

Employment Application

RESUME IS REQUIRED IN ADDITION TO APPLICATION

NAME: (Last) First Middle			DATE:		
Street Address:			Apt No.:		
City:		State:		Zip:	
Cell Phone:		Social Security No.			
Email Address:					
Emergency Contact:			Phone No.		
Are you a student? YES NO			Do you have use of automobile? YES NO		
EDUCATION:					
Circle Highest Grade Completed		Last School Attended		Degree	Graduated?
High School 9 10 11 12					YES NO
College 1 2 3 4					YES NO
Have you ever been convicted of a felony? YES NO			How were you referred?		

Form W-4
Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

OMB No. 1545-0074

2020

▶ 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.

Step 1: Enter Personal Information	(a) First name and middle initial		Last name		(b) Social security number
	Address				
	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.)				

▶ 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.

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)

**SERVICE SPECIALISTS 157 N. Union St., Canton, MS 39046
P-601.407.6161 F-601.898.9087**

Form 89-350-19-2-1-000 (Rev. 10/19)

MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE			
Employee's Name _____		SSN _____	
Employee's Residence _____			
Number and Street		City or Town	State
Zip Code _____			
CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION			
Marital Status	Personal Exemption Allowed	Amount Claimed	
EMPLOYEE:			
1. Single	<input type="checkbox"/> Enter \$6,000 as exemption ▶	\$ _____	
2. Marital Status (check one)	(a) <input type="checkbox"/> Spouse NOT employed: Enter \$12,000 ▶	\$ _____	
	(b) <input type="checkbox"/> Spouse IS employed: Enter that part of \$12,000 claimed by you in multiples of \$500. See instructions 2(b) below.▶	\$ _____	
3. Head of Family	<input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) and 2(d) below ▶	\$ _____	
EMPLOYER:			
Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the Department of Revenue should be advised.			
4. Dependents Number Claimed <input style="width: 50px;" type="text"/>	You may claim \$1,500 for each dependent*, other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. * A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed...▶		\$ _____
5. Age and blindness	* Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single * Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply the number of blocks checked by \$1,500. Enter the amount claimed ▶ * Note: No exemption allowed for age or blindness for dependents.		\$ _____
6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5...▶		\$ _____	
7. Additional dollar amount of withholding per pay period if agreed to by your employer ▶		\$ _____	
Military Spouses Residency Relief Act Exemption from Mississippi Withholding 8. If you meet the conditions set forth under the Service Member Civil Relief Act, as amended by the Military Spouses Residency Relief Act, and have no Mississippi tax liability, write "Exempt" on Line 8. You must attach a copy of the Federal Form DD-2058 and a copy of your Military Spouse ID Card to this form so your employer can validate the exemption claim..▶			

I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled or I am entitled to claim exempt status.

Employee's Signature: _____

Date: _____

INSTRUCTIONS

- The personal exemptions allowed:**

(k) Single individuals	\$6,000	(d) Dependents	\$1,500
(l) Married individuals (Jointly)	\$12,000	(e) Age 65 and Over	\$1,500
(m) Head of family	\$9,500	(f) Blindness	\$1,500
- Claiming personal exemptions:**
 - Single individuals enter \$6,000 on Line 1.
 - Married individuals are allowed a total exemption of \$12,000.**
If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example, the taxpayer may claim \$6,500 and the spouse claims \$5,500, or the taxpayer may claim \$5,000 and the spouse claims \$4,000. The total claimed by the taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).
 - Head of Family.**
A head of family is a single individual who maintains a home which is the principal place of abode for himself and at least one other dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).
 - An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer.** A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but
 - (k) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the age of 65 before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.
 - (l) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are blind. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.
- Total Exemption Claimed.**
Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.
- A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.**
- PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION.**
- IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.**
To comply with the Military Spouse Residency Relief Act (PL111-97) signed on November 11, 2009.

FOR OFFICE USE ONLY	
Background Check:	
Faxed Enrollment:	
Vets Letter:	
RP/DD:	
Spreadsheet:	
8850/9061:	
Emailed:	
Additional Info:	