

# SOUTHWEST MINNESOTA PRIVATE INDUSTRY COUNCIL, INC.

A Partner in the Minnesota WorkForce Center System

Marshall WorkForce Center  
Lyon County Courthouse  
607 W. Main  
Marshall, MN 56258  
1-800-818-9295  
(507) 537-6236  
(507) 537-6237 TTY/VOICE

Montevideo WorkForce Center  
Center  
202 N 1st Street, Suite 100  
Montevideo, MN 56265  
1-800-422-1346  
(320) 269-5561  
(320) 269-8819 TTY/VOICE

Worthington WorkForce Center  
Center  
318 - 9th Street PO Box 816  
Worthington, MN 56187-0816  
1-888-234-3708  
(507) 376-3116  
(507) 376-3116 TTY/Voice

<b>Last Name</b>	<b>First</b>	<b>Middle</b>
<b>Telephone Number</b> Home Cell	<b>Birthdate</b>	<b>Age</b>

Please check the services you are requesting:

- |   |   |
|---|---|
| <input type="checkbox"/> Job Seeking Assistance | <input type="checkbox"/> Post-Secondary Education Assistance  |
| <input type="checkbox"/> Job Keeping Skills     | <input type="checkbox"/> Work Experience                      |
| <input type="checkbox"/> Career Exploration     | <input type="checkbox"/> Workshops/Training                   |
| <input type="checkbox"/> Career Assessment      | <input type="checkbox"/> Leadership Development Opportunities |

<b>Street Address/PO Box</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
<b>County</b>	<b>Sex (circle one):</b> Male      Female	<b>Valid Driver's License:</b> ___ Yes      ___ No	<b>Social Security Number</b>
<b>School Presently Attending</b>	<b>Highest Grade Completed</b>	<b>Transportation:</b> ___ Yes      ___ No	<b>Primary Language</b>

<b>Race/Ethnicity (check all that apply):</b> <input type="checkbox"/> Amer. Ind/Al. Nat. <input type="checkbox"/> Asian <input type="checkbox"/> Black/African Amer. <input type="checkbox"/> Hispanic <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White	<b>Family Status:</b> <input type="checkbox"/> Other Family Member <input type="checkbox"/> Independent <input type="checkbox"/> Parent in 1 Parent Family <input type="checkbox"/> Parent in 2 Parent Family <input type="checkbox"/> # of Dependents Under Age 18	<b>Email Address</b>
		<b>Citizenship:</b> <input type="checkbox"/> Citizen <input type="checkbox"/> Eligible, Non Citizen <input type="checkbox"/> Non Citizen

<b>Selective Service</b> <input type="checkbox"/> Required/Registered # _____ <input type="checkbox"/> Not Registered <input type="checkbox"/> Not Required	<b>Education Status</b> <input type="checkbox"/> HS Dropout <input type="checkbox"/> HS Student <input type="checkbox"/> HS Graduate/GED <input type="checkbox"/> Post HS Attendee	<b>Current Labor Force</b> <input type="checkbox"/> Not in Labor Force <input type="checkbox"/> Employed Part-Time <input type="checkbox"/> Employed Full-Time <input type="checkbox"/> Unemployed, Date Last Worked _____ Hourly Wage of Last Job \$ _____
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<b>Check All That Apply:</b> <input type="checkbox"/> Recovering Chemically Dependent* <input type="checkbox"/> Foster Child* <input type="checkbox"/> Eligible For or Receiving Food Stamps (Family) <input type="checkbox"/> MFIP Recipient <input type="checkbox"/> Emotionally or Physically Challenged* <input type="checkbox"/> Current IEP on File with School *	<input type="checkbox"/> Pregnant or Parenting Youth <input type="checkbox"/> Receiving Group Home and/or Social Services <input type="checkbox"/> Attending Alternative School <input type="checkbox"/> Currently on Probation <input type="checkbox"/> Limited English Speaking <input type="checkbox"/> Runaway Youth <input type="checkbox"/> Homeless Youth <input type="checkbox"/> Other: Explain _____
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\*Under this category, you are considered a family of one. Please indicate this on the income statement on this application and list only applicant's income.

**Future Job/Career Goals:**

What work experience and/or job related skills do you possess?

Have you been a participant of the PIC Youth Programs before? \_\_\_\_\_ If so, when and where did you work?

**CONFIDENTIAL Family Income Statement - This portion must be complete to determine eligibility.**

Family Size: \_\_\_\_\_ (The number of people your family claimed for income tax purposes.)

If you or any member of your household are currently receiving any of the following, please fill in the total amount per month.

Supplemental Security Income	\$ _____/month	SS Survivors Benefits	\$ _____/month
Refugee Assistance	\$ _____/month	*Spousal Support	\$ _____/month
Re-employment Insurance	\$ _____/month	*Rental Income	\$ _____/month
Worker's Compensation	\$ _____/month	*Retirement Pension	\$ _____/month
SS Disability Benefits	\$ _____/month	*Armed Forces Retirement	\$ _____/month

**GROSS Income Family Breakdown:**

~List GROSS income for each member of your family for the last 6 months, if any. Do not include any amounts listed above.

~List only those members included in "family size" (Above).

~Verification of this income in the form of check stubs or a statement from the employer is required and must be included. If you are self-employed, a copy of your most recent income tax form 1040 is the only verification required.

Name of Family Member	Age	Relation	Employer	Gross Income-Last 6 Months
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Required Documentation (Return your application with this documentation)**

- \_\_\_\_ Verification of Social Security Number (Photo copy of Social Security Card or previous W-2)
- \_\_\_\_ Verification of Birth Date (Photo Copy of Birth Certificate or School Record)
- \_\_\_\_ Photo copy of Driver's License, Permit or School Record
- \_\_\_\_ Completed W-4 Form
- \_\_\_\_ Eligibility Verification (documentation supporting the areas you checked on the front of the application, ie: copy of IEP, etc.)
- \_\_\_\_ Eligibility - Income Verification .

*Wage Earners: Photo copy of pay stubs or Statement of gross earnings from your employer for last 6 months.*

*Self-Employed: Photo copy of the front page of your most recent 1040 tax return.*

*Public Assistance: (Food Stamps, MFIP, SSI) Written verification from case worker.*

*Worker's Compensation or Re-Employment Insurance: Photo copy of benefits received for last 6 months.*

*Other Income: (Rental, Alimony, Social Security, Pension, Etc.) Photo copy of stubs for last 6 months.*

**List one person who does not live in your household but will always know how to contact you.**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship to You: \_\_\_\_\_

**Follow-Up Agreement**

You will be contacted 3, 6, 9 and 12 months following the closing of your case file. The information you provide will help us measure the effectiveness of the program. This information will be kept confidential. If we are unable to reach you by using your contact information, we will contact the individual listed on your application who does not live with you but will always know how to contact you.

I voluntarily agree to provide information requested in the follow-up surveys or interviews following the closing of my case file. I also agree and give my permission for present or future employers and educational institutions to release information to SW MN PIC regarding my employment, training and/or earnings.

**Consent to Share Wage & Employment Information**

I agree that the Minnesota Department of Employment and Economic Development may release information on my wages and employment contained on the state's Wage Detail files to SW MN PIC. I understand this is private information.

I understand the SW MN PIC will use this information ONLY for the following four purposes; preparing audit reports, auditing Youth Programs or SW MN PIC, reviewing my eligibility for SW MN PIC employment and training program, and/or learning how well the Youth Programs are helping people like me.

I understand that Minnesota state law does not allow SW MN PIC to use this information for any other purpose. This information may not be shared by SW MN PIC without my consent. This consent goes into effect today. This approval expires after three years from the time I leave the Youth Programs. I may cancel this consent in writing at any time.

\_\_\_\_ Yes, I agree to the sharing of wage and employment information.

\_\_\_\_ No, I do not agree to the sharing of wage and employment information.

**Tennesen Warning Notice / Use of Data / WIA Title I-B Equal Opportunity Information**

A partnership sponsored by the Department of Employment and Economic Development and your local One Stop Service Area

**TENNESSEN WARNING NOTICE:** The data we are asking you to provide about yourself is considered private data by Minnesota Statute 13.47 subdivision 2. In order to collect and use data we must tell you why we need the data, how we intend to use it and any consequences you may experience if you supply the information or not. **Why we need the data:** Your Social Security Number is to identify you as a unique individual and to find wage data on you that helps us determine how well our services helped you. Personal characteristics; age, gender, ethnicity, race, disability and economic status is collected to evaluate our performance and in some cases to determine if you're eligible for special assistance. Veteran status is asked to determine if you are eligible for special services and to evaluate our service delivery. Work and education history is used to help you plan your employmnet and training goals. **How we intend to use the data:** Work and education history may be shared with prospective employers. In addition to analyzing this data to improve our services, we may share information about you with other employment and training service providers in order to determine what services you may be eligible for and to coordinate services provided to you. Data may be shared with federal and state entities that provide funding for WorkForce Center services. Additionally other government entities with a legal right to this data may see your information. **Consequences to you:** You can refuse to supply any or all of this information; you are not legally required to provide any of this information to use WorkForce Center services. Not supplying sufficient information may limit our ability to provide you the services you want. **For more information:** DEED Data Practices [www.deed.state.mn.us/privacy.htm](http://www.deed.state.mn.us/privacy.htm), Minnesota Data Practices Act [www.revisor.leg.state.mn.us/stats/13/](http://www.revisor.leg.state.mn.us/stats/13/), Minnesota Department of Administration Information Policy Analysis Division [www.ipad.state.mn.us/index.html](http://www.ipad.state.mn.us/index.html)

**Equal Opportunity is the Law - NOTICE TO THE PUBLIC**

It is against the law for this recipient of Federal financial assistance to discriminate on the following bases: Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and against any beneficiary of programs financially assisted under Title I of the Workforce Investment Act of 1998 on the basis of the beneficiary's citizenship/status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title I financially assisted program or activity. The recipient must not discriminate in any of the following areas; deciding who will be admitted, or have access, to any WIA Title I financially assisted program or activity; providing opportunities in, or treating any person with regard to, such a program or activity; or making employment decisions in the administration of, or in connection with, such a program or activity.

If you feel that anyone in our office has treated you unfairly, you have the right to file a complaint. If you have been denied services, you have the right to an appeal. If you wish to file a formal complaint or an appeal, please see a staff member for assistance.

**Complaint Procedure:** If you think you have been subjected to discrimination under WIA Title I financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Juanita Lauritsen, Southwest Minnesota Private Industry Council, Inc., 202 North 1st Street, Suite 100 Montevideo, MN 56265  
Phone: 320-269-5561, Email: [jlauritsen@swmpnic.org](mailto:jlauritsen@swmpnic.org)

The Director, Civil Rights Center (CRC), U.S. Department of Labor, 200 Constitution Avenue NW, Washington, DC 20210

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action , or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above). If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90 day deadline (in other words, within 120 days after the day on which you file your complaint with the recipient). If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your CRC complaint within 30 days of the date on which you received the Notice of Final Action. The above "NOTICE TO THE PUBLIC" applies to federal programs covered under the Workforce Investment Act. Complaints concerning services provided by non-WIA programs may be processed differently.

**Certification Statement**

The information I have given on this form is true to the best of my knowledge. I know the information I gave will be reviewed and may need to be confirmed. I may be asked to provide proof for some items. I also know that if any information is found to be false I may not be able to take part in this program. I could also be taken to court and charged with fraud or perjury.

I will allow this information to be shared with the following entities: Private Industry Council, School and Training Offices, Current and Future Employers, Department of Veteran's Affairs, Vocational Rehabilitative Services, County Family Services Organizations, Social Security Administration, Department of Employment and Economic Development. These offices may help decide if I can be accepted into the program. They will also help put together a plan for my employment and keep track of my progress. I have been made aware of and understand the Tennesen Warning notice.

I have read the Minnesota Data Practices Act and the Complaint/Discrimination Procedure form and understand I can request a copy of the policies or access them online at [www.swmpnic.org](http://www.swmpnic.org). I know my rights and I know that some information can only be shared if I allow it.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if youth under 18)

\_\_\_\_\_  
Date

\_\_\_\_\_  
PIC Youth Program

\_\_\_\_\_  
Date

\_\_\_\_\_  
PIC Staff Review

\_\_\_\_\_  
Date

COMPLETING THIS APPLICATION DOES NOT GUARANTEE A JOB

**All applications must be complete to be processed.**

If you need help understanding or completing this form, contact a staff person.

An Equal Opportunity Employer

# Form W-4 (2011)

**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 2011 expires February 16, 2012. 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## 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> _____
<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> _____
<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> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<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> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• 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 or more eligible children.</li> <li>• 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 plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	<b>G</b> _____
<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.) For accuracy, complete all worksheets that apply. <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you 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 <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<b>H</b> _____

Cut 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  <div style="font-size: 2em; font-weight: bold; margin: 0;">2011</div>
1 Type or print 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, 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 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. ▶		7 _____
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 2011 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	\$ _____
2	Enter: { \$11,600 if married filing jointly or qualifying widow(er) \$8,500 if head of household \$5,800 if single or married filing separately } . . . . .	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . .	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	5	\$ _____
6	Enter an estimate of your 2011 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 \$3,700 and enter the result here. Drop any fraction . . . . .	8	_____
9	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	9	_____
10	Add 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.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	1	_____
2	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	_____
3	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.

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 <b>Table 2</b> below that applies to the <b>HIGHEST</b> 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 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. 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**

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 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
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						

**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.

# Minnesota Employee Withholding Allowance/Exemption Certificate

## Employees

If you are claiming the same number of Minnesota allowances as federal and the number claimed is 10 or less, do not complete this form.

However, you must complete and provide your employer with Form W-4MN if you:

- claim fewer Minnesota withholding allowances than your federal allowances,
- claim more than 10 Minnesota withholding allowances,
- want additional Minnesota withholding deducted from your pay each pay period, or
- claim to be exempt from federal withholding or claim to be exempt from Minnesota withholding.

<b>Employee information</b>	Employee's first name and initial	Last name	Employee's Social Security number	
	Permanent address		<b>Marital status (check one box)</b>	
	City	State	Zip code	<input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate

**Employees: Read instructions on back, complete Section 1 or Section 2, sign and give the completed form to your employer.**

**Section 1 – Determining Minnesota allowances**

Complete Section 1 if you claim fewer Minnesota allowances than your federal allowances, AND/OR if you want additional Minnesota withholding deducted each pay period.

**1** Total number of federal allowances claimed on federal Form W-4 ..... **1** \_\_\_\_\_

**2** Total number of Minnesota allowances (*line 2 cannot be more than line 1*) ..... **2** \_\_\_\_\_

**3** Additional Minnesota withholding you want deducted each pay period ..... **3** \$ \_\_\_\_\_

**Section 2 – Exemption from Minnesota withholding for calendar year:** \_\_\_\_\_

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate the reason why you believe you are exempt:

I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.

Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding because I had no Minnesota income tax liability last year, I received a refund of all Minnesota income tax withheld, AND I expect to have no Minnesota income tax liability this year.

My spouse is a military service member assigned to a military location in Minnesota, my domicile (legal residence) is in another state, AND I am in Minnesota solely to be with my spouse. My state of domicile is \_\_\_\_\_.

**Sign here**

*I certify that all information provided in Section 1 or Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.*

Employee's signature	Date	Daytime phone
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**Employees:** Give the completed form to your employer.

## Employers

If you are required to send a copy of this form to the Department of Revenue (see *instructions*), enter the employer information below and mail this form to: Minnesota Revenue, Mail Station 6501, St. Paul, MN 55146-6501. A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.

Keep a copy for your records.

<b>Employer information</b>	Name of employer	Federal employer ID number (FEIN)	Minnesota tax ID number	
	Address	City	State	Zip code

**Questions?** Website: [www.taxes.state.mn.us](http://www.taxes.state.mn.us). Email: [withholding.tax@state.mn.us](mailto:withholding.tax@state.mn.us).  
 Phone: 651-282-9999 or 1-800-657-3594. TTY users: Call 711 for Minnesota Relay

# Instructions for Form W-4MN

If you are claiming the same number of Minnesota allowances as federal and the number claimed is 10 or less, there is no need for you to complete this form.

## Employee instructions

### When to complete

After you determine the number of federal withholding allowances to claim on federal Form W-4, you must decide the number of Minnesota withholding allowances to claim.

If you claim the same number of Minnesota withholding allowances as federal and the number of allowances are 10 or less, you do not need to complete Form W-4MN. Your employer will use the same number as on your federal Form W-4 to determine the amount of Minnesota income tax to withhold from your pay.

You must complete Form W-4MN and provide it to your employer, if you:

- choose to claim fewer Minnesota withholding allowances than for federal purposes (Minnesota allowances cannot exceed the number of federal allowances),
- request additional Minnesota withholding be deducted each pay period,
- claim more than 10 Minnesota withholding allowances, or
- claim to be exempt from Minnesota income tax withholding and you reasonably expect your wages to exceed \$200 per week. (For criteria, see the instructions for Section 2.)

*Note:* If you claim more than 10 Minnesota allowances, or claim exempt from Minnesota withholding and you expect your wages to exceed \$200 per week, your employer is required to provide copies of your completed Form W-4MN to the department.

### Due dates

Consider completing a new Form W-4MN whenever your personal or financial situation changes. If you have not had sufficient income tax withheld from your pay, interest and/or penalty charges may be assessed when you file your individual income tax return.

**If you claim exempt** from Minnesota withholding tax (Section 2), you must provide your employer with a new Form W-4MN by February 15 of each year.

### Section 1 — Minnesota allowances

Do not claim more than the correct number of allowances. If you claim every allowance to which you are entitled and you still expect to owe more income tax for the year than will be withheld, you may:

- increase your withholding by claiming fewer allowances, or

- enter into an agreement with your employer to have additional amounts withheld (see line 3 instructions).

**Line 3.** If you claim no Minnesota allowances on line 2, and you still expect to have a balance due on your tax return for the year, you may ask your employer to withhold an additional amount of tax each pay period. If your employer agrees, enter the additional amount you want withheld from each paycheck on line 3.

### Section 2 — Minnesota exemption

If you are exempt from Minnesota withholding, your employer will not withhold Minnesota income tax from your pay. To claim exemption, you must meet one of the following requirements:

- You meet the federal requirements, you claim exempt from federal withholding on Form W-4, and you also want to claim exempt from Minnesota withholding.
- You had no Minnesota income tax liability in the prior year, you received a full refund of Minnesota tax withheld, and you expect to have no Minnesota income tax liability for the current year.
- You qualify as exempt from Minnesota withholding under the Soldiers and Sailors Civil Relief Act. To qualify, you must be the spouse of a military member assigned to duty in Minnesota, be domiciled in another state and be present in Minnesota solely to be with your active duty military member spouse.

If you claim exempt and your wages are expected to exceed \$200 per week, your employer is required to furnish a copy of Form W-4MN to the department. We may contact you if we need additional information.

### Signature

You are required sign this form. Minnesota law imposes a penalty of \$500 for filing a false withholding allowance/exemption certificate.

### Use of information

All information on Form W-4MN is private by state law. It cannot be given to others without your consent, except to the Internal Revenue Service and to other states that guarantee the same privacy. Your name, address and Social Security number are required for identification. Information about your withholding allowances is required to determine your correct tax. We ask for your phone number so we can call you if we have a question.

## Employer instructions

All new employees must complete federal Form W-4 when they first begin work for you. If the employee claims the same number of Minnesota allowances as federal and does not request additional or claim exempt from Minnesota withholding, there is no need for the employee to complete Form W-4MN. Use the same number of allowances when determining Minnesota withholding.

If the employee does not give you a completed Form W-4 or Form W-4MN before the first wage payment, withhold Minnesota tax as if the employee is single with zero withholding allowances. You are not required to verify the number of withholding allowances claimed by each employee.

You should honor each Form W-4MN you receive unless we notify you otherwise or if the employee claims more Minnesota than federal withholding allowances. If the employee claims more Minnesota than federal withholding allowances, use the number of federal withholding allowances to determine the Minnesota withholding.

For more complete information, see *When to complete* and *Due dates* under *Employee instructions*. Keep all forms in your records.

### When to send copies of Form W-4MN to the department

You must send copies of Form W-4MN to the department if the employee:

- claims more than 10 Minnesota withholding allowances; or
- claims to be exempt from Minnesota withholding and you reasonably expect the employee's wages to exceed \$200 per week (*Exception:* if the employee is a resident of a reciprocity state and has completed Form MWR); or
- you believe the employee is not entitled to the number of allowances claimed.

Mail to: Minnesota Revenue, Mail Station 6501, St. Paul, MN 55146-6501.

A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.