



**WSB MORTGAGE SERVICES, INC.
CHECK LIST**

Thank you for joining the **WSB Mortgage Services Inc. Team**.
As part of the process we **need certain mandatory items** back from you.
It is **important to respond** to this list as quickly and completely as you can so that you will get started on your road to success – **Again Fill out All Forms completely...**

- Check List**
- Employment Application**
 - *Must be completed, signed and dated
 - *If your State requires it, we must try to contact 2 previous employers
- FHA Reverse & Traditional Mortgage Loan Officer Agreement**
 - *Must be completed, signed and dated
- Reverse Mortgage Loan Officer Commission Schedule – Exhibit A**
 - *Must be signed and dated
- Traditional Mortgage Loan Officer Commission Schedule – Exhibit B**
 - *Must be signed and dated
- Zero Fraud Tolerance Policy**
 - *This must be signed and dated
- Firewalls & Safeguards – WSB Loan Officers/Employees**
 - *This must be signed and dated
- Completed W-4**
 - *This must be signed and dated
- Employment Eligibility Verification (I-9)**
 - *Must be completed, signed & dated
- Mandatory Copies of Identification**
 - *from list A or B AND C on the I-9 form
 - *usually Drivers License and Social Security Card
- FAX above Items to 916-965-5726 or Mail to Address Below.**

Please feel free to **call our office** if you have any questions, **866-309-6626**

Sincerely,

Zachary Scott, CFO, QC Officer
Certified Reverse Mortgage Advisor
866-309-6626
zach@wsbrm.com



WSB MORTGAGE SERVICES, INC.

**Employment Application
(Please Print Clearly)**

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Fax: () _____ Social Security #: _____

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO
Have you ever worked for this company? YES NO If so, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: () _____

Address: _____

WSB MORTGAGE SERVICES, INC.

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Military Service

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

Felony Conviction?

Have you ever been convicted of a Felony?

YES NO

If convicted of a felony give description and resolution of charges. Including dates and location. Attach as separate, signed and dated sheet.

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____



**WSB MORTGAGE SERVICES, INC.
FHA REVERSE & TRADITIONAL MORTGAGE LOAN OFFICER
AGREEMENT**

THIS AGREEMENT, made this ____ day of _____, _____, by and between WSB MORTGAGE SERVICES, INC. a California Corporation, herein referred to as "WSB, INC.", and _____, herein referred to as the "LOAN OFFICER", both herein referred to as the "PARTIES".

- 1.) **LICENSE:** LOAN OFFICER will operate under all conditions and regulations currently in force by all Agencies that regulate the type of business in which WSB, INC and LOAN OFFICER will engage. LOAN OFFICER must be licensed and in good standing with the appropriate government agency in your state(s), if required.
- 2.) **DUE DILIGENCE:** LOAN OFFICER will assist Processors, Underwriters, Funders, and others at MAIN or BRANCH OFFICES of, WSB, INC. in order to insure that the Reverse & Traditional Mortgage Loans originated by LOAN OFFICER become funded and closed. LOAN OFFICER agrees to use due diligence and all best efforts to insure that all information and documents presented to WSB, INC and WSB, INC'S Investors in connection with any proposed Reverse & Traditional Mortgage Loans that will be in process will be complete, accurate and true to the best of LOAN OFFICER'S knowledge.
- 3.) **FORMS AND COMPUTER SUPPORT:** WSB, INC. will direct LOAN OFFICER to forms and computer software currently used in the Reverse & Traditional Mortgage Industry for the purpose of originating, processing, locking, funding and closing Reverse & Traditional Mortgage Loans.
- 4.) **COMPANY NAME:** LOAN OFFICER clearly understands that ALL Reverse & Traditional Mortgage transactions conducted by LOAN OFFICER shall be under WSB, INC. All signs, letterheads, envelopes, fax coversheets and advertising must be approved by WSB, INC. *ALL REVERSE & TRADITIONAL MORTGAGES ORIGINATED BY LOAN OFFICER MUST BE SUBMITTED THROUGH WSB, INC. AND ITS APPROVED LENDERS. NON-COMPLIANCE WILL RESULT IN IMMEDIATE TERMINATION.*
- 5.) **COMPLIANCE WITH THE LAW:** LOAN OFFICER agrees not to engage in any acts for which the State's regulating agencies are authorized to revoke or suspend a License. LOAN OFFICER has full knowledge and will strictly abide by current policies, rules and regulations of HUD, FHA, VA, Fannie Mae, Freddie Mac, Ginnie Mae, and other local, State or Federal Regulatory agencies which may have jurisdiction over WSB, INC, or duties performed by LOAN OFFICER.
- 6.) **FULL TIME, PART TIME & OUTSIDE EMPLOYMENT:** LOAN OFFICER may have other employment including self-employment. However, an individual may not be employed by more than one FHA Approved Lender or actively employed as a Mortgage Broker or Real Estate Agent.
- 7.) **EMPLOYEE SUPERVISION:** In the event that LOAN OFFICER hires its own employees outside any WSB, INC supplied employee the LOAN OFFICER is responsible for the supervision and control of LOAN OFFICER'S employees, and will report to WSB, INC'S supervisor any illegal acts and/or unethical conduct by that employee. LOAN OFFICER will follow the requirements of all Agencies that supervise the Real Estate Mortgage Loan Industry. LOAN OFFICER shall review, initial and supervise all transactions submitted on WSB, INC'S behalf.
- 8.) **PROCESSING:** Processing will be performed by qualified processors employed or contracted by WSB, INC and may operate from WSB, INC corporate office. Processing may also be performed by a qualified Processing Center which has been approved by WSB, INC.
- 9.) **FHA APPROVED OFFICE:** Where Approved ALL FHA REVERSE & TRADITIONAL MORTGAGE LOAN SUBMISSIONS MUST USE THE OFFICE ADDRESS AND ORIGINATORS ID # RELATIVE TO THE GEOGRAPHIC LOCATION OF THE BORROWER.
- 10.) **CONTRACTING:** LOAN OFFICER does not have the authority to enter into any contract or Agreement on behalf of WSB, INC, or to bind WSB, INC in any matter, unless first authorized in writing by the LOAN OFFICER'S WSB, INC Supervisor. LOAN OFFICER will not sign or obligate WSB, INC for the Purchase, Lease or Acquisition of assets or engage in any business activity that requires WSB, INC'S name.
- 11.) **BANK ACCOUNTS:** At no time shall LOAN OFFICER or any Loan Officer, Independent Contractor or Employee of LOAN OFFICER have access to or open checking, savings, trust or other business account in the name of WSB, INC.

WSB MORTGAGE SERVICES, INC.

- 12.) NON-COMPLIANCE: LOAN OFFICER shall not directly or indirectly, alone or in participation with, any other entity, solicit, process, lock, fund, or close any Real Estate Loan, or otherwise engage in any activity adverse to the interests of WSB, INC.
- 13.) TRADE SECRETS: LOAN OFFICER agrees that all Loans in process, cancelled and closed Loans, computer printouts, reports, manuals, forms, keys, cards, flyers, supplies and any marketing materials...plus, contracts supplied or developed by WSB, INC are the property of WSB, INC and LOAN OFFICER has no right, title or interest therein. Upon termination of this Agreement, LOAN OFFICER shall immediately deliver possession of all such property to WSB, INC. Loans in process will be handled as shown in paragraph (#22). LOAN OFFICER will not make aware to anyone or entity information that is confidential to the operation of WSB, INC.
- 14.) EXPENSES: Any expense incurred by LOAN OFFICER, such as Cancellation Fees, unpaid Credit Reports, Appraisal Fees, HUD Counseling Fees or expenses of LOAN OFFICER'S employees are the sole responsibility of LOAN OFFICER, and if unpaid will be deducted from LOAN OFFICER'S Commissions.
- 15.) NON-REIMBURSEMENT OF EMPLOYEE EXPENSES POLICY: All expenses incurred by employee in the course of doing business are the responsibility of the employee. **WSB DOES NOT Reimburse Employee Expenses.**
- 16.) E & O INSURANCE: E & O Insurance will be provided by WSB, INC for activities related to Reverse & Traditional Mortgages; any deductible on a claim is the sole responsibility of the LOAN OFFICER. The providing of the E&O does not obligate WSB, INC to provide LOAN OFFICER with legal protection, advice or counsel and does not obligate WSB, INC to indemnify or protect LOAN OFFICER from judgments or awards, should LOAN OFFICER be the cause of misrepresentation and/or fraud.
- 17.) COMMISSIONS: The "PARTIES" shall split Commissions earned from the production of Reverse & Traditional Mortgage Loans in accordance with the terms and conditions of the "REVERSE & TRADITIONAL MORTGAGE LOAN OFFICER COMMISSION SCHEDULE, EXHIBIT - A" attached hereto. **Note: WSB Reserves the right to adjust commissions based on when or if conditions of the exhibits are or are not met.**
- 18.) TERMINATION: LOAN OFFICER may terminate this agreement upon thirty (30) days prior written notice delivered to WSB, INC at FAIR OAKS CORPORATE OFFICE. This Agreement may be terminated by WSB, INC upon thirty (30) days prior written notice to LOAN OFFICER. Upon termination all commissions will be held until all in process loans of LOAN OFFICER are complete so that any unpaid expenses may be recovered. However, on the occurrence of any of the following, WSB, INC may terminate this Agreement immediately:
- a. Any breach of this Agreement by LOAN OFFICER;
 - b. Cessation of LOAN OFFICER to be licensed where applicable;
 - c. Failure of LOAN OFFICER to comply with any applicable law, regulation of all governing agencies, local, State and Federal;
 - d. The filing by or against LOAN OFFICER of any petition under law for relief of debtors;
 - e. Conviction of LOAN OFFICER of any crime, other than minor traffic offenses;
 - f. Any breach of the Code of Ethics and Professional Conduct.
- 19.) COMPENSATION UPON TERMINATION: Upon termination of this Agreement LOAN OFFICER'S compensation as defined in the "COMMISSION SCHEDULE" will be paid when the Loan closes unless terminated due to breach in contract (see # 21 above). Loans pending that require additional work shall be assigned to another LOAN OFFICER for completion. The Supervisor shall determine the portion of services provided by each and pay Commissions accordingly.
- 20.) INDEMNITY: LOAN OFFICER will hold WSB, INC free and harmless from any and all conflicts that may arise as a result of LOAN OFFICER'S business practices. LOAN OFFICER agrees to defend WSB, INC from any claims, complaints or lawsuits that may arise from LOAN OFFICER'S business and will reimburse WSB, INC one hundred percent (100%) for any and all expenses incurred by WSB, INC to defend itself from any third party's wrongful allegations of the manner in which LOAN OFFICER or it's employees conduct business. It is the policy of WSB, INC to avoid litigation whenever possible. WSB, INC hereby reserves the sole right to determine whether or not any litigation or dispute shall be prosecuted, referred to arbitration, defended, settled or whether or not legal expenses shall be incurred.
- 21.) SEVERABILITY: Any provision(s) of this Agreement held invalid, void or illegal in no way effects, impairs or invalidates any other provision thereof, and such other provision(s) shall remain in full force and effect.
- 22.) SUCCESSORS: The provisions of this Agreement shall obligate, extend to and inure to the benefits of the respective heirs, personal Loan Officers, successors and assigns of the "PARTIES".

WSB MORTGAGE SERVICES, INC.

23.) **AUTHORITY TO ENTER AGREEMENT:** Each of the signatories hereto represents and warrants that it has the right, power, legal capacity and authority to enter into and perform its obligations under this Agreement and that no further approvals or consents of any person, Board of Directors or entities are necessary for it to enter into and perform such obligations.

24.) **ATTORNEYS FEES:** Any controversy between the "PARTIES" involving the construction or application of any of the terms, provisions or conditions of this Agreement shall, upon the written request of either PARTY, be submitted to arbitration and such Arbitration shall comply with and be governed by the provisions of the AMERICAN ARBITRATION ASSOCIATION. The prevailing PARTY shall be entitled to recover reasonable attorney's fees and other costs incurred in that action or proceeding in addition to any other relief to which the prevailing PARTY may be entitled.

25.) **FIREWALLS & SAFEGUARDS FHA REVERSE & TRADITIONAL MORTGAGE TRANSATIONS:** WSB Mortgage Services, Inc. FHA/Federal Government Responsibility/Requirements to maintain and prove that WSB and all employees of WSB that participate in the origination of a Reverse & Traditional or Forward Mortgage that is to be insured by FHA shall maintain, firewalls and other safeguards designed to ensure that: 1) Individuals participating in the origination of the mortgage shall have no involvement with, or incentive to provide the mortgagor/borrower with, any other financial or insurance product; and 2) The mortgagor/borrower shall not be required, directly or indirectly, as a condition of obtaining a mortgage to purchase any other financial or insurance product, i.e. Annuities, Long Term Care or other similar financial products, except for title insurance, hazard, flood, or other peril insurance, or other such products that are customary and normal.

"LOAN OFFICER"

NAME (Print): _____ DATE: _____

ADDRESS: _____ STATE: _____ ZIPCODE: _____

PHONE #: _____ FAX #: _____

EMAIL: _____

LOAN OFFICER (Sign): _____ DATE: _____

"RECRUITER"

NAME (Print): _____ (If Applicable)

"COMPANY" WSB MORTGAGE SERVICES, INC

WSB OFFICER (Sign): _____ DATE: _____

SPECIAL MEMO: The following must be adhered to for full compliance: Fax Cover Sheets, Cards, Letterheads, Envelopes and any advertising must be as WSB MORTGAGE SERVICES, INC.

****For this contract to become fully in force, LOAN OFFICER must have fax machine, "VM" and a computer!*



WSB MORTGAGE SERVICES, INC.

**REVERSE MORTGAGE & FORWARD/TRADITIONAL
LOAN OFFICER COMMISSION SCHEDULE**

EXHIBIT A – 45%

(Equivalent to 50% with Consideration for Employee Taxes & Social Security Paid)

This Exhibit is part of the Agreement dated _____ between
WSB MORTGAGE SERVICES, INC and _____,
LOAN OFFICER, for earned commission from **CLOSED** loan transactions.

LOAN OFFICER is a WSB MORTGAGE SERVICES, INC., **W-2 Employee** for Federal and State tax purposes as required by law.

Commissions shall be payable to the LOAN OFFICER at the rate of **45% (Forty Five percent) of the Origination Fee or client negotiated lesser amount**, received by WSB MORTGAGE SERVICES, INC. Any fees that are deemed non-collectable due to cancellation of loan are the responsibility of the LOAN OFFICER associated with the loan.

EXPENSES TO INCLUDE, but not limited to, CREDIT REPORTS, APPRAISAL FEES, TERMITE REPORTS, PROCESSING FEES or any fees paid by WSB, INC to close the transaction.

To avoid Credit Report and Appraisal bill problems do as follows:

The preferred payment method is Credit Card: Borrower is to give credit card information on the WSB Appraisal Fee Authorization Form if Borrower backs out payment will be charge at that time.

Note: Loan Officer Never Collects Money From Borrower!

If any of the above expenses were made in the name of WSB MORTGAGE SERVICES, INC and are unpaid, they will be deducted from LOAN OFFICER’S commissions. If LOAN OFFICER has no commissions coming then he/she is liable to WSB MORTGAGE SERVICES, INC.

Non-Reimbursement of Expenses W-2 Employee policy-All Expenses created by Employee are the responsibility of the Employee/ WSB DOES NOT Reimbursement Employee’s Expenses

Any loan transaction where part of the commission must be returned for any cause, WSB MORTGAGE SERVICES, INC, LOAN OFFICER shall return according to commission split.

LOAN OFFICER AND WSB MORTGAGE SERVICES, INC hereby acknowledges that by signing below they have read and fully understand this EXHIBIT:

BY: _____ DATE: _____
LOAN OFFICER SIGNATURE

BY: _____ DATE: _____
WSB MORTGAGE SERVICES, INC.





WSB REVERSE MORTGAGE, INC. ZERO FRAUD TOLERANCE POLICY

The effects of mortgage loan fraud are very costly to all the parties involved in the mortgage loan origination process. WSB Reverse Mortgage, Inc. stands behind the quality of its loan production. Originating fraudulent loans is an illegal act. The law does not allow for a statute of limitation when it deals with fraud. Fraud is forever. If fraud is detected in any of the loans that we originate, our investors will require the Company to repurchase the loan and it will possibly jeopardize our reputation with them and within the mortgage industry. Under no circumstance will WSB Reverse Mortgage, Inc. tolerate the origination of fraudulent mortgage loans. **Anyone caught participating in the origination of fraudulent loans will be terminated immediately.**

The following are a few of the potential consequences that any one found to be participating in mortgage loan fraud may be faced with:

The Broker/owner of the Company

1. Criminal Prosecution
2. Loss of Real Estate License with Department of Real Estate and/or the Department of Corporations.
3. Loss of lender approvals. (HUD-FHA, FNMA, FHLMC, Mortgage Insurance companies, etc.) And LDP and/or DEBARMENT from the Industry.
4. Civil action, by one or more of the parties to the transaction.

The Loan Representative and/or Employee

1. Criminal Prosecution
2. Loss of Real Estate License with Department of Real Estate and/or the Department of Corporations. And LDP and/or DEBARMENT from the Industry.
3. Civil action, by one or more of the parties to the transaction.
4. Civil action, by WSB Reverse Mortgage, Inc.
5. Loss of employment with WSB Reverse Mortgage, Inc.

The Borrower

1. Acceleration of debt (FNMA/FHLMC Mortgage Deed of Trust, revised 9/90) the borrower must pay off the loan in full. (No reinstatements).
2. Criminal Prosecution
3. Civil action, by one or more of the parties to the transaction.
4. Civil action, by WSB Reverse Mortgage, Inc.
5. Termination of employment.
6. Loss of professional license, if any.
7. Adverse effect on credit history

I acknowledge that I have read and received a copy of the WSB Reverse Mortgage, Inc. Zero Fraud Tolerance policy and hereby agree to abide by this policy and conduct my mortgage loan origination activities accordingly.

Signature of Employee:

Date:

WSB Reverse Mortgage, Inc:

Date:



WSB MORTGAGE SERVICES, INC.
“Your Reverse & Traditional FHA Mortgage Provider”

FIREWALLS & SAFEGUARDS REVERSE MORTGAGE ORIGINATORS

Due to WSB Mortgage Services, Inc. FHA/Federal Government Responsibility/Requirements to maintain and prove that WSB and all employees of WSB that participate in the origination of a Reverse or Forward Mortgage that is to be insured by FHA shall maintain, firewalls and other safeguards designed to ensure that:

- 1) Individuals participating in the origination of the mortgage shall have no involvement with, or incentive to provide the mortgagor/borrower with, any other financial or insurance product; and
- 2) The mortgagor/borrower shall not be required, directly or indirectly, as a condition of obtaining a mortgage to purchase any other financial or insurance product, i.e. Annuities, Long Term Care or other similar financial products, except for title insurance, hazard, flood, or other peril insurance, or other such products that are customary and normal.

By signing below, you understand the above:

LOAN OFFICER SIGNATURE:

DATE:

Sincerely,

Zachary Scott, CFO, QC Officer
Certified Reverse Mortgage Advisor
866-309-6626
zach@wsbrm.com



Form W-4 (2010)

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 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on his or her tax return.

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

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

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2010. 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: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">}</td> <td> <ul style="list-style-type: none"> • 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. </td> </tr> </table>	}	<ul style="list-style-type: none"> • 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. 	B _____
}	<ul style="list-style-type: none"> • 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 \$1,800 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.)	F _____		
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	G _____		
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. <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">}</td> <td> <ul style="list-style-type: none"> • 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 \$18,000 (\$32,000 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. </td> </tr> </table>	}	<ul style="list-style-type: none"> • 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 \$18,000 (\$32,000 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. 	
}	<ul style="list-style-type: none"> • 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 \$18,000 (\$32,000 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 W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2010
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. 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)	6 \$	
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 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 (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 or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2010 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 **1** \$ _____
- 2 Enter:

{	\$11,400 if married filing jointly or qualifying widow(er)	}	2	\$ _____
	\$8,400 if head of household				
	\$5,700 if single or married filing separately				
- 3 **Subtract** line 2 from line 1. If zero or less, enter “-0-” **3** \$ _____
- 4 Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919) **4** \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 6* in Pub. 919.) **5** \$ _____
- 6 Enter an estimate of your 2010 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 \$3,650 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 \$65,000 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 figure 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 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. 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 - \$7,000 -	0	\$0 - \$6,000 -	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000 -	1	6,001 - 12,000 -	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000 -	2	12,001 - 19,000 -	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000 -	3	19,001 - 26,000 -	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000 -	4	26,001 - 35,000 -	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000 -	5	35,001 - 50,000 -	5				
35,001 - 44,000 -	6	50,001 - 65,000 -	6				
44,001 - 50,000 -	7	65,001 - 80,000 -	7				
50,001 - 55,000 -	8	80,001 - 90,000 -	8				
55,001 - 65,000 -	9	90,001 -120,000 -	9				
65,001 - 72,000 -	10	120,001 and over	10				
72,001 - 85,000 -	11						
85,001 -105,000 -	12						
105,001 -115,000 -	13						
115,001 -130,000 -	14						
130,001 - 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. 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 who claims no withholding allowances; 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 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.

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

Form I-9, Employment Eligibility Verification

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-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
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 of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
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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 <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

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: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

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 authorized to work in the United States. **(State employment agencies may omit the date the employee began employment.)**

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

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year) (if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
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