



**Applicant Authorization and Release**  
**(Keep in separate secure file – not with personnel records)**

In connection with my application for employment (including contracts for service) and as a condition of continuing employment, I understand that consumer reports or investigative consumer reports will be requested on me from various sources. These reports may include credit reports, criminal convictions, employment history, education, professional references, civil court filings, driving records, and/or insurance records. Reports will include information such as: my work habits, salary history, performance, education, experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further I understand that requests for information will be made of various private and government agencies that maintain records concerning my past activities.

I hereby authorize \_\_\_\_\_ (hereinafter "Employer") or any of its approved employees or agents to obtain the information referred to above in connection with the processing of my application. I authorize, without reservation, any individual, corporation or other private or public entity to furnish to Employer or any of its employees or agents the information referred to above. I release Employer, its employees and agents, and all individuals, corporations, or other private or public entities providing information from any liability for damages that may result to me as a result of furnishing or attempting to furnish such information. I have received and reviewed a copy of "A Summary of Your Rights under the Fair Credit Reporting Act." This authorization and release shall remain in effect for the term of my employment and shall be valid in original, fax or copy form.

I understand that Employer will give me a copy of all reports furnished to Employer, whether or not those reports have influenced Employer in deciding about my application for employment or my continued employment.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

*Law enforcement agencies and other entities require the following information for identification purposes when checking records. It is confidential and will not be used for any other purpose:*

Full legal name: \_\_\_\_\_ Sex  Male  Female

Other names you have used \_\_\_\_\_ Date(s) used \_\_\_\_\_;

\_\_\_\_\_ Date(s) used \_\_\_\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security # \_\_\_\_\_ Current Drivers License # \_\_\_\_\_

Issuing state \_\_\_\_\_ List other Drivers License numbers and issuing states (last 7 years only):

# \_\_\_\_\_ Issuing State \_\_\_\_\_; # \_\_\_\_\_ Issuing State \_\_\_\_\_



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*Home Addresses (for the last 7 years – list most current first)*

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ From-To Dates \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ From-To Dates \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ From-To Dates \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ From-To Dates \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ From-To Dates \_\_\_\_\_ - \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Zip \_\_\_\_\_ County \_\_\_\_\_ From-To Dates \_\_\_\_\_ - \_\_\_\_\_

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**If employee is filling out electronic documentation:**

By checking this box  I \_\_\_\_\_ acknowledge that I have read the above and in lieu of a "wet" signature, I am electronically signing this document.



## The "At-Will" Employment Relationship La Relacion Del Empleo Voluntario

Based on the Labor Codes of several states, the relationship between employers and employees are considered to be "at will." The following summarizes the nature of the employment relationship you have with EZ Electric. Please read it and sign below indicating that you understand the statement and will comply with it.

### AT-WILL POLICY:

Employment with EZ Electric is "at-will" based on the California Labor Code. Employment at-will may be terminated with or without cause at any time by you or EZ Electric. Nothing in any document or statement shall limit either your right or the Company's right to terminate the employment relationship. No manager, supervisor or employee or EZ Electric has any authority to enter into an agreement for an employment relationship other than at-will employment. Only the President has the authority to make any such agreement and then only in writing.

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Basado en los Codigos Obreros de varios estados, se considera que la relacion entre los patrones y empleados es "a voluntad." Lo siguiente resume la naturaleza de la relacion del empleo que usted tiene con EZ Electric. Por favor lealo y firme debajo de indicar que usted entiende la declaracion lo obedecera.

### A-LEGUE LA POLITICA:

El empleo con EZ Electric es que el empleo "a-quiere" basado en el California Labor Codigo. El empleo puede terminarse con o sin la causa a cuando quiera por usted o EZ Electric. Nada en cualquier documento o la declaracion o limitara su derecho o el derecho de la Compania para terminar la relacion del empleo. Ningun gerente, supervisor o empleado de EZ Electric tienen cualquier autoridad para entrar en un acuerdo para una relacion del empleo de otra manera que a-legue el empleo. Solo el Presidente tiene la autoridad para hacer algun tal acuerdo y entonces solo por escrito.

Employee Name/Nombre del empleado \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

Print Name/Imprima su nombre: \_\_\_\_\_

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### **If employee is filling out electronic documentation:**

By checking this box  I \_\_\_\_\_ acknowledge that I have read the above and in lieu of a "wet" signature, I am electronically signing this document.



### Direct Deposit Authorization

I hereby authorize my employer to directly deposit my pay in the bank account(s) listed below in the percentages specified. If more than one account is specified, deposits are to be made in whole percentages of pay to total 100%. I have attached a voided check for each account specified below. This authorization is to remain in force until the company has received written or verbal authorization from me of its termination of change.

Also, I grant the company the right to correct any Electronic Funds Transfer (EFT) resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

Employee Telephone Number: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

=====  
Bank Account #1    Checking     Savings     Percentage to be deposited: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Account #: \_\_\_\_\_    Routing #: \_\_\_\_\_

=====  
Bank Account #2    Checking     Savings     Percentage to be deposited: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Account #: \_\_\_\_\_    Routing #: \_\_\_\_\_



## Emergency Contact Information

Please fill in the information below for someone we can contact in case of an emergency:

Employee Name: \_\_\_\_\_

In Case of Emergency Contact Name: \_\_\_\_\_

In Case of Emergency Contact Phone Number: \_\_\_\_\_

In Case of Emergency Contact Address: \_\_\_\_\_

\_\_\_\_\_



## Employee Conduct

In order to avoid possible misunderstandings with regard to on-the-job conduct of our employees, the following is provided for your personal file and prior to accepting a job offer by the Firm.

The image we present to our customers is important to us; along with the quality of our work and our service policy it will be determinant in our continued working relationship with that for EZ Electric on the jobsite:

- Shirts must be worn while on the jobsite.
- No alcohol of any nature will be allowed on the jobsite in the possession of EZ Electric employees. This means no consumption after work hours on the jobsite either. You must go somewhere else and socialize.
- No drugs or any other illegal substances will be tolerated in any manner whatsoever at any time at any place. The Company reserves the right to drug test those employees who suffer work related injuries that require medical treatment. An employee under the influence of narcotics, drugs, alcohol, or controlled substances while at work is an employee that is potentially unsafe to themselves and others with whom they work.
- We expect all employees to present a clean, professional image not only physically but in their language as well.
- Any other conduct that is detrimental to the long range image of EZ Electric will be brought to the attention of the individual involved; we expect immediate correction.

We will give you fair warning of any alleged violation and time to amend the infraction. Remember, your employment is "at will." You may terminate that employment at any time. EZ Electric also reserves its rights to arbitrarily terminate your employment.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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### If employee is filling out electronic documentation:

By checking this box  I \_\_\_\_\_ acknowledge that I have read the above and in lieu of a "wet" signature, I am electronically signing this document.



## Equipment Assignment

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

I acknowledge and understand that:

1. EZ Electric will assign equipment, tools and/or supplies as required for use in the course of my employment at EZ Electric
2. I will be held responsible for all company property which I have been assigned. I understand that I may be charged for the property if lost or damaged through other than normal use and wear.
3. Before any final paycheck is issued to any employee at the time of termination or discharge, it will be necessary for the employee to return all keys, property, tools, records, and anything which belongs to the company.
4. All items not returned to the company will be deducted from your final paycheck. These items will be valued at their current replacement cost.
5. By signing this form, I acknowledge that I have read and understand the contents and agree to adhere to them as they are stated.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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**If employee is filling out electronic documentation:**

By checking this box  I \_\_\_\_\_ acknowledge that I have read the above and in lieu of a "wet" signature, I am electronically signing this document.



## Sensitivity to People on the Job

EZ Electric is an Equal Opportunity employer and as such, we encourage our employees to be sensitive when they interact with people on the job. In general, if you treat people with respect and patience it will make your job much easier. Everyone shows up to work each day with many things on their mind. You have the job ahead of you, what tasks you have to perform for the day, what materials and tools you may need to get the job accomplished, the amount of time you will need to complete the job, and the people you will need to work with during the day to get the job done. Each person has a whole set of concerns to address as he/she progresses throughout the day.

Remember that you are not alone, you do not work by yourself and often need the help of others on the job site to meet your objectives by the end of the day. Following are a few things you should consider when dealing with people you work with:

- Show people the same respect and tolerance regardless of race, religion or gender
- Do not tell jokes or make comments that may be offensive (sexually, racially, religiously, etc)
- Do not use abusive language or actions when dealing with others
- Do not play practical jokes at the expense of others
- Do not provoke or prod others into action

When you treat the people you work with as you would like to be treated, it makes everyone a lot more comfortable and relaxed. When people are relaxed they are more productive. So please treat your fellow workers with patience and respect so that EZ ELECTRIC can continue to be a SAFE AND COMFORTABLE PLACE TO WORK!

I have read the above and understand EZ Electric's policy on Sensitivity to People on the Job.

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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### If employee is filling out electronic documentation:

By checking this box  I \_\_\_\_\_ acknowledge that I have read the above and in lieu of a "wet" signature, I am electronically signing this document.



# Form W-4 (2014)

**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 2014 expires February 17, 2015. 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 \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**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 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

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

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <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 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.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of dependents (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 head of household 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 \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . . ( <b>Note.</b> 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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 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. ( <b>Note.</b> 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 \$50,000 (\$20,000 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 <h1 style="margin: 0;">2014</h1>
1 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 withheld at higher Single rate. <b>Note.</b> 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 _____
6 Additional amount, if any, you want withheld from each paycheck _____		6 \$ _____
7 I claim exemption from withholding for 2014, 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.

- 1 Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$  2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-." 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2014 Form W-4* worksheet in Pub. 505.) 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2014 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 \$3,950 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 through 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 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. 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**

Table 1				Table 2			
Married Filing Jointly		All Others		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	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 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 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 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.