

YOUTH CONSERVATION CORPS - YCC

Enrollee Information Sheet

Mail Stop D-2663

Enrollee Starting Date

Circle Agency: FWS

NPS

Region: _____

Pay Block:

From: _____ Telephone #: _____ Org Code: _____
(Area Contact)

YCC Enrollee Name: _____ SSN: _____

1. OFFICIAL CORRESPONDENCE ADDRESS:

Used to mail Wage and Tax Statement (W-2). Enter permanent home address.

Name:

Street Address/PO Box: _____

City/State/Zip: _____

2. NET PAY CHECK WILL BE MAILED TO EMPLOYING FACILITY (PARK/REFUGE OFFICE, SERVICE CENTER, REGIONAL OFFICE, ETC.) OR LOCAL ADDRESS AS FOLLOWS:

Employing Facility Name (if applicable): _____

Street Address/PO Box: _____

City/State/Zip: _____

Virgin Islands and Puerto Rico ONLY: Designated Agent Code: _____

COMPLETE ITEM 3 AND THE W-4 ONLY IF YOU WANT TAXES WITHHELD FROM YOUR PAY.

3. STATE & LOCAL RESIDENCE INFORMATION

To be used for authorization and calculation of state and local taxes.

City: _____ Circle Marital Status: Single Married
 State: _____ Number of State Tax Exemptions:
 County: _____ Signature: _____

Form **W-4**
 Department of the Treasury
 Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2009

▶ 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.

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 withheld 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 2009, 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 <input type="checkbox"/>

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
 (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)
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