



Washington County Life Saving Crew

Probationary Packet



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Welcome Letter

New Probationary Member,

We would like to take this time to welcome you to the Lifesaving crew family. Please feel free at any time to ask any member questions if you have them. During your probationary period, there are certain requirements you must complete before you are eligible for full membership. These requirements are addressed on the next page in the form of a check list so that you will be able to keep up with the requirements that you will have to meet to become a full member.

I encourage you to keep the following checklist with you at the station so that during your downtime you will be able to check and accomplish the task while you are at the station. All of them are requirements by state law or by the crew by-laws and will be a minimum requirement by you to advance within the agency.

Your ability to keep up with your own progress allows for you to be able to pace yourself and/or speed up on the items you are missing.

We as an agency are only represented by our public appearance. This is only displayed by our trucks and members. I, as the 1st Lt. ask that you conduct yourself in a professional manner while dealing with the public and while in the view of the public. This reputation is easily blemished and very difficult to repair. Our actions sometimes speak louder than we think they do so please be conscious of your outward display of professionalism.

There are some activities that you are not allowed to do as a probationary member

1. You are not allowed to drive except under emergency situations. In these situations, a senior member must ask/or give you permission. If you have not completed an EVOC course, you may not drive under any conditions, emergency or not.
2. You will not be allowed to have any equipment that belongs to the crew except for your polo shirt or jacket during cold weather.
3. You will not be allowed to be the primary caregiver on the ambulance.
Exception: You are medically trained, and an officer of the crew advises you to be the attendant in charge in an emergency situation.
4. Shorts or any type of clothing or jewelry considered unprofessional or explicit in nature will not be allowed. You may not wear sandals or open toed shoes.

Kyle Hayes

1st Lieutenant
Office 276-676-2401 ext.02
Cell 276-676-2285

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Membership Check-off

- ☐ You will need to contact the Equipment Committee Member (Courtney Atkins) to receive a polo shirt to be worn on your duties as a probationary member. The rest of your equipment will be issued to you when you become a full member.
- ☐ You will need to see the Sergeant (Brandi Hay) to receive your code to the door locks.
- ☐ You must be given a urine drug screening by an officer of Washington County Life Saving Crew.
- ☐ Read and sign a HIPAA agreement.
- ☐ Provide vaccination records to include Hepatitis B dates or declination statement.
- ☐ You must have completed the fifty hours training form attached to this form. Once the form is completed, you will need to contact the Training Officer (Josh Mattox) to have a competency test performed to display where the equipment on the units is located.
- ☐ You must complete an EMT course or higher. In the event that you cannot pass the EMT exam within a six-month period of your application acceptance date you must reapply with a new application.
- ☐ You must obtain a valid CPR card from the American Heart Association.
- ☐ You will be required to pull at least 24 hours per month during your probationary period. More is encouraged.
- ☐ You may not have more than three unexcused absences during your probationary period.
- ☐ You must respond to a minimum of ten calls during your probationary period.
- ☐ You must go to the DMV in your respected states and obtain a driving record to be turned in to the First Lt. (Kyle Hayes)
- ☐ You must complete the NIMS training and pass ICS-100.b, ICS-200.b and IS-700.a (<https://training.fema.gov/is/crslist.aspx>)
- ☐ You must have EVOC or its equivalent.
- ☐ Register for membership on the website (www.wclsc.com)
- ☐ Read and sign the Line of Duty Act. (LODA)
- ☐ Complete Infectious Disease Control training and sign after completion. (www.centrelearn.com)
- ☐ Complete OSHA required Bloodborne pathogens training.
- ☐ Volunteer / paid member agreement
- ☐ Fill out tax forms
- ☐ Obtain password (Username-_____0001 Password- password123)

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Uniform & Equipment Agreement

I _____ guarantee the return of all uniforms and equipment issued to me, to include any clothing purchased by myself with the crew logo on it or any crew id determined at the discrepancy of the board of directors. in any of the following cases, this shall apply...

- I choose to leave the crew for good without notice.
- I choose to take a leave approved by the board and crew for more than six months.
- I am suspended from the crew for more than thirty days.
- I am asked to leave by the crew and or board.
 - Due to sentimental reasons: any life member of Washington County Life Saving Crew who decides to become an inactive member who wishes to keep uniforms, but no radio equipment. will be allowed only if the member becomes inactive on good terms and the captain, crew, and board believe that he or she will not misuse the uniforms in any way.

By signing below, I agree to the above terms and conditions and understand that if I do not follow the above rules, I am subject to disciplinary actions and/ or having Washington County Life Saving Crew, Inc. to obtain a warrant to obtain any items considered as crew property.

Name of Member

Signature of Member

Date

Crew Representative

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Equipment Issue Form

I was issued the following equipment on _____.
Date

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____

Name of Member Receiving Equipment

Crew Representative

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Equipment Check Sheet

Name: _____ Age: _____ Date Obtained: _____

Membership Classification: __Senior __Junior __Associate Date Completed: _____

Equipment		Time	Instructors Signature/ Title	
EMT Certification or Higher				
CPR				
EVOC				
NIMS (https://training.fema.gov/is/crslist.aspx)				
Infectious disease control (online)				
By-Laws	Date/Time Received-		Member-	Prob.-
UNIT 50		2		
UNIT 51		2		
UNIT 52		1		
UNIT 54		2		
UNIT 55		2		
UNIT 56		2		
UNIT 57		2		
UNIT 58		2		
RESCUE BOATS		1		
Computer/EMS Charts		6		
Communication Equipment		½		
MIFI on Ambulances		½		
Stretchers		3		
Chair Stretchers		1		
Immobilization Equipment		3		
Oxygen Equipment – Main & Portable		1		
Suction Equipment – Onboard & Portable		1		
Airway Bag		1		
Monitors		1		
12 Lead & How to Transmit		2		
AED		1		
Jump Bag		1		
Safety Equipment:	-Flares	2		
-Traffic Vest	-Fire Extinguisher			
-Flashlights	-Gloves			
-Tools	-Helmet			
General Upkeep of Vehicles / 4 Wheel Drive		1		
Supply Room		1		
<u>Extrication Class Strongly Recommended</u>				
Hydraulic Tools		2		
Generator		1		
Cribbing		½		
Rescue Hand Tools		½		
Wenches		1		
Pole Lights		1		
Air Compressors		1		
Air Bags		½		
Chain Saw		½		

50 HOURS MINIMUM TRAINING PER THE CREW BY-LAWS

Training Officer

Date Tested

1st Lieutenant

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General Member Information

Name of Member

Primary Phone

Address

Secondary Phone

Address Cont.

Email

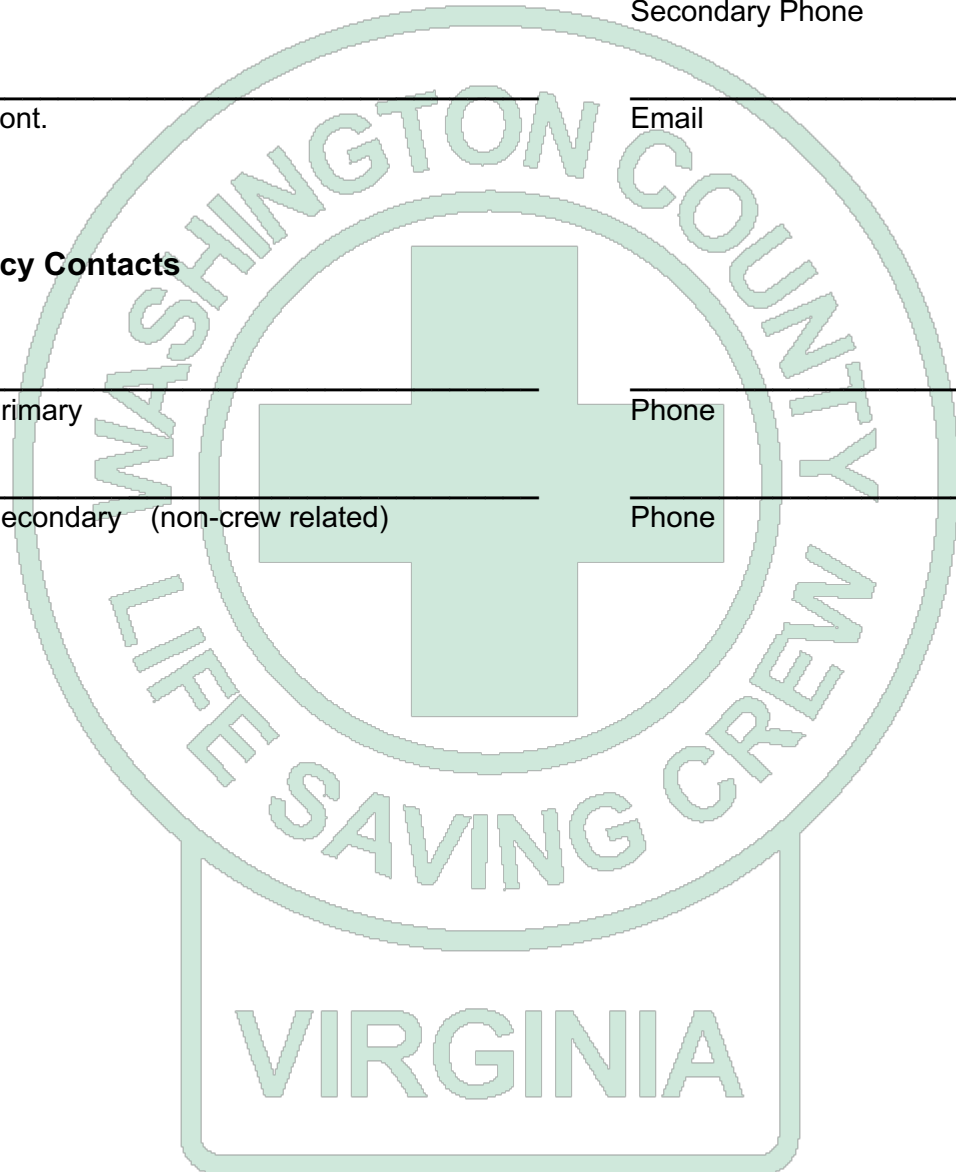
Emergency Contacts

Name of Primary

Phone

Name of Secondary (non-crew related)

Phone



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HIPAA - Access and Confidentiality Agreement

As a member of Washington County Life Saving Crew, Inc. you may have access to what this agreement refers to as "confidential information." This agreement will help you to understand your responsibilities regarding access and protection of confidential information.

Confidential information includes patient information, member information, financial information, other information relating to patient treatment and transport. You may learn of, or have access to, some or all of this confidential information through medical services provided by you.

Confidential information is valuable and sensitive and is protected by law and by Washington County Life Saving Crew, Inc. policies. The intent of these laws and policies is to assure that confidential information will remain confidential; that is, it will be used only as necessary to accomplish the organization's mission. As a member you are required to conduct yourself in strict conformance to applicable laws and policies governing confidential information. Your principal obligations in this area are explained below. You are required to read and to abide by these duties. The violation of any of these duties will subject you to discipline, which might include, but is not limited to, termination of membership and to legal liability.

As a member you understand that you will have access to confidential information which may include, but is not limited to, information relating to:

- Patients (such as records, conversations, admitting information, patient/member financial information, etc.),
- Members (such as conversations, disciplinary actions, etc.),
- Facility information (such as financial and statistical records, strategic plans, internal reports, memos, peer review information, communications, etc.) and
- Third party information (such as billing information, etc.)

Accordingly, as a condition of and in consideration of your access to confidential information, you agree that:

1. You will use confidential information only as needed to perform your legitimate duties as a member of Washington County Life Saving Crew. This means, among other things, that:

- A. You will only access confidential information for which you have a need to know; and
- B. You will not in any way divulge, copy, release, sell, loan, review, alter or destroy any confidential information except as properly authorized within the scope of your professional activities affiliated with Washington County Life Saving Crew, Inc. and HIPAA.
- C. You will not misuse confidential information or treat confidential information carelessly.

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HIPAA - Access and Confidentiality Agreement Cont.

2. You will safeguard and will not disclose any authorization you have that allows you to access confidential information. You accept responsibility for all activities undertaken using your authorization.

3. You will report activities by any individual or entity that you suspect may compromise the confidentiality of confidential information. Reports made in good faith about suspect activities will be held in confidence to the extent permitted by law, including the name of the individual reporting the activities.

4. You understand that your obligations under this Agreement will continue after termination of your membership. You understand that your privileges hereunder are subject to periodic review, revision and if appropriate, renewal.

5. You understand that you have no right or ownership interest in any confidential information referred to in this Agreement. At all times during your privileges as a member, you will safeguard and retain the confidentiality of all confidential information.

6. You will be responsible for your misuse or wrongful disclosure of confidential information.

You understand that your failure to comply with this Agreement may also result in your loss of membership and to legal liability.

Printed Name

Signature of Member

Date

VIRGINIA

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Hepatitis B Vaccine Declination Statement

I _____ (print name) understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

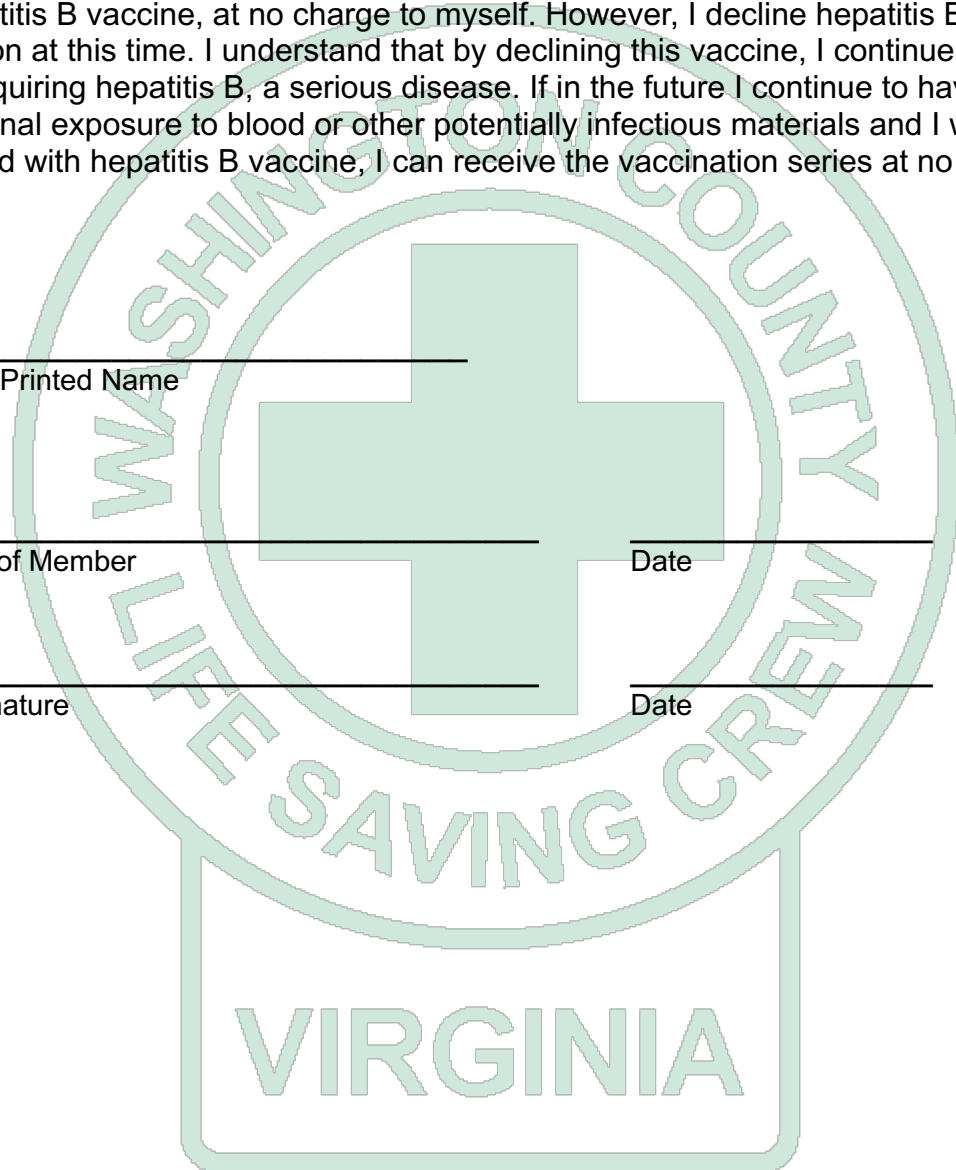
Member's Printed Name

Signature of Member

Date

DICO Signature

Date



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Drug Test Information Sheet

Name:	Street:
DOB:	City:
SS#:	State/Zip:
Doctor:	

Medications taken in the past 2 weeks

VIRGINIA

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Member Agreement and Consent to Drug and/or Alcohol Testing

I hereby agree, upon a request made under the drug testing policy of Washington County Life Saving Crew, Inc. to submit to a drug test and to furnish a sample of my urine and/or blood for analysis. I understand and agree that if I at any time refuse to submit to a drug test under organization policy, or if I otherwise fail to cooperate with the testing procedures, I will be subject to immediate suspension.

I understand that only duly-authorized Organizational officers will have access to information furnished or obtained in connection with the test; that they will maintain and protect the confidentiality of such information to the greatest extent possible; and that they will share such information only to the extent necessary to make member decisions and to respond to inquiries or notices from government entities.

I will hold harmless the Organization, meaning that I will not sue or hold responsible such parties for any alleged harm to me that might result from such testing, including loss of membership or any other kind of adverse job action that might arise as a result of the drug test, even if an Organization representative makes an error in the administration or analysis of the test or the reporting of the results. I will further hold harmless the Organization for any alleged harm to me that might result from the release or use of information or documentation relating to the drug test, as long as the release or use of the information is within the scope of this policy and the procedures as explained in the paragraph above.

This policy and authorization have been explained to me in a language I understand, and I have been told that if I have any questions about the test or the policy, they will be answered.

I UNDERSTAND THAT THE COMPANY WILL REQUIRE A DRUG SCREEN ALCOHOL TEST UNDER THIS POLICY WHENEVER I AM INVOLVED IN AN ON-THE-JOB ACCIDENT OR INJURY UNDER CIRCUMSTANCES THAT SUGGEST POSSIBLE INVOLVEMENT OR INFLUENCE OF DRUGS OR IN THE ACCIDENT OR INJURY EVENT, AND I AGREE TO SUBMIT TO ANY SUCH TEST.

Signature of Employee

Date

Signature of Witness

Date

Employee's Name – Printed

Witness's Name-- Printed

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Consent Form to Obtain DMV Driving Record

I _____, give my permission to Washington County Life Saving Crew, Inc to access my driver transcripts from the Virginia Department of Motor Vehicles. I understand that Washington County Life Saving Crew, Inc. will periodically review my records to evaluate my suitability to fulfill driving duties that may be required of me.

Name *Print name as it appears on driver's license*

Date of Birth

License Number

State

Signature of Member

Date

This authorization shall continue for the duration of my affiliation with Washington County Life Saving Crew.

VIRGINIA

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Membership Status Agreement

I, by signing this agreement, am choosing a membership status with Washington County Life Saving Crew, Inc. and I acknowledge that I am determining my status as an employee/volunteer of the agency. Also, by choosing volunteer I understand that no compensation will be earned or rewarded for the duties that I perform.

I do choose the following membership status of Washington County Life Saving Crew.

☐ Volunteer membership

☐ Paid membership

Printed Name

Signature of Member

Date

Signature of Witness

Date

VIRGINIA

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Completion of Bloodborne Pathogens Training

Printed Name

The above-named member has recently successfully completed a Bloodborne Pathogens training program, under 29 CFR 1910.1030. This program was completed at Washington County Life Saving Crew.

We have reviewed the main points of the medical component of the training, including:

- ☐ symptoms and modes of transmission of bloodborne diseases (HIV and HBV)
- ☐ how to determine if a task involves risk of exposure
- ☐ Standard Precautions and Body Substance Isolation
- ☐ signs, labels, and color coding

I find the member's knowledge of the above to be satisfactory. We have also discussed the following items specific to Washington County Life Saving Crew.

- ☐ location of a copy of the Bloodborne Pathogens standard and exposure control plan
- ☐ engineering controls, work practices, and Personal Protective Equipment
- ☐ Hepatitis B vaccination
- ☐ handling and disposal of biohazardous waste, including sharps
- ☐ cleaning and disinfection of equipment and work-related items
- ☐ actions to take and persons to notify in event of an exposure
- ☐ documentation, follow-up and referral procedures in event of a significant exposure

In my opinion this member has satisfied initial training requirements under 29 CFR 1910.1030(g)(2)(ii).

Name of Trainer

Title

Legal Signature of Trainer

Date

I have completed the training as noted above. I have read and understood the exposure control plan for this workplace and have had an opportunity to ask questions.

Legal Signature of Trainee

Date

FORM A

DEATH BENEFIT PLAN APPLICATION

PLEASE PRINT OR TYPE

NAME _____

SOC SEC # _____ DATE OF BIRTH _____

ADDRESS _____

PLEASE CHECK TYPE OF MEMBERSHIP:

Squad _____ **Assoc Unit** _____ **Sustaining** _____ **Associate** _____ **Individual** _____

SQUAD/ORGANIZATION _____ How long have you been a member? _____

PRIMARY
BENEFICIARY _____ RELATION _____ADDRESS _____
_____1ST CONTINGENT
BENEFICIARY _____ RELATION _____

(Receives benefit if primary beneficiary predeceases applicant)

ADDRESS: _____
_____2nd CONTINGENT
BENEFICIARY _____ RELATION _____(Receives benefit if primary & 1st contingent predecease applicant)ADDRESS _____

Witness _____ Signature of Applicant _____

Date _____

This section for squad use only:

I verify above applicant is in good standing with _____ as of _____
Name of Squad Date_____
Signature of Captain/President_____
Date

Squad Contact _____ Phone # _____

NOTE: NEW MEMBER FEE: \$3.00

Rev 04/96

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.

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 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 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 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.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
		▶ 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.		2019	
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 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			
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.) ▶					
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)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div>	D	_____
E	Child tax credit. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 		
F	Credit for other dependents. See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 		
G	Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F		
H	Add lines A through G and enter the total here H _____		

For accuracy,
complete all
worksheets
that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately </div>	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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 LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$5,000	0	\$0 - \$7,000	0
5,001 - 9,500	1	7,001 - 13,000	1
9,501 - 19,500	2	13,001 - 27,500	2
19,501 - 35,000	3	27,501 - 32,000	3
35,001 - 40,000	4	32,001 - 40,000	4
40,001 - 46,000	5	40,001 - 60,000	5
46,001 - 55,000	6	60,001 - 75,000	6
55,001 - 60,000	7	75,001 - 85,000	7
60,001 - 70,000	8	85,001 - 95,000	8
70,001 - 75,000	9	95,001 - 100,000	9
75,001 - 85,000	10	100,001 - 110,000	10
85,001 - 95,000	11	110,001 - 115,000	11
95,001 - 125,000	12	115,001 - 125,000	12
125,001 - 155,000	13	125,001 - 135,000	13
155,001 - 165,000	14	135,001 - 145,000	14
165,001 - 175,000	15	145,001 - 160,000	15
175,001 - 180,000	16	160,001 - 180,000	16
180,001 - 195,000	17	180,001 and over	17
195,001 - 205,000	18		
205,001 and over	19		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
24,901 - 84,450	500	7,201 - 36,975	500
84,451 - 173,900	910	36,976 - 81,700	910
173,901 - 326,950	1,000	81,701 - 158,225	1,000
326,951 - 413,700	1,330	158,226 - 201,600	1,330
413,701 - 617,850	1,450	201,601 - 507,800	1,450
617,851 and over	1,540	507,801 and over	1,540

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 aren't required to provide the information requested on a form that's 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.

FORM VA-4

COMMONWEALTH OF VIRGINIA DEPARTMENT OF TAXATION PERSONAL EXEMPTION WORKSHEET (See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

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

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name	
Street Address		
City	State	Zip Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness line 7 of the Personal Exemption Worksheet.....
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here) ☐
4. I certify that I am not subject to Virginia withholding. I meet the conditions set forth Under the Service member Civil Relief Act, as amended by the Military Spouses Residency Relief Act (check here) ☐

Signature

Date

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037. Note: Employers may establish a system to electronically receive Forms VA-4 from employees, provided the system meets Internal Revenue Service requirements as specified in § 31.3402(f)(5)-1(c) of the Treasury Regulations (26 CFR).

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Line 4. Under the Servicemember Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Virginia income tax on your wages if (i) your spouse is a member of the armed forces present in Virginia in compliance with military orders; (ii) you are present in Virginia solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA check the box on Line 4 and attach a copy of your spousal military identification card to Form VA-4.