Poll Workers

- You will also need to send in forms of I.D. (a passport or a license/i.d. and a copy of your social security card or birth certificate).
- You would need to work a full day (we do not work in shifts). A full day is from 6a.m. to any time after 8p.m.
- You are allowed a lunch break and small breaks throughout the day.
- The pay wage is $12.75/hr and it is all tax free.
- Must be 16yrs or older and a U.S. Citizen
- Please mail the application back to the Clerks office
Town of Plymouth Employment Application
Human Resources Department
26 Court Street, Plymouth MA 02366
Phone: 508-747-1620 Ext. 10101 Fax: 508-830-4140
www.plymouth-ma.gov humanresources@townhall.plymouth.ma.us

An Equal Opportunity/Affirmative Action Employer

The Town of Plymouth is an equal opportunity employer and does not discriminate against any applicant because of race, color, religion, sex, marital status, national origin, age, disability, sexual orientation or any other class protected by federal, state or local law. Any person who needs assistance in fully participating in the application process should contact the Town of Plymouth Human Resources Department.

A resume, cover letter, and fully completed application is required for each position applied for. Also, “see resume” is not acceptable in any field.

I. Contact Information

<table>
<thead>
<tr>
<th>Name</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City and State</td>
</tr>
<tr>
<td>Telephone</td>
<td>E-Mail</td>
</tr>
</tbody>
</table>

II. Position Applying For (Please specify position title)

III. Education

<table>
<thead>
<tr>
<th>School</th>
<th>Name, Address, City, State</th>
<th>Number of Years Attended</th>
<th>Diploma/Degree</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>College</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Graduate School</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
XII. Employment of Minors
The Town of Plymouth is subject to certain child labor provisions regarding the employment of persons under the age of 18. Further, an Employment Permit or Educational Certificate may be required, depending on your age.

Are you under age 18? If yes, please indicate your age: _____

XIII. Pre-Employment Physical Examination and Drug Testing
All offers of employment are conditional upon the satisfactory completion of a pre-employment physical examination and drug test, where required. Satisfactory fitness to perform the essential duties of the position with or without accommodation is a condition of employment. Satisfactory completion of a required drug or alcohol test is a condition of employment in the Town of Plymouth.

XIV. Life Detector Test
It is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.
IV. Licenses (Please list all licenses related to the position you seek, a current motor vehicle history may be required)

Do you have a valid driver's license (Class D Auto)? Yes ___ No ___ If yes, enter expiration date __________

Do you have a valid CDL license (Class A or B)? Yes ___ No ___ If yes, enter expiration date __________

Do you have a valid Hydraulic license? Yes ___ No ___ If yes, enter expiration date __________

Please list all valid licenses, certifications, and endorsements you possess: ____________________________________________

V. Office Skills (If applicable)  Check the column that you feel best describes your knowledge:

<table>
<thead>
<tr>
<th>Software</th>
<th>Beginner</th>
<th>Intermediate Level</th>
<th>Advanced Level</th>
</tr>
</thead>
<tbody>
<tr>
<td>Microsoft Word</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microsoft Excel</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microsoft Access</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Microsoft Power Point</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bookkeeping Knowledge</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

VI. Special Skills
Please list any other skills or abilities you feel are relevant: ____________________________________________

VII. Employment History (Please do not write "see resume")
Please account for the last 3 positions you have held. Start with your present or last employer. You may include military service and any verifiable work performed as an intern or volunteer. We (____) may (____) may not contact your present employer.

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
<th>Telephone</th>
<th>Title</th>
<th>Supervisor</th>
<th>Dates Worked</th>
<th>Reason for Leaving</th>
</tr>
</thead>
</table>

Description of Primary duties:

<table>
<thead>
<tr>
<th>Employer</th>
<th>Address</th>
<th>Telephone</th>
<th>Title</th>
<th>Supervisor</th>
<th>Dates Worked</th>
<th>Reason for Leaving</th>
</tr>
</thead>
</table>

Description of Primary duties:
XIV. Signature
CAREFULLY READ ALL PARTS OF THIS APPLICATION FORM BEFORE SIGNING.

A. I understand that acceptance of this application by the Town of Plymouth does not imply that I will be employed.

B. The information that I have provided is true and complete. I understand that misrepresentation or omission of any fact in my application, resume, or in any other materials or as provided during interviews, can be justification for refusal of employment or can be justification for termination from employment, if employed.

C. I understand that any offer of employment that I receive from the Town of Plymouth is contingent upon my successful completion of the pre-employment screening process including but not limited to the Town of Plymouth receiving satisfactory references, a satisfactory criminal history, Criminal Offense Record Inquiry and Sex Offender Registry Information if required, satisfactory verification of driver's license or certifications where required and satisfactory completion of any required post-offer pre-employment drug test or physical examination.

D. In processing my application for employment, the Town of Plymouth may verify all of the information provided by me concerning, among other things, my prior employment or military record, education, character, general reputation and personal characteristics.

E. I authorize the Town to take whatever steps deemed necessary to obtain information regarding my qualifications for employment including contacting my present and former employers, by contacting individuals listed as business, educational or personal references, and by contacting other individuals to provide or further clarify information about me.

F. I hereby release the Town, my present and former employers and all individuals contacted for factual information about me from any and all liability for damages arising from furnishing the requested information.

G. If employed by the Town of Plymouth, I understand that as a condition of employment, I may be required to furnish additional or updated medical information, that I may be required to undergo a physical examination, that I may be subject to drug and/or alcohol testing, that the Town may request a Criminal Offense Record Inquiry (CORI check) on me and/or Sexual Offender Registry Information Inquiry (SORI check) on me, Investigate my driving record or verify my license(s) or certification(s) as required for employment at any time during my employment. As a condition of employment an employee may be required to provide additional or updated information especially if this employee has been on workers compensation and may require both drug testing and an employment physical in order to allow us to have the necessary information for making a proper decision or reasonable accommodations, if necessary.

H. I understand that the Town of Plymouth is an at-will employer. If employed, I understand that my employment may be terminated with or without cause at any time unless there is an applicable bargaining unit contract provision.

My Signature Certifies That I Have Read And Agree With The Above Statements And All Statements Contained In This Application For Employment.

[Signature]

Applicant's Name (Please Print)

[Signature]

Applicant's Signature Date   Date
Employment Eligibility Verification  
Department of Homeland Security  
U.S. Citizenship and Immigration Services  

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

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Last Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>Employee's E-mail Address</th>
<th>Employee's Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

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

- [ ] 1. A citizen of the United States
- [ ] 2. A noncitizen national of the United States (See Instructions)
- [ ] 3. A lawful permanent resident (Alien Registration Number/USCIS Number):
- [ ] 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy):
  
  Same aliens may write "NIA" in the expiration date field. (See Instructions)
  
  Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: __________________________
   
   OR
   
   OR
   
   Country of Issuance: __________________________

2. Form I-94 Admission Number: __________________________
   
   OR
   

3. Foreign Passport Number: __________________________
   

Signature of Employee: __________________________

Today's Date (mm/dd/yyyy): __________________________

[QR Code - Section 1  
Do Not Write in This Space]

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

Signature of Preparer or Translator: __________________________

Today's Date (mm/dd/yyyy): __________________________

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>City or Town</th>
<th>State</th>
<th>ZIP Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Form I-9 07/17/17 N  
Page 1 of 3
**Employment Eligibility Verification**

**Department of Homeland Security**

**U.S. Citizenship and Immigration Services**

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**List A**

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**List B**

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**List C**

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Issuing Authority</th>
<th>Document Number</th>
<th>Expiration Date (if any) (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Additional Information**

---

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

The employee's first day of employment (mm/dd/yyyy): [Insert Date]

(See instructions for exemptions)

---

**Signature of Employer or Authorized Representative**

| Title of Employer or Authorized Representative
| Burchill
| Annika

**Employer's Business or Organization Name**

| Plymouth

**City or Town**

| State
| MA

**ZIP Code**

| 02360

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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.

---

**Form I-9 07/17/17**

---

**Page 2 of 3**
LISTS OF ACCEPTABLE DOCUMENTS
All documents must be UNEXPIRED

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

<table>
<thead>
<tr>
<th>LIST A</th>
<th>Documents that Establish Both Identity and Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td></td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td></td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td></td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td></td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td></td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td></td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td></td>
</tr>
<tr>
<td>(1) The same name as the passport and</td>
<td></td>
</tr>
<tr>
<td>(2) An endorsement of the alien’s nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</td>
<td></td>
</tr>
<tr>
<td>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST B</th>
<th>Documents that Establish Identity AND</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Driver’s license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
</tr>
<tr>
<td>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</td>
<td></td>
</tr>
<tr>
<td>3. School ID card with a photograph</td>
<td></td>
</tr>
<tr>
<td>4. Voter’s registration card</td>
<td></td>
</tr>
<tr>
<td>5. U.S. Military card or draft record</td>
<td></td>
</tr>
<tr>
<td>6. Military dependent’s ID card</td>
<td></td>
</tr>
<tr>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td></td>
</tr>
<tr>
<td>8. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>9. Driver’s license issued by a Canadian government authority</td>
<td></td>
</tr>
<tr>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td></td>
</tr>
<tr>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LIST C</th>
<th>Documents that Establish Employment Authorization</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions:</td>
<td></td>
</tr>
<tr>
<td>(1) NOT VALID FOR EMPLOYMENT</td>
<td></td>
</tr>
<tr>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
<td></td>
</tr>
<tr>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
<td></td>
</tr>
<tr>
<td>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</td>
<td></td>
</tr>
<tr>
<td>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
<td></td>
</tr>
<tr>
<td>4. Native American tribal document</td>
<td></td>
</tr>
<tr>
<td>5. U.S. Citizen ID Card (Form I-197)</td>
<td></td>
</tr>
<tr>
<td>6. Identification Card for Use of Residence Citizen in the United States (Form I-179)</td>
<td></td>
</tr>
<tr>
<td>7. Employment authorization document issued by the Department of Homeland Security</td>
<td></td>
</tr>
</tbody>
</table>

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.
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.

(a) First name and middle initial
(b) Last name

Social security number

Address

City or town, state, and ZIP code

(a) Single or Married filing separately
(b) Married filing jointly or Qualifying widow(er)
(c) 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)

Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 855-722-1222 or go to www.ssa.gov.

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)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.
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.

2b 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.

2c 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-SF)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to $10,000), and medical expenses in excess of 10% of your income.

2 Enter:

- $24,000 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 Schedule 1 (Form 1040 or 1040-SF)). 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 6109(j) and 9103 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.
**Massachusetts Employee's Withholding Exemption Certificate**

**Employer:**
- **Print full name:**
- **Social Security no.:**
- **Print home address:**
- **City:**
- **State:**
- **Zip:**

**Employee:**
- **Print this form or Form W-4 with your employer. Otherwise, Massachusetts income tax will be withheld from your wages without exemptions.**

**HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS**

1. Your personal exemption. Write the figure "1." if you are age 65 or over or will be before next year, and write "2." if you are under 65.

2. If married and if exemption for spouse is allowed, write the figure "4." If your spouse is age 65 or over or will be before next year and if otherwise qualified, write "5." See Instruction C.

3. Write the number of your qualified dependents. See Instruction D.

4. Add the number of exemptions which you have claimed above and write the total.

5. Additional withholding per pay period under agreement with employer $__________

**EMPLOYER: DO NOT withhold if Box D is checked.**

I certify that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled.

Date:___________  Signed:__________

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**The Commonwealth of Massachusetts, Department of Revenue**

**A. Number.** If you claim more than the correct number of exemptions, civil and criminal penalties may be imposed. You may claim a smaller number of exemptions. If you do not file a certificate, your employer must withhold on the basis of no exemptions.

If you expect to owe more income tax than will be withheld, you may either claim a smaller number of exemptions or enter into an agreement with your employer to have additional amounts withheld.

You should claim the total number of exemptions to which you are entitled to prevent excessive overwithholding, unless you have a significant amount of other income.

If you work for more than one employer at the same time, you must not claim any exemptions with employers other than your principal employer.

If you are married and if your spouse is subject to withholding, each may claim a personal exemption.

**B. Changes.** You may file a new certificate at any time if the number of exemptions increases. You must file a new certificate within 10 days if the number of exemptions previously claimed by you decreases. For example, if during the year your dependant's income indicates that you will not provide over half of his support for the year, you must file a new certificate.

**C. Spouse.** If your spouse is not working or if she or he is working but not claiming the personal exemption or the age 65 or over exemption, generally you may claim those exemptions in line 2. However, if you are planning to file separate annual tax returns, you should not claim withholding exemptions for your spouse or for any dependents that will not be claimed on your annual tax return.

If claiming a wife or husband, write "4" in line 2. Using "4" is the withholding system adjustment for the $4,400 exemption for a spouse.

**D. Dependents.** You may claim an exemption in line 3 for each individual who qualifies as a dependent under the Federal Income Tax Law. In addition, if one or more of your dependents will be under age 12 at year end, add "1" to your dependents total for line 3.

You are not allowed to claim "federal withholding deductions and adjustments" under the Massachusetts withholding system. If you have income not subject to withholding, you are urged to have additional amounts withheld to cover your tax liability on such income. See line 5.

**If the Allowable Massachusetts Withholding Exemptions Are the Same As You Are Claiming for U.S. Income Taxes, Complete U.S. Form W-4 Only.**