

## Employee's Withholding Certificate

OMB No. 1545-0074

# 2021

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
 ▶ **Give Form W-4 to your employer.**  
 ▶ **Your withholding is subject to review by the IRS.**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly or Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . .

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____ Add the amounts above and enter the total here . . . . . <b>3</b> \$ _____	
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b> \$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b> \$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b> \$ _____

<b>Step 5:</b> <b>Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ <b>Employee's signature</b> (This form is not valid unless you sign it.)		▶ _____ <b>Date</b>

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)
			<b>81-3003235</b>

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 3. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$25,100 if you're married filing jointly or qualifying widow(er)
\$18,800 if you're head of household
\$12,550 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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 with no other entries on the form; 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.



# Montana Employee's Withholding Allowance and Exemption Certificate

MONTANA  
MW-4

Employee's first name and middle initial	Last name	Social Security Number
Current mailing address		City, state and ZIP code
Under penalty of false swearing, 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 _____		Date _____
(This form is not valid unless you sign it.)		

Complete Form MW-4 so that your employer can withhold the correct Montana income tax from your pay. See "Employee Instructions" on back of this form before beginning.

## Section 1: Montana Allowances

- A. Enter "1" for **yourself** A. \_\_\_\_\_
- B. Enter "1" if you have only one job B. \_\_\_\_\_
- C. Enter "1" for your **spouse** if you expect to file as **married filing jointly** on your Montana tax return. But, you may choose to enter "-0-" if you have a working spouse. (Entering "-0-" may help you avoid having too little tax withheld.) C. \_\_\_\_\_
- D. Enter the number of **dependents** (other than your spouse or yourself) you will claim on your Montana tax return D. \_\_\_\_\_
- E. Enter "1" if you will file as **head of household** on your Montana tax return E. \_\_\_\_\_
- F. Enter "1" if you expect to report large itemized deductions (medical, child and dependent care, etc.) (Caution: An additional allowance could result in tax due when you file your return.) F. \_\_\_\_\_
- G. Add lines A through F and enter the total here. **This is your total number of allowances.** (Note: This number may be different from the number of exemptions you claim on your Montana tax return.) G. \_\_\_\_\_
- H. Additional amount, if any, you want withheld from each paycheck or pension and annuity payment. H. \$ \_\_\_\_\_

## Section 2: Exemption from Montana Withholding for Tax Year \_\_\_\_\_

You may be entitled to claim an exemption from Montana income tax withholding. If applicable, mark one box below to indicate the reason why you believe you are exempt. See instructions for Section 2 on back of this form for more information.

- a. I am an enrolled member of a registered tribe, I live on the reservation of that tribe, AND I claim exemption from withholding on the wages derived from work performed on the reservation where I live. (You must also complete Section 1.)
- b. I am a member of the Reserve or National Guard, and I claim to be exempt from withholding on my compensation determined under USC Title 10. (You must also complete Section 1.)
- c. I am a resident of North Dakota, and claim exemption from withholding on my wages.
- d. I am a resident of another state living in Montana solely to be with my spouse, who is a resident of the same state and a member of the U.S. armed forces assigned to a military location in Montana, and I claim exemption from withholding on my wages.

Employer name	Employer EIN	Employer MT withholding account ID
Employer address		City, state and ZIP code

## Employer Instructions

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Montana wage withholding is required when wages are earned in Montana. Employers are liable for Montana withholding taxes and are only relieved of that liability once they have withheld the correct amount of taxes from the employees' wages for a given pay period.

### Should my employee complete Form MW-4?

**Your employee must complete Form MW-4** if one or both of the following applies:

- They are a newly hired employee, or
- They are claiming to be exempt from Montana income tax withholding. See *Section 2 instructions*.

Employees should also consider completing a new Form MW-4 if their personal or financial situation changes.

**Your employee is not required to complete Form MW-4** if they are already employed and are not claiming exemption from Montana income tax withholding.

### Do I need to file Form MW-4 with the department?

You must file your employee's Form MW-4 with the Department of Revenue *only* if one or both of the following applies:

- The employee is claiming more than 10 allowances, or
- The employee is claiming one of the withholding exemptions listed in Section 2.

If an employee provides you with a Form MW-4 that meets one or both of the conditions above, you must submit this form to the department by the *last day of the payroll period* in which the form was received.

File online using the department's TransAction Portal (TAP) at <https://tap.dor.mt.gov>. Simply click on "File Form MW-4." For more information about this process, visit [revenue.mt.gov](https://revenue.mt.gov).

Do not mail the Form MW-4 to the department.

You should keep a copy of all Forms MW-4 you receive from your employees with your records.

### How should I determine Montana withholding for an employee that doesn't complete Form MW-4?

Withhold Montana tax as if the employee is single with zero withholding allowances.

### Why must an employee complete Section 1 when claiming exemption 2(a) or 2(b)?

If an exemption is claimed under Section 2(a) or 2(b), you must withhold taxes on any wages paid that do not meet the requirements of these exemptions.

*Example:* If (a) is marked, the exemption does not apply to wages earned from an enrolled member of a tribe, residing on his or her reservation, when the work is performed outside the reservation. Withholding is required on the wages derived from work performed outside the reservation, based on the number of allowances reported in Section 1. If Section 1 was not completed, the withholding is calculated using zero allowances until a new Form MW-4 is provided for the calculation of the withholding.

### Invalid Forms MW-4

The following situations make the Form MW-4 invalid:

- The form is incomplete or lacks the necessary signatures, or
- The employer information is incomplete when the Form MW-4 is filed with the department.

If, after a review of the Form MW-4, the department revises the number of allowances allowed for the employee or disallows an exemption claimed, you must withhold based on that determination for the remainder of the calendar year, unless:

- The employee subsequently files a new Form MW-4 with fewer than 11 allowances, or
- The department changes its initial determination based on justifications provided by the employee.

### Questions?

Go to [revenue.mt.gov](https://revenue.mt.gov) for more information about the Form MW-4, or call our help line at (406) 444-6900.



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [ ][ ]-[ ][ ]-[ ][ ][ ][ ]		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code

Employer Completes Next Page

# CAREER CONCEPTS

OUR CONNECTIONS YOUR SUCCESS

## General Safety Rules & Notice for Career Concepts MT, LLC.

1. We are your employer on every job assignment. Although you are at another company's workplace, you are directly responsible to us. Therefore, if you have any problems performing the assignment or are unable to show up at work due to an illness or emergency, you **must contact us immediately**.
2. Please remember that work place safety is part of your job. Do not accept job assignments that are beyond the normal limits of *your* physical ability. If you ever feel that you are being asked to perform a task that is not safe, DON'T! Tell the company supervisor that you do not feel that is safe and you need to call Career Concepts immediately. CALL US at 406-586-0231
3. You have a duty to comply with safety rules, assist in maintaining a hazard free work environment, and report any unsafe equipment, working conditions, hazards, or on the job injuries to your work place Supervisor and Career Concepts immediately.
4. If you believe the worksite company is operating unsafely or requiring you to perform unsafe tasks, you must report this to Career Concepts at once. Also, please inform us if your job duties have been changed from what was stated on your assignment sheet.
5. Obey all warning tags and signs; they are there because a hazard exists. Be especially careful around any poisonous, flammable, or explosive materials, only handle these if you have been authorized and are properly trained. Do not enter hazardous areas unless authorized to do so.
6. Do not operate any machinery or use any tools you are not qualified to use.
7. Always use all personal protective equipment and devices provided for the job. Don't take chances! Always ask for instructions and training, and do not 'fake' what you do not know, or attempt to work beyond your physical capabilities.
8. Become familiar with all safety rules. Do not take risks that could endanger your own or a co-worker's safety. Always remember that safety is part of your job at the workplace.
9. Safety is a personal commitment. Always be alert, smart, and accept responsibility for your own safety and for those around you. Your well-being and safety depends on you.
10. Possession of firearms at the worksite or in a company-owned vehicle is prohibited.
11. The use or possession of alcohol, drugs, or other controlled substances on the job is prohibited and will result in immediate termination.
12. On all job assignments, State of Montana Worker's Compensation fully covers you. **If you should sustain any job-related injury, we urge you to report this to our office immediately**, and within 24 hours at the latest. Do not delay. There is a workers' compensation claim procedure that *must be followed*, which we will guide you through.
13. Career Concepts pays employees bi-weekly, every other Friday. **You are responsible for your own time sheet, having it signed by your supervisor, and submitting it to our office by 12 noon on the Monday of a pay week.** Please refer to your Career Concepts Employee Handbook for additional information.
14. Sexual Harassment is illegal. If you feel like you are being sexually harassed in the workplace, please notify Career Concepts at once. We can only take appropriate actions if you notify us of your concerns.
15. As a temporary (staffed) employee of our company, there exists no expectation of continued employment. Career Concepts reserves the right to remove you from an assignment at any time without notice. If asked to leave a worksite/job assignment, do not return to that location. Automatic Grounds for Termination include:
  - Showing up late for work, coming back late after lunch, or any other form of tardiness
  - Unexcused/ un-notified absence from a work assignment
  - Falsifying the hours on your timecard or other flagrant acts of dishonesty
  - Insubordination toward your workplace supervisor or Career Concepts
  - A clear inability to perform the requirements of the job.

I have read and understand the General Rules and Notice to all Career Concepts Employees. I have also received a copy of the Career Concepts Employee Handbook which I will keep in my possession and read through carefully for all additional information. I agree to fully abide by the rules as stated above and in the Employee Handbook.

Signature

Date

Name (Please Print)

1336 Stoneridge Drive #2, Bozeman, MT 59718 ☎ (406) 586-0231 ☎ fax (406) 586-1233 ☎ [info@careersinmontana.com](mailto:info@careersinmontana.com)