



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

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.		2018		
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 2018, 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.) ▶			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)