



# IMPORTANT

Please read all directions before completing Form Number 1 and Form Number 2 on this page. Also, please fill out sections 1 and 2 of Form 3 / I-9. **Please Print Clearly.**

***Remember to sign at ← on all three forms before returning.***

## Form Number 1

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		OMB No. 1545-0074 <b>2019</b>
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. <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 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)	

## Form Number 2

## Five Percent Authorization Form

Initial after reading items 1 & 2.

Sign form at bottom to agree to item 3.

Your Phone Number \_\_\_\_\_

- \_\_\_\_\_ 1. I understand that Alliance Incorporated. is not acting as my employer, but only as a source for disbursing payment to me for my services.
- \_\_\_\_\_ 2. I understand that Alliance, Incorporated will withhold all necessary taxes and withholdings and will forward this information and monies to the proper agencies for me.
- \_\_\_\_\_ 3. I hereby authorize Alliance, Incorporated to deduct and forward to the International Alliance of Theatrical Stage Employees Local #470, 5% (five percent) of my gross wages as an agency fee for ALL work that I shall do through Alliance, Incorporated.

**X**  
\_\_\_\_\_  
Signature



\_\_\_\_\_  
Date (Month/ Day/ Year)