administrator email from "weebly" – <http://www.clintonems.org>, STAFF ONLY tab)

Wireless at Lebanon Boro Station 2 is same as Station 45 CFARS (See next page)

Wireless at Hampton EMS Station – is same as Station 45 CFARS (See next page)

Door codes for Station 2: 4-5-0-2

Squad Website: <http://www.clintonems.org>

Squad Facebook: <http://www.facebook.com/cfars45> Twitter: @CFARS

Squad Facebook Group (Secret Group): <https://www.facebook.com/groups/778170955565696/>

Station Wireless / Wif-Fi

Any questions or concerns can be directed to our Network Administrator John Garrison at jgarrison@clintonems.org

The Wi-Fi network is named CFARS and can be accessed by using your CFARS computer network user name and password. You will only have to log on once and your device will remember your settings until you change your password.

Apple and ANDRIOD devices will prompt you for your user name and password when you select the CFARS SSID. Just enter your CFARS computer network credentials and you're done.

On Windows Computers:

To enable 802.1X on a wireless network

1. Open Manage Wireless Networks by clicking the Start button , clicking Control Panel, clicking Network and Internet, clicking Network and Sharing Center, and then, in the left pane, clicking Manage wireless networks.
2. Right-click the network that you want to enable 802.1X authentication for, and then click Properties.
3. Click the Security tab, and then, in the Security Type list, click 802.1X.
4. In the Encryption Type list, click the encryption type you want to use.
5. Select Wi-Fi Protected Access (WPA) encryption.

If you run into any issues connecting please let me know and I can work with you to get your devices connected to the new Secure SSID.

As always the guest SSID is still active, so if you're not able to join the new Secure SSID please join the CFARS_OPEN network. Once connected, open your web browser and enter your email address. This will allow connectivity to the internet so you can write me a email letting me know you're having a problem

SYSTEMS UPDATES REQUIRED:

The following items MUST be updated in our systems upon your first access to the system:

emsCharts.com – Update all personal info, even if present user

- Log In, click SECURITY SETTINGS – Set password resets, Phrases, SS# and SAVE
- Click HOME, CONFIGURATION, then USER/MY ACCOUNT. Update GENERAL tab completely then SAVE;
- click LICENSURES, under NJ Box place either EMT or OTHER EMERGENCY RESPONDER if non-EMT and SAVE
- on right side click MANAGE under ADDL CERTIFICATIONS and add your CPR, CEVO, any other certs and SAVE.

IAMRESPONDING.com

- Log in. Click ADMINISTRATIVE FUNCTIONS. Hoover over MANAGE MEMBERS, EDIT MEMBER and update your profile. Click UPDATE

WhenToWork.com

- Log in.
- Click CHANGE MY INFO. Update personal info and notifications. Make sure current address and contact info as well.
- Make sure you allow your phone numbers to be displayed to other members
- EDIT MY EMAIL/TEXT Notifications.
- Link to your smartphones calendar

Training Record for New Hire: _____

- Personal Information Sheet Completed
- Direct Deposit Form
- Orientation Requirements
- Staff Phone List (on W2W)
- Call off Procedure

Orientation Requirements - Min of 3

Shift Info	Date	FTO/Precept	Call Log/Notes
@45RS FTO			
@45 / 18 FTO/Precept			
@ 18 FTO/Precept			
@58 FTO			
@58 FTO/Precept			
@ 54 FTO			
@54 FTO/Precept			

Skill Performance

Spinal Immobilization Performed FTO Signature

Recognizes need for c-spine		
Properly maintains c-spine in neutral in-line position (or assists)		
Applies or assist with place of appropriately sized c-collar		
Positions immobilization device appropriately		
Directs movement of the patient onto the device without compromising integrity of spine		
Applies or assist with CID		
Assist with securing pt to device properly		
Reassess neuro function		
Review 2014 updates with SSMR Selective Spinal Motion Restriction policy		

Medical Control Review Performed FTO Signature

LUCAS2 Operations		
Team CPR concept		
Review CPAP policy		
Review Opiate Overdose Policy		
Review NARCAN Policy		
Review Chest Pains Policy		
Review Anaphaxis Policy		

Patient Assessment

Call # 1

ALS BLS

Patient Assessment

Performed

FTO Signature

Proper patient interaction - Sensitive to Pt's needs		
Proper assessment of vitals signs		
Proper recognition of need for ALS		
Proper patient management		

Call # 2

ALS BLS

Patient Assessment

Performed

FTO Signature

Proper patient interaction - Sensitive to Pt's needs		
Proper assessment of vitals signs		
Proper recognition of need for ALS		
Proper patient management		

Call # 3

ALS BLS

Patient Assessment

Performed

FTO Signature

Proper patient interaction - Sensitive to Pt's needs		
Proper assessment of vitals signs		
Proper recognition of need for ALS		
Proper patient management		

Call # 4

ALS BLS

Patient Assessment

Performed

FTO Signature

Proper patient interaction - Sensitive to Pt's needs		
Proper assessment of vitals signs		
Proper recognition of need for ALS		
Proper patient management		

Driver Training

- Radio Communications
 - Channel Assignment and Usage
 - Portable Channel Assignments
 - Heads up scanning – Alert radio in ambulance
 - Dispatch guidelines for ALS
 - Dispatch guidelines for Aero Medical
- Map Books
- Directions Book
- Round Valley/ Spruce Run Maps
- ED Directions
- ED Phone Lists (see attached)

45 Rescue Coverage Area

Places, Roads, Etc

- Route 31 Access Points	
- Beaver Brook Concourse	
- Town of Clinton Fueling locations (Gas & Diesel)	
- Beaver Brook Country Club & Condos	
- 46 FD Station #2	
- Route 78 Mile Markers & Access Points	
- ARC of Hunterdon	
- Lebanon Fuel Depot	
- Round Valley Boat Ramps & Access points	
- Hunterdon Healthcare & Rehab	
- North Hunterdon HS	
- Hunterdon Developmental Center & outbuildings	
- Prison access, directions & safety considerations	

FTO Signature: _____

58 Rescue Coverage Area

Places, Roads, Etc

FTO Signature

Spruce Run Access points	
Voorhees High School	
Stations 13-5, 14-5	
Grey Rock Staging	
Glen Manor Dr & Other Apt Complexes	
Sanatorium Complex	
High Bridge Train Station	
County Park System Maps	
14 Rescue Stretcher System review	
"Mapping" link	

FTO Signature: _____

Ambulance Familiarity

- Rig Check Sheet
 - General layout
 - Pediatric Bags
 - FIN bag
 - iPads

- Equipment Placement and Use

FTO Signature

Stair Chair	
Scoop Stretcher	
KED	
Hare Traction	
Sager Splint	
Vacuum Splints	
Pediatric Long Spine Board	
Cervical Immobilization Device	
Suction Units	
Vehicle Stabilization Equipment with Rapid Airs	
LUCAS2	

- Restock Location

- Tags

- O2 fill station

Important Contact Numbers:

Station 45 Rescue: 908-735-4012

Duty Officer: 908-989-0133

Operations Chief: 908-528-7502 (Cell) 908-450-1532 (Fax)

Hunterdon Medical Center Charge Nurse: 908-788-6626

Workman's Comp – Contact Operations Chief, and complete a Special Report within 24 hours. Call Consolidated Services at 800-293-9795

BLANK PAGE

Appendix C – Hepatitis B Vaccine Immunization Record

APPENDIX C

<p><i>CONFIDENTIAL</i></p> <p>HEPATITIS B VACCINE IMMUNIZATION RECORD</p> <p>Vaccine is to be administered on: _____</p> <p>Elected dates:</p> <p> First: _____</p> <p> One month from elected date: _____</p> <p> Six months from elected date: _____</p> <p>Employee Name: _____</p> <p>Date of first dose: _____</p> <p>Date of second dose: _____</p> <p>Date of third dose: _____</p> <p>Antibody test results - pre-vaccine (optional): _____</p> <p>Antibody test results - post-vaccine: _____</p> <p>Time interval since last injection: _____</p> <p>Employee Signature: _____</p>
--

APPENDIX C

DECLINATION STATEMENT

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring Hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at no charge to myself. However, I decline Hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Signature

Date



Employee Direct Deposit Enrollment Form

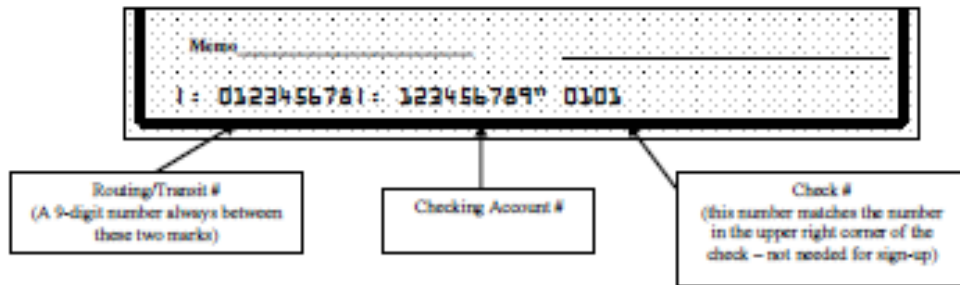
Payroll Manager – Please complete this section and send a copy to ADP for enrollment. (Please print.)

Company Code: _____ Company Name: _____ Employee File Number: _____

Payroll Mgr. Name: _____ Payroll Mgr. Signature: _____

To enroll in Full Service Direct Deposit, simply fill out this form and give to your payroll manager. Attach a voided check for each checking account - not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.



IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize ADP to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by ADP to my account. In the event that ADP deposits funds erroneously into my account, I authorize ADP to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until ADP and Bank have received written notice from me of its termination in such time and in such manner as to afford ADP and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____

Employee Signature: _____ Date: _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
2. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount
3. Bank Name/City/State: _____

Routing Transit #: _____ Account Number: _____

Checking Savings Other I wish to deposit: \$ _____ or Entire Net Amount

BLANK PAGE

Name

Address

City, State, Zip Code

Clinton First Aid & Rescue Squad, Inc.

PO Box 5265

Clinton, NJ 08809

Dear ,

I, Clinton First Aid & Rescue, authorize Nottingham Agency, Inc. to obtain consumer reports covered by the federal Fair Credit Reporting Act and any comparable state laws that are applicable, as well as my driving record, covered by the federal Drivers Privacy Protection Act and any comparable state laws that are applicable, to assess my insurability and/or employability and for any other legally permissible purposes. By signing this authorization, I hereby provide my consent to the Company to procure such consumer reports and driving records about me from time to time, as it deems appropriate, to evaluate my insurability and/or employability and for any other legally permissible purposes.

Sincerely,

Signature

Driver's License Number & State of DL

Print Name

Date of Birth/Social Security #

Date

Complete and return to opschief@clintonems.org as part of your background check.

BLANK PAGE

Clinton First Aid & Rescue Squad

48 Old Highway 22 P.O. Box 5265
Clinton, New Jersey 08809
(908) 735-4012 / Business
(908) 735-7125 / Fax

Designation of Beneficiaries Form for U.S. Department of Justice Public Safety Officers' Benefits (PSOB) Program

PURPOSE
OF THIS
FORM



WHO RECEIVES PSOB BENEFITS IF A CLAIM IS APPROVED?

Benefits are paid to survivors according to the following criteria:

1. If there is a spouse and no child* or children, all to the spouse.
2. If there is a spouse and child or children, one-half to the spouse and one-half to the child or children in equal shares.
3. If no spouse, and children only, all to the child or children in equal shares.
4. If no spouse or children, then to the individual(s) designated by the officer in the most recently executed designation of (PSOB) beneficiary on file with the officer's agency at the time of the officer's death. If no PSOB designation, then to the individual(s) designated by the officer on the most recently executed life insurance policy on file with the officer's agency at the time of death.
5. If no spouse, children, PSOB designation, or life insurance beneficiary, then to the officer's surviving parents in equal shares.
6. If none of the above, then to the officer's children who would receive the benefit but for age (i.e., adult children.)

**"Child" is defined as any natural, illegitimate, adopted or posthumous child or stepchild of a deceased public safety officer who, at the time of the officer's death, is 18 years old or under; 19-22 and a full-time student; or 19 and older, and incapable of self-support due to a physical or mental disability.*

This form is for use in declaring a beneficiary for any PSOB benefits that your survivors may be eligible for in the event of your death. The circumstances in which the beneficiaries identified here might be eligible for the PSOB benefit identified in Step 4 above and would not apply if there is an eligible surviving spouse and/or children. Should you wish to complete this form, it must be retained with official department records.

I, _____ (print full name), as a member of _____
(print agency name), hereby designate the following beneficiary(s) for an PSOB benefits that may be paid in the event of my death:

Name	Percent (must total 100)	Address	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Public Safety Officer signature: _____

Date: ____/____/____

Witness signature: _____

Date: ____/____/____

BLANK PAGE



183 Leader Heights Road
 P.O. Box 2726
 York, PA 17405
 (800) 233-1957 or (717) 741-0911
 www.vfis.com

BENEFICIARY DESIGNATION FORM

This form may be used for multiple Policies when designating the same beneficiary. Use a separate form when designating different beneficiaries for each Policy.

Indicate one of the following:

New Insured Beneficiary Change Name Change: From: _____

Complete all of the following information:

Policyholder Name and Policy Number(s) <i>(Emergency Service Organization Name)</i>		
<input checked="" type="checkbox"/> Accident & Sickness	▼ Policyholder <u>Clinton First Aid & Rescue Squad</u>	Policy Number <u>VFP43310720E1</u>
<input type="checkbox"/> _____	▼ Policyholder _____	Policy Number _____
<input type="checkbox"/> _____	▼ Policyholder _____	Policy Number _____
<input type="checkbox"/> _____	▼ Policyholder _____	Policy Number _____
<input type="checkbox"/> Other _____		
<input type="checkbox"/> Other _____		

Last Name:	First Name:	MI:
Date of Birth:	Date of Membership:	Social Security Number: / /

I hereby designate the following beneficiary(ies) to receive any death benefit proceeds payable under the policies checked above. If this form represents a change of beneficiary, the present beneficiary designation(s) are terminated and the following designation(s) made:

BENEFICIARY DESIGNATION – Primary Class	Relationship to Insured	Date of Birth	Percent <small>(Must equal 100%)</small>
<input type="checkbox"/> Mark if additional beneficiaries are listed on a separate paper and attached. (Name, address, phone number and/or email address of beneficiaries)			
BENEFICIARY DESIGNATION – Contingent Class	Relationship to Insured	Date of Birth	Percent <small>(Must equal 100%)</small>
(Name, address, phone number and/or email address of beneficiaries)			

MINOR OR ESTATE AS BENEFICIARY: If death occurs and a minor child (a person under the age of majority) or your estate is designated as beneficiary, it may be necessary to have a guardian or legal representative appointed before any death benefit can be paid. This could mean legal expenses for the beneficiary and possible delay in the payment of any death benefit. Please take this into consideration when designating your beneficiary.

Insured's Signature: _____ SIGN Date: _____

Sample wording for Beneficiary Designations

Class	Relationship to Insured	Percent
One Beneficiary of a class <u>Jane Ann Jones</u>	Spouse	100%
Two or more Beneficiaries of a class: <u>Arthur Leo Jones</u> <u>Grace Hays Jones</u>	Father Mother	50% 50%
Unnamed Children: <u>Children of the Named Insured</u>		Split Equally
Unequal distribution: <u>Grace Hays Jones</u> <u>Mary Jones Ford</u> <u>William Roger Jones</u>	Mother Sister Brother	50% 25% 25%
Insured's Estate	Executors or Administrators of the Insured's Estate	

This form should be retained by the Policyholder with a copy to the insured.

* Primary Beneficiary is the person(s) who will receive the insurance proceeds.

** Contingent Beneficiary is the person(s) who will receive the insurance proceeds if the primary beneficiary is not alive at your death.

BLANK PAGE

RATE TABLES FOR WAGE CHART

The rate tables listed below correspond to the letters in the Wage Chart on the front page. Use these to estimate the amount of withholding that will occur if you choose to use the wage chart. Compare this to your estimated income tax liability for your New Jersey Income Tax return to see if this is the correct amount of withholding that you should have.

RATE "A"												
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:			
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 0	
\$ 385	\$ 673	\$ 5.77 + 2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000	\$ 20,000	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 673	\$ 769	\$ 11.54 + 3.9%	\$ 673	\$ 35,000	\$ 40,000	\$ 600.00 + 3.9%	\$ 35,000	\$ 35,000	\$ 35,000	\$ 40,000	\$ 600.00 + 3.9%	\$ 35,000
\$ 769	\$ 1,442	\$ 15.29 + 6.1%	\$ 769	\$ 40,000	\$ 75,000	\$ 795.00 + 6.1%	\$ 40,000	\$ 40,000	\$ 40,000	\$ 75,000	\$ 795.00 + 6.1%	\$ 40,000
\$ 1,442	\$ 9,615	\$ 56.35 + 7.0%	\$ 1,442	\$ 75,000	\$ 500,000	\$ 2,930.00 + 7.0%	\$ 75,000	\$ 75,000	\$ 75,000	\$ 500,000	\$ 2,930.00 + 7.0%	\$ 75,000
\$ 9,615	\$ 96,154	\$ 628.46 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 32,680.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 32,680.00 + 9.9%	\$ 500,000
\$ 96,154	\$ 9,195.77 + 15.6%	\$ 96,154	\$ 96,154	\$ 5,000,000	\$ 478,180.00 + 15.6%	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 478,180.00 + 15.6%	\$ 5,000,000
RATE "B"												
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:			
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 0	
\$ 385	\$ 962	\$ 5.77 + 2.0%	\$ 385	\$ 20,000	\$ 50,000	\$ 300.00 + 2.0%	\$ 20,000	\$ 20,000	\$ 20,000	\$ 50,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 962	\$ 1,346	\$ 17.31 + 2.7%	\$ 962	\$ 50,000	\$ 70,000	\$ 900.00 + 2.7%	\$ 50,000	\$ 50,000	\$ 50,000	\$ 70,000	\$ 900.00 + 2.7%	\$ 50,000
\$ 1,346	\$ 1,538	\$ 27.69 + 3.9%	\$ 1,346	\$ 70,000	\$ 80,000	\$ 1,440.00 + 3.9%	\$ 70,000	\$ 70,000	\$ 70,000	\$ 80,000	\$ 1,440.00 + 3.9%	\$ 70,000
\$ 1,538	\$ 2,885	\$ 35.19 + 6.1%	\$ 1,538	\$ 80,000	\$ 150,000	\$ 1,830.00 + 6.1%	\$ 80,000	\$ 80,000	\$ 80,000	\$ 150,000	\$ 1,830.00 + 6.1%	\$ 80,000
\$ 2,885	\$ 9,615	\$ 117.31 + 7.0%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,100.00 + 7.0%	\$ 150,000	\$ 150,000	\$ 150,000	\$ 500,000	\$ 6,100.00 + 7.0%	\$ 150,000
\$ 9,615	\$ 96,154	\$ 588.46 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 30,600.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 30,600.00 + 9.9%	\$ 500,000
\$ 96,154	\$ 9,155.77 + 15.6%	\$ 96,154	\$ 96,154	\$ 5,000,000	\$ 476,100.00 + 15.6%	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 476,100.00 + 15.6%	\$ 5,000,000
RATE "C"												
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:			
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 0	
\$ 385	\$ 769	\$ 5.77 + 2.3%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 + 2.3%	\$ 20,000	\$ 20,000	\$ 20,000	\$ 40,000	\$ 300.00 + 2.3%	\$ 20,000
\$ 769	\$ 962	\$ 14.62 + 2.8%	\$ 769	\$ 40,000	\$ 50,000	\$ 760.00 + 2.8%	\$ 40,000	\$ 40,000	\$ 40,000	\$ 50,000	\$ 760.00 + 2.8%	\$ 40,000
\$ 962	\$ 1,154	\$ 20.00 + 3.5%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,040 + 3.5%	\$ 50,000	\$ 50,000	\$ 50,000	\$ 60,000	\$ 1,040 + 3.5%	\$ 50,000
\$ 1,154	\$ 2,885	\$ 26.73 + 5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,390.00 + 5.6%	\$ 60,000	\$ 60,000	\$ 60,000	\$ 150,000	\$ 1,390.00 + 5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$ 123.65 + 6.6%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,430.00 + 6.6%	\$ 150,000	\$ 150,000	\$ 150,000	\$ 500,000	\$ 6,430.00 + 6.6%	\$ 150,000
\$ 9,615	\$ 96,154	\$ 567.88 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 29,530.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 29,530.00 + 9.9%	\$ 500,000
\$ 96,154	\$ 9,135.19 + 15.6%	\$ 96,154	\$ 96,154	\$ 5,000,000	\$ 475,030.00 + 15.6%	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 475,030.00 + 15.6%	\$ 5,000,000
RATE "D"												
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:			
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 0	
\$ 385	\$ 769	\$ 5.77 + 2.7%	\$ 385	\$ 20,000	\$ 40,000	\$ 300.00 + 2.7%	\$ 20,000	\$ 20,000	\$ 20,000	\$ 40,000	\$ 300.00 + 2.7%	\$ 20,000
\$ 769	\$ 962	\$ 16.15 + 3.4%	\$ 769	\$ 40,000	\$ 50,000	\$ 840.00 + 3.4%	\$ 40,000	\$ 40,000	\$ 40,000	\$ 50,000	\$ 840.00 + 3.4%	\$ 40,000
\$ 962	\$ 1,154	\$ 22.69 + 4.3%	\$ 962	\$ 50,000	\$ 60,000	\$ 1,180.00 + 4.3%	\$ 50,000	\$ 50,000	\$ 50,000	\$ 60,000	\$ 1,180.00 + 4.3%	\$ 50,000
\$ 1,154	\$ 2,885	\$ 30.96 + 5.6%	\$ 1,154	\$ 60,000	\$ 150,000	\$ 1,610.00 + 5.6%	\$ 60,000	\$ 60,000	\$ 60,000	\$ 150,000	\$ 1,610.00 + 5.6%	\$ 60,000
\$ 2,885	\$ 9,615	\$ 127.88 + 6.5%	\$ 2,885	\$ 150,000	\$ 500,000	\$ 6,650.00 + 6.5%	\$ 150,000	\$ 150,000	\$ 150,000	\$ 500,000	\$ 6,650.00 + 6.5%	\$ 150,000
\$ 9,615	\$ 96,154	\$ 565.38 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 29,400.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 29,400.00 + 9.9%	\$ 500,000
\$ 96,154	\$ 9,132.69 + 15.6%	\$ 96,154	\$ 96,154	\$ 5,000,000	\$ 474,900.00 + 15.6%	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 474,900.00 + 15.6%	\$ 5,000,000
RATE "E"												
WEEKLY PAYROLL PERIOD (Allowance \$19.20)						ANNUAL PAYROLL PERIOD (Allowance \$1,000)						
If the amount of taxable wages is:			The amount of income tax to be withheld is:			If the amount of taxable wages is:			The amount of income tax to be withheld is:			
Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	Over	But Not Over	Of Excess Over	
\$ 0	\$ 385	1.5%	\$ 0	\$ 0	\$ 0	\$ 0	\$ 20,000	1.5%	\$ 0	\$ 0	\$ 0	
\$ 385	\$ 673	\$ 5.77 + 2.0%	\$ 385	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000	\$ 20,000	\$ 20,000	\$ 35,000	\$ 300.00 + 2.0%	\$ 20,000
\$ 673	\$ 1,923	\$ 11.54 + 5.8%	\$ 673	\$ 35,000	\$ 100,000	\$ 600.00 + 5.8%	\$ 35,000	\$ 35,000	\$ 35,000	\$ 100,000	\$ 600.00 + 5.8%	\$ 35,000
\$ 1,923	\$ 9,615	\$ 84.04 + 6.5%	\$ 1,923	\$ 100,000	\$ 500,000	\$ 4,370.00 + 6.5%	\$ 100,000	\$ 100,000	\$ 100,000	\$ 500,000	\$ 4,370.00 + 6.5%	\$ 100,000
\$ 9,615	\$ 96,154	\$ 584.04 + 9.9%	\$ 9,615	\$ 500,000	\$ 5,000,000	\$ 30,370.00 + 9.9%	\$ 500,000	\$ 500,000	\$ 500,000	\$ 5,000,000	\$ 30,370.00 + 9.9%	\$ 500,000
\$ 96,154	\$ 9,151.35 + 15.6%	\$ 96,154	\$ 96,154	\$ 5,000,000	\$ 475,870.00 + 15.6%	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 5,000,000	\$ 475,870.00 + 15.6%	\$ 5,000,000

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.**

2020

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 online estimator, 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 2020 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 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)
-----------------------	-----------------------------	--------------------------	--------------------------------------

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 **and** you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

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 the 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. Step 3 of Form W-4 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 2020 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 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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: { \$24,800 if you're married filing jointly or qualifying widow(er); \$18,650 if you're head of household; \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. 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 or 1040-SR)). 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	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240