

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

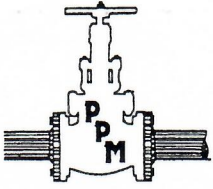
**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2019</b>
▶ Whether you're 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.				
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 withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."	
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 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>	
5	Total number of allowances you're claiming (from the applicable worksheet on the following pages)			5
6	Additional amount, if any, you want withheld from each paycheck			6 \$
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶				
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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)



# ***PRECISION PLUMBING-MECHANICAL***

**5350 GABBERT RD. MOORPARK, CA. 93021 PH: 805-529-4748 FAX: 805-529-5433**

Have you worked for Precision Plumbing-Mechanical before? \_\_\_\_ Yes \_\_\_\_ No

Local Union #: \_\_\_\_\_

Check one:

Foreman \_\_\_\_\_

Journeyman \_\_\_\_\_

Apprentice \_\_\_\_\_

Laborer \_\_\_\_\_

What year? \_\_\_\_\_

.....  
Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Email address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security # (supply a copy): \_\_\_\_\_

Drivers License # (supply a copy): \_\_\_\_\_

.....  
**Emergency Information**

Notify: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_



**SOUTHERN CALIFORNIA PIPE TRADES DEFINED CONTRIBUTION FUND**  
 501 Shatto Place, 5th Floor, Los Angeles, CA 90020 | (800) 595-7473 (213) 385-6161 | Fax (213) 385-2767 | www.sctac.org

**Enrollment/Change/Opt-Out Form**

**THIS FORM MAY ONLY BE USED BEGINNING JANUARY 1, 2014**

**EMPLOYEE INSTRUCTIONS:**

Complete all applicable sections and deliver to your employer.  
 IF YOU DO NOT RETURN THIS FORM TO YOUR EMPLOYER, YOU WILL BE AUTOMATICALLY ENROLLED IN THE  
 SOUTHERN CALIFORNIA PIPE TRADES DEFINED CONTRIBUTION (401(k)) PLAN

**EMPLOYER INSTRUCTIONS: Please complete the following:**

Precision Plumbing-Mechanical 9768  
 Employer Name Employer #

After implementing the employee's contribution election, promptly forward this form to the address above OR to:  
 Email: [info@sctac.org](mailto:info@sctac.org) Fax: (213) 385-2767

**EMPLOYEE INFORMATION:**

\_\_\_\_\_  
 Last Name, First Name, Middle Initial Social Security Number (last four digits required)

\_\_\_\_\_  
 Address City, State, ZIP Code

\_\_\_\_\_  
 Phone Number \_\_\_\_\_ Date of Birth

Marital Status:  Married  Single  Widowed  
 Legally Divorced (Date: \_\_\_\_\_)

**ENROLLMENT & CONTRIBUTION INFORMATION:**

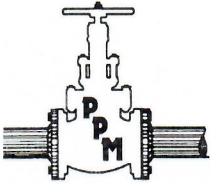
Enter an election for 1, 2 or 3 below. If you choose 3, enter an election both for Pre-tax 401(k) and for After-tax Roth 401(k), even if the election is zero. If you wish to retain an existing election and add or change another (for instance you want to retain your existing Pre-tax 401(k) contribution and add a Roth 401(k) contribution) list both elections.

1.  I choose the automatic enrollment Pre-tax 401(k) contributions of \$0.50 per hour. (Overtime premium does not apply.)  
 OR
2.  I do not wish to participate in the Defined Contribution Plan; do not automatically enroll me. I understand that if I change employers I will be automatically enrolled at that time unless I execute a new opt-out form.  
 OR
3.  I want to make the following Contributions:
  - a. **Pre-tax 401(k)**—I wish to contribute \$\_\_\_\_\_ per hour (in \$.25 increments) as *before-tax* contributions. I understand that this will reduce the amount of my taxable compensation reported on Form W-2.
    - When I work **overtime**, I also elect to have my contribution multiplied by the applicable overtime premium rate (for example, if I have elected to contribute \$1/hour, when I work overtime payable at time-and-one-half, my contribution for those overtime hours will be \$1.50/hour.)
  - b. **After-tax Roth 401(k)**—I wish to contribute \$\_\_\_\_\_ per hour (in \$.25 increments) as *after-tax* contributions. I understand that this will NOT reduce the amount of my taxable compensation reported on Form W-2.
    - When I work **overtime**, I also elect to have my contribution multiplied by the applicable overtime premium rate (for example, if I have elected to contribute \$1/hour, when I work overtime payable at time-and-one-half, my contribution for those overtime hours will be \$1.50/hour.)

**AUTHORIZATION & AGREEMENT:**

I have read and I understand the disclosures found on page 2 of this form.

X \_\_\_\_\_ Date  
 Signature



## **Precision Plumbing-Mechanical**

5350 Gabbert Road • Moorpark, CA 93021 • (805) 529-4748 • fax (805)-529-5433  
License #533836

### **EMPLOYEE PERMISSION STATEMENT**

Consumer reports may be obtained as part of the Precision Plumbing-Mechanical's evaluation of my job application/employment. The reports may include my driving record, an assessment of my insurability under the company's insurance coverages, or other consumer reports. By signing this disclosure I hereby authorize Precision Plumbing-Mechanical to procure such reports and additional reports about me from time to time, as it deems appropriate, to evaluate my insurability or for other permissible purposes.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name EXACTLY as shown on Drivers License

\_\_\_\_\_  
California Drivers License #

\_\_\_\_\_  
Date of Birth



A Public Service Agency

EMPLOYER PULL NOTICE PROGRAM
AUTHORIZATION FOR
RELEASE OF DRIVER RECORD INFORMATION

I, \_\_\_\_\_, California Driver License Number, \_\_\_\_\_,
hereby authorize the California Department of Motor Vehicles (DMV) to disclose or otherwise make available, my driving
record, to my employer, John S. Bascom Inc. dba Precision Plumbing-Mechanical
COMPANY NAME

I understand that my employer may enroll me in the Employer Pull Notice (EPN) program to receive a driver record report at
least once every twelve (12) months or when any subsequent conviction, failure to appear, accident, driver's license suspension,
revocation, or any other action is taken against my driving privilege during my employment.

I am not driving in a capacity that requires mandatory enrollment in the EPN program pursuant to California Vehicle Code
(CVC) Section 1808.1(k). I understand that enrollment in the EPN program is in an effort to promote driver safety, and that my
driver license report will be released to my employer to determine my eligibility as a licensed driver for my employment.

EXECUTED AT: CITY COUNTY STATE
DATE SIGNATURE OF EMPLOYEE
X

I, Kathleen L. Bascom, of John S. Bascom Inc. dba Precision Plumbing
AUTHORIZED REPRESENTATIVE COMPANY NAME

do hereby certify under penalty of perjury under the laws in the State of California, that I am an authorized representative of
this company, that the information entered on this document is true and correct, to the best of my knowledge and that I am
requesting driver record information on the above individual to verify the information as provided by said individual. This
record is to be used by this employer in the normal course of business and as a legitimate business need to verify information
relating to a driving position not mandated pursuant to CVC Section 1808.1. The information received will not be used for any
unlawful purpose. I understand that if I have provided false information, I may be subject to prosecution for perjury (Penal
Code Section 118) and false representation (CVC Section 1808.45). These are punishable by a fine not exceeding five
thousand dollars (\$5,000) or by imprisonment in the county jail not exceeding one year, or both fine and imprisonment. I
understand and acknowledge that any failure to maintain confidentiality is both civilly and criminally punishable pursuant to
CVC Sections 1808.45 and 1808.46.

EXECUTED AT: CITY COUNTY STATE
Moorpark Ventura County CA
DATE SIGNATURE AND TITLE OF AUTHORIZED REPRESENTATIVE
X

To obtain a driver record on a prospective employee you may submit an INF 1119 form. To add this driver to the EPN Program
you must submit the applicable forms: INF 1100, INF 1102, INF 1103, INF 1103A form. You may obtain forms at our website
at www.dmv.ca.gov/otherservices, or by calling 916-657-6346.

THIS FORM MUST BE COMPLETED AND RETAINED AT THE EMPLOYER'S PRINCIPAL PLACE OF BUSINESS AND
MADE AVAILABLE UPON REQUEST TO DMV STAFF.

DO NOT RETURN THIS FORM TO DMV.