

# Big River Investigations

Department of Human Resources

Please print in ink (preferably black) or use typewriter

An Equal Opportunity Employer

## Application for Employment

Date Received: \_\_\_\_\_

Employees of Big River Investigations, and applicants for employment shall be afforded equal opportunity in all aspects of employment without regard to race, color, religion, political affiliation, national origin, disability, marital status, gender or age.

As a means of accommodation to persons with specific disabilities that prevent them from completing this application, confidential assistance in filling out this application may be obtained by calling the agency to which you are applying.

1. Position applied for \_\_\_\_\_  
(one per application)

2. Location \_\_\_\_\_

3. Social Security No. \_\_\_\_\_  
*(Note: Completion of number three is optional. Failure to submit social security number on this form will not prohibit employment consideration. Social security number may be required on other forms prior to employment.)*

4. Full legal name \_\_\_\_\_  
Last First Middle

5. Address \_\_\_\_\_  
City State Zip

6. Home Phone ( ) \_\_\_\_\_

7. Business Phone ( ) \_\_\_\_\_

8. E-mail Address \_\_\_\_\_

### 9. EDUCATION

- a. Check highest grade completed 1 2 3 4 5 6 7 8 9 10 11 12
- b. If you did not complete high school, do you have a high school equivalency diploma?  Yes  No
- c. Check number of years of post high school education 1 2 3 4 5 6 7

Name and Location of Institution	Hrs	Degree Received	Major or Specialty	Minor	Dates Attended
1. _____					
2. _____					
3. _____					

10. **EXPERIENCE** — Use Supplementary Experience Form(s) for additional space. Starting with the most recent, describe ALL paid, military and applicable voluntary experience. Highlight your knowledge, skills and abilities which best demonstrate your qualifications for this position. You may list significantly different jobs within the same organization as separate items. May we contact your present supervisor?  Yes  No

a. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time Part-time Hours/week \_\_\_\_\_  
 Number and titles of employees you supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

b. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time Part-time Hours/week \_\_\_\_\_  
 Number and titles of employees you supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

c. **Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_  
 Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time \_\_\_ Part-time \_\_\_ Hours/week \_\_\_\_\_

Number and titles of employees you supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

d. Use this space for any additional information you think would help us evaluate your application, including training, seminars, workshops, and special achievements or specialized skills:  
 \_\_\_\_\_  
 \_\_\_\_\_

e. Automated word processing (specify equipment)  
 Typing speed \_\_\_\_\_ words per minute. Shorthand speed \_\_\_\_\_ words per minute

f. License (to include driver's), certificate or other authorization to practice a trade or profession.  
 Type \_\_\_\_\_ License Number \_\_\_\_\_ Granted by (licensing board) \_\_\_\_\_  
 \_\_\_\_\_

11. **REFERENCES**

List names, addresses and relationships of three persons not related to you who know your qualifications:

Name	Address	Phone	Relationship

12. **MISCELLANEOUS**

- a. Check which shift you will accept:  Day  Evening  Night  Rotating  Weekends Specify shift hours \_\_\_\_\_
- b. Check which job status you will accept:  Full-time  Part-time (specify) \_\_\_\_\_
- c. Check which employment status you will accept:  Salaried  Hourly  Part-time
- d. Are you willing to accept employment which requires you to travel?  No  Yes. If yes,  During the day only,  Occasionally overnight,  Frequently overnight.
- e. For purposes of compliance with The Immigration Reform and Control Act, are you legally eligible for employment in the United States?  
 Yes  No. Under the Immigration Reform and Control Act of 1986, you will be required to fill out a certification verifying that you are eligible to be employed and verifying your identity. Further, you will be required to provide documentation to that effect should you be employed.
- f. Are you willing to provide your own transportation if necessary for your employment?  Yes  No.
- g. Have you ever been convicted\* for any violation(s) of law, including moving traffic violations.  Yes  No If YES, please provide the following:  
 Description of offense: \_\_\_\_\_  
 Statute or ordinance(if known): \_\_\_\_\_ Date of Charge: \_\_\_\_\_ ; Date of Conviction \_\_\_\_\_  
 County, City, State of Conviction: \_\_\_\_\_  
 (For additional convictions use plain paper. Include all information listed above.)

13. When will you be available to start work? (No date is necessary if you are available as soon as you give two (2) weeks notice.)  
 \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year

14. **CERTIFICATION**--Each Application Requires Current Date and Original Signature

I hereby certify that all entries on both sides and attachments are true and complete, and I agree and understand that any falsification of information herein, regardless of time of discovery, may cause forfeiture on my part of any employment. I understand that all information on this application is subject to verification and I consent to criminal history background checks. I also consent that you may contact references, former employers and educational institutions listed regarding this application. I further authorize the RTD Motor Sports, Ltd., to rely upon and use, as it sees fit, any information received from such contacts. Information contained on this application may be disseminated to other agencies, nongovernmental organizations or systems on a need-to-know basis for good cause shown as determined by the agency head or designee.

Date \_\_\_\_\_ Applicant Signature \_\_\_\_\_



Big River Investigations

Pursuant to federal regulations, we collect responses to the questions below for record keeping purposes. This information will NOT be kept with your application for employment. Federal law prohibits unlawful discrimination on the basis of race, color, sex, age, national origin, religion, or disability.

Check the block for the racial or ethnic group with which you identify:

- White (includes Arabian)
- Black (includes Jamaican, Bahamians and other Caribbeans of African but not Hispanic or Arabian descent)
- Hispanic (includes persons of Mexican, Puerto Rican, Central or South American or other Spanish origin or culture)
- Asian & Asian American (includes Pakistanis, Indians & Pacific Islanders)
- American Indians (includes Alaskans)

Check the block for the highest level of education you have completed (check only one):

- Less than 8th grade
- Completed 8th grade
- Attended high school
- High school graduate or equivalent
- Attended college and/or associate degree
- College graduate
- Attended graduate school
- Master's degree
- Graduate study beyond master's requirements
- Ph.D. or professional degree

Check the appropriate block:

- Female
- Male

Please indicate your date of birth: \_\_\_/\_\_\_/\_\_\_

Position applied for: \_\_\_\_\_

Position number: \_\_\_\_\_

**FOR OFFICE USE ONLY**

EEO Category: \_\_\_\_\_

How did you find out about this employment opportunity?

- Newspaper\*
- State Employment Security system
- Radio/TV\*
- Company Bulletin Board
- VEC
- Other (please specify)

\_\_\_\_\_  
\*specify name of newspaper or other media  
\_\_\_\_\_

Social Security Number \_\_\_\_\_ Position Applied For \_\_\_\_\_  
 Name \_\_\_\_\_ Announcement Number \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_  
 Number and titles of employees you supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_  
 Number and titles of employees you supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_  
 Number and titles of employees you supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_

**Job Title** \_\_\_\_\_ **Duties:** \_\_\_\_\_  
 Employer \_\_\_\_\_  
 Address \_\_\_\_\_  
 \_\_\_\_\_ Phone \_\_\_\_\_  
 Type of business \_\_\_\_\_

Immediate supervisor \_\_\_\_\_  
 Title \_\_\_\_\_  
 Salary (start) \_\_\_\_\_ (finish) \_\_\_\_\_  
 Dates (mo/yr) \_\_\_\_\_ to (mo/yr) \_\_\_\_\_  
 Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Hours/week \_\_\_\_\_  
 Number and titles of employees you supervised \_\_\_\_\_  
 Equipment used \_\_\_\_\_  
 Reason for leaving \_\_\_\_\_  
 Your name if different from present \_\_\_\_\_



## EMPLOYEE NON-COMPETE AGREEMENT

THIS EMPLOYEE NON-COMPETE AGREEMENT ("Agreement") is made as of January 3, 2012, by and between Big River Investigations ("Employer") and ("Employee").

Employee desires to give, and Employer desires to receive from Employee, a covenant not to engage, either directly or indirectly, in competition with, or to solicit any customer, client, or account of, Employer.

Employer and Employee desire to set forth in writing the terms and conditions of their agreements and understandings.

NOW, THEREFORE, in consideration of the foregoing, of the mutual promises herein contained, and of other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the parties hereto, intending legally to be bound, hereby agree as follows:

### 1. Covenants Against Competition.

Employee acknowledges that the services to be rendered to Employer have a significant and material value to Employer, the loss of which cannot adequately be compensated by damages alone. In view of the significant and material value to Employer of the services of Employee for which Employer has employed Employee; and the confidential information obtained by or disclosed to Employee as an employee of Employer; and as a material inducement to Employer to employ Employee and to pay to Employee compensation for such services to be rendered for Employer by Employee (it being understood and agreed by the parties hereto that such non-competition shall also be paid for and received in consideration hereof), Employee covenants and agrees as follows:

- A. During Employee's employment by Employer and for a period of 4 Years after Employee ceases to be employed by Employer, Employee shall not within 50 Mile Radius of Service area directly or indirectly, either for Employee's own account or as a partner, shareholder (other than shares regularly traded in a recognized market), officer, employee, agent or otherwise, be employed by, connected with, participate in, consult or otherwise associate with any other business, enterprise or venture that is the same as, similar to or competitive with Employer. By way of example, and not as a limitation, the foregoing shall preclude Employee from soliciting business or sales from, or attempting to convert to other sellers or providers of the same or similar products or services as provided by Employer, any customer, client or account of Employer with which Employee has had any contact during the term of employment.
- B. During employment and for a period of 4 years thereafter, Employee shall not, directly or indirectly, solicit for employment or employ any employee of Employer.
- C. During employment, and thereafter 4 years, Employee shall not disclose to anyone



any Confidential Information. For the purposes of this Agreement, "Confidential Information" shall include any of Employer's confidential, proprietary or trade secret information that is disclosed to Employee or Employee otherwise learns in the course of employment such as, but not limited to, business plans, customer lists, financial statements, software diagrams, flow charts and product plans. Confidential Information shall not include any information which; (i) is or becomes publicly available through no act of Employee, (ii) is rightfully received by Employee from a third party without restrictions; or (iii) is independently developed by Employee.

**2. At Will.**

Employee acknowledges that Employee's employment is "at will", subject to applicable law, and that either Employer or Employee may terminate employment at any time, with or without notice, for any reason or no reason whatsoever. Nothing in this Agreement shall constitute a promise of employment for any particular duration or rate of pay.

**3. Accounting for Profits.**

Employee covenants and agrees that, if Employee shall violate any covenants or agreements in Section 1 hereof, Employer shall be entitled to an accounting and repayment of all profits, compensation, commissions, remunerations or benefits which Employee directly or indirectly has realized and/or may realize as a result of, growing out of or in connection with any such violation; such remedy shall be in addition to and not in limitation of any injunctive relief or other rights or remedies to which Employer is or may be entitled at law or in equity or under this Agreement.

**4. Reasonableness of Restrictions.**

A. Employee has carefully read and considered the provisions of Section 1 hereof and, having done so, agrees that the restrictions set forth therein (including, but not limited to, the time period of restriction and the geographical areas of restriction) are fair and reasonable and are reasonably required for the protection of the interests of Employer, its officers, directors, shareholders and other employees.

B. In the event that, notwithstanding the foregoing, any part of the covenants set forth in Section 1 hereof shall be held to be invalid or unenforceable, the remaining parts thereof shall nevertheless continue to be valid and enforceable as though the invalid or unenforceable parts had not been included therein. In the event that any provision of Section 1 relating to time period and/or areas of restriction shall be declared by a court of competent jurisdiction to exceed the maximum time period or areas such court deems reasonable and enforceable, the agreed upon time period and/or areas of restriction shall be deemed to become and thereafter be the maximum time period and/or areas which such court deems reasonable and enforceable.

**5. Burden and Benefit.**

This Agreement shall be binding upon, and shall inure to the benefit of, Employer and Employee, and their respective heirs, personal and legal representatives, successors and assigns.

6. **Governing Law.**

Construction and interpretation of this Agreement shall at all times and in all respects be governed by the laws of the State of Illinois.

7. **Severability.**

The provisions of this Agreement (including particularly, but not limited to, the provisions of Section 1 hereof) shall be deemed severable, and the invalidity or unenforceability of any one or more of the provisions hereof shall not affect the validity and enforceability of the other provisions hereof.

8. **Employer.**

As used herein, the term "Employer" shall include any corporation which is at any time a parent or subsidiary of Employer.

9. **Notices.**

Any notice required to be or otherwise given hereunder shall be sufficient if in writing, and sent by certified or registered mail, return receipt requested, first-class postage prepaid, as follows:

If to Employer:

**Big River Investigations**  
437 N. Ninth St. Quincy Illinois 62301

If to Employee:

or to such other address designated by either party following notice to the other.

10. **Entire Agreement.**

This Agreement contains the entire agreement and understanding by and between Employer and Employee with respect to the covenant against competition herein referred to, and no representations, promises, agreements or understandings, written or oral, not herein contained shall be of any force or effect. No change or modification hereof shall be valid or binding unless the same is in writing and signed by the party intended to be bound.

11. **No Waiver.**

No waiver of any provision of this Agreement shall be valid unless the same is in writing and signed by the party against whom such waiver is sought to be enforced; moreover, no valid waiver of any provision of this Agreement at any time shall be deemed a waiver of any other provision of this Agreement at such time or will be deemed a valid waiver of such provision at any other time.

12. **Headings.**

The headings used herein are for the convenience of the parties only and shall not be used to define, enlarge or limit any term of this Agreement.

IN WITNESS WHEREOF, Employer and Employee have duly executed this Agreement under seal as of the day and year first above written.

Signature:



## Employee Non-Compete Agreement Document Checklist

This checklist is provided to help you to complete the Employee Non-Compete Agreement and to ensure that the necessary steps are taken to make it effective.

1. Like any other contract, there must be some consideration given to make the promises in this agreement enforceable. There should be sufficient consideration if this instrument is signed immediately at the commencement of employment (i.e., the employee receives value in the form of a job). If the agreement is signed after the employment period begins, there is risk the promises of the employee will not be enforceable.
2. To be enforceable, the agreement must be reasonable in terms of the length of time of the restrictions and the geographic area covered.
3. There is a trend in some states to enforce a non-compete promise only if the employee made that promise in the context of a larger agreement. Some states also have specific statutory requirements and rules. Consult an attorney for advice on these and other issues.
4. Laws vary from state to state and change over time. Before using this document, have a lawyer review it. Where a document is to be negotiated with another party, be sure to consult an attorney before the start of negotiations.
5. Sign two originals, one to be kept with the employee's personnel files and one for the employee.



# Form W-4 (2012)

**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 2012 expires February 18, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [www.irs.gov](http://www.irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

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

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • 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 to seven eligible children or less "2" if you have eight 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 . . . . .	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>

For accuracy, complete all worksheets that apply.   
 • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 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  <span style="font-size: 2em; font-weight: bold;">2012</span>
1 Your first name and middle initial <span style="float: right;">Last name</span>		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)		5 <u>      </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>      </u>
7 I claim exemption from withholding for 2012, 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 <u>      </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)
		10 Employer identification number (EIN)



### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2012 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	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest)	6	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction	8	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1	9	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	1	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , 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	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> 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 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

<b>4</b>	Enter the number from line 2 of this worksheet	4	_____
<b>5</b>	Enter the number from line 1 of this worksheet	5	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4	6	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here	7	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. 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**

Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$8,000	0
5,001 - 12,000	1	8,001 - 15,000	1
12,001 - 22,000	2	15,001 - 25,000	2
22,001 - 25,000	3	25,001 - 30,000	3
25,001 - 30,000	4	30,001 - 40,000	4
30,001 - 40,000	5	40,001 - 50,000	5
40,001 - 48,000	6	50,001 - 65,000	6
48,001 - 55,000	7	65,001 - 80,000	7
55,001 - 65,000	8	80,001 - 95,000	8
65,001 - 72,000	9	95,001 - 120,000	9
72,001 - 85,000	10	120,001 and over	10
85,001 - 97,000	11		
97,001 - 110,000	12		
110,001 - 120,000	13		
120,001 - 135,000	14		
135,001 and over	15		

**Table 2**

Married Filing Jointly		All Others	
If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
70,001 - 125,000	950	35,001 - 90,000	950
125,001 - 190,000	1,060	90,001 - 170,000	1,060
190,001 - 340,000	1,250	170,001 - 375,000	1,250
340,001 and over	1,330	375,001 and over	1,330

**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 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.



# Illinois Withholding Allowance Worksheet

## General Information

Complete this worksheet to figure your total withholding allowances.

Everyone must complete Step 1.  
Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms. You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

## Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.  
 I can claim my spouse as a dependent.

- Write the total number of boxes you checked. 1 \_\_\_\_\_
- Write the number of dependents (other than you or your spouse) you will claim on your tax return. 2 \_\_\_\_\_
- Add Lines 1 and 2. Write the result. This is the total number of basic personal allowances to which you are entitled. 3 \_\_\_\_\_
- If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of basic personal allowances or have an additional amount withheld. Write the total number of basic personal allowances you elect to claim on Line 4 and on Form IL-W-4, Line 1. 4 \_\_\_\_\_

## Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older.  I am legally blind.  
 My spouse is 65 or older.  My spouse is legally blind.

- Write the total number of boxes you checked. 5 \_\_\_\_\_
- Write any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4. 6 \_\_\_\_\_
- Divide Line 6 by 1,000. Round to the nearest whole number. Write the result on Line 7. 7 \_\_\_\_\_
- Add Lines 5 and 7. Write the result. This is the total number of additional allowances to which you are entitled. 8 \_\_\_\_\_
- If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of additional allowances or have an additional amount withheld. Write the total number of additional allowances you elect to claim on Line 9 and on Form IL-W-4, Line 2. 9 \_\_\_\_\_

**Note** If you have non-wage income and you expect to owe Illinois Income Tax on that income, you may choose to have an additional amount withheld from your pay. On Line 3 of Form IL-W-4, write the additional amount you want your employer to withhold.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

Illinois Department of Revenue

## IL-W-4 Employee's Illinois Withholding Allowance Certificate

Social Security number \_\_\_\_\_  
 Name \_\_\_\_\_  
 Street address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Check the box if you are exempt from federal and Illinois  
 Income Tax withholding.

- Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 \_\_\_\_\_
- Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 \_\_\_\_\_
- Write the additional amount you want withheld (deducted) from each pay. 3 \_\_\_\_\_

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature \_\_\_\_\_ Date \_\_\_\_\_

**Employer:** Keep this certificate with your records. If you have referred the employee's federal certificate to the IRS and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you may still be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0039



# 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 (Street Name and Number)			Apt. #	Date of Birth (month/day/year)
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 (month/day/year)
----------------------	-----------------------

**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 (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

## 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 (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

**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 (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

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

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
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 (if any): _____
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 (month/day/year)



# New Hire Reporting Form

Employers must report each new hire within 20 days.

Assistance: 1 800 327-HIRE (4473)

Please print or type

## EMPLOYER NAME AND ADDRESS

Federal Employer ID Number - FEIN \_\_\_\_\_ - \_\_\_\_\_

Company Name \_\_\_\_\_

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

## EMPLOYER ADDRESS FOR CHILD SUPPORT WAGE WITHHOLDING ORDERS

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

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

## NEW EMPLOYEE NAME AND ADDRESS

Social Security Number \_\_\_\_\_ Date of Hire (MM-DD-YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

## NEW EMPLOYEE NAME AND ADDRESS

Social Security Number \_\_\_\_\_ Date of Hire (MM-DD-YYYY) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_

Return your completed form either by FAX 1-217-557-1947  
or by mail to IDES, P.O. Box 19473, Springfield, IL 62794-9473  
or report new hires online at <http://www.ides.state.il.us/employer/newhire/general.asp>