



# Longview Independent School District

1301 E. Young Street  
P. O. Box 3268, Longview, TX 75606  
903-381-2200 – Fax 903-381-2286  
Jobs Line: 903-236-9573 or 1-888-394-2932  
Website [www.lisd.org](http://www.lisd.org)

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Dear Paraprofessional Applicant,

Thank you for your interest in the Longview Independent School District. The district serves approximately 8,400 students on 16 campuses. Of these campuses LISD one is an exemplary campus, eight recognized campuses, a national Blue Ribbon campus, and a Texas Mentor School. We believe you will find our instructional programs among the finest in the greater East Texas area.

Conveniently located 120 miles east of Dallas and 60 miles west of Shreveport, Louisiana, Longview Independent School District offers the career opportunities and student services of a metropolitan school district in the atmosphere of a small community.

Enclosed you will find the LISD paraprofessional application. Screening interviews are requested only after the items below have been received by the Human Resources Department. Any questions concerning your application should be directed to the Human Resources Department at 903-381-2200. The Jobs Line numbers are 903-236-9573 and 1-888-394-2932. Please include with your application the following:

### CHECK LIST

- Current resume
- Letter of interest in specific position(s)
- Completed paraprofessional application form (LVN use same)
- Three (3) letters of recommendation
- Transcript showing 48 college hours or copy of Paraprofessional Certificate (if already acquired from local campus assessment workshop)
- Copy of Nurses License (if applicable)
- Copy of CPR & First Aid Certificate (if applicable)

Applications are active for one-year from date of application, after which the applicant must notify the Human Resources Department of his/her desire to remain in an active status. It is the applicant's responsibility to notify the Human Resources Department of any changes relative to information that has been provided.

If you have any questions or need additional information, please call our office. Again, thank you for your interest in Longview ISD. We look forward to receiving your completed application.

Human Resources Department  
Longview Independent School District

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# LONGVIEW INDEPENDENT SCHOOL DISTRICT

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## PARAPROFESSIONAL APPLICATION

An Equal Opportunity Employer

PERSONAL DATA	Last Name			First Name			MI			
	Address						E-mail Address			
	City			ST	Zip					
	Home Telephone				Business/Office Telephone					
	Date Available for Employment				Date of Application			SS#		
POSITION INFORMATION	Must provide Transcripts and/or Certificates, CPR Certificates, Licenses									
	List Specific Position (If Known)						Department		Campus	
	Second Choice									
	Third Choice									
	General Application (Check as Applicable)									
<input type="checkbox"/> Clerical/Secretary			<input type="checkbox"/> Elementary			<input type="checkbox"/> Secondary				
<input type="checkbox"/> Teacher Aide (48 college hours required)			<input type="checkbox"/> Central Office			<input type="checkbox"/> Other _____				
<input type="checkbox"/> Special Education Aide (48 college hours required)										
EDUCATION	Highest grade completed _____ GED _____ College Hours _____ (Date Received) (Transcript Required)									
	High School: _____									
	College/University			Major Field:			Degree:			
	_____									

SKILLS	SKILLS	YEARS(S) EXPERIENCE	SKILLS	YEAR(S) EXPERIENCE
	<input type="checkbox"/> Typing		<input type="checkbox"/> Receptionist	
	<input type="checkbox"/> Spreadsheet		<input type="checkbox"/> Bookkeeping	
	<input type="checkbox"/> Data Entry		<input type="checkbox"/> Accounts Payable	
	<input type="checkbox"/> Desktop Publishing		<input type="checkbox"/> Adding Machine	
	<input type="checkbox"/> Short Hand		<input type="checkbox"/> Xerox Machine	
	<input type="checkbox"/> Computer (Specify OS)		<input type="checkbox"/> Word Processing (Specify Software)	

**SPECIAL SKILLS AND QUALIFICATIONS**

SKILLS	Summarize other information or special training or skills that you have that may be helpful in considering your application for the position(s) for which you are applying:
	_____
	_____
	_____
	_____
	_____
	_____

GENERAL INFORMATION	Are you currently receiving any retirement funds or benefits from the Texas Teacher Retirement system or any other retirement system? <input type="radio"/> Yes <input type="radio"/> No
	Do you have a relative who is either a member of the Longview Independent School District Board of Education or who is employed in any capacity in the Longview ISD? <input type="radio"/> Yes <input type="radio"/> No If yes, give name _____ relationship _____
	<i>Moral turpitude is an act of baseness, vileness or depravity in the private and social duties that a person owes another member of society or society in general and that is contrary to the accepted rule of right and duty between persons, including, but not limited to, theft, attempted theft, murder, rape, swindling and indecency with a minor. Have you ever been convicted of a felony or any offense involving moral turpitude?</i> <input type="radio"/> Yes <input type="radio"/> No If yes, please explain _____
	Are you eligible to remain or return to your present position? <input type="radio"/> Yes <input type="radio"/> No If no, please explain _____
	Have you ever been asked to resign or been discharged through due process from any position; teaching or otherwise? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain _____
	_____

Begin with most recent

WORK HISTORY	Dates Employed From/To (MM-YY)	Name of Employer	Type of Job	Reason for Leaving	Immediate Supervisor

Please list below references that may be contacted regarding your work history. (If more space is needed please attach another sheet of paper.)

WORK REFERENCES	School District/Firm Name	Mailing Address	Area Code/Phone Number	Immediate Supervisor	Dates Employed

VERIFICATION	<p>I hereby affirm that the information presented in this application is true and accurate to the best of my knowledge and understand that any deliberate falsifications, misrepresentations, or omissions of fact may be grounds for rejection of my application or dismissal from subsequent employment.</p> <p>I authorize the references listed on the previous page to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all such parties from liability for any damage that may result from furnishing the same to you.</p> <p>I understand that the district is authorized by Texas Education Code §22.083 to obtain criminal history record information on applicants the district intends to employ.</p> <p>Signature _____ Date _____</p> <p>Initial Here: <input type="checkbox"/> By typing my initials in capital letters I certify that, to the best of my knowledge, the information provided on this application is correct.</p> <p>This application becomes the property of Longview Independent School District. The district reserves the right to accept or reject it. This application shall be considered active for one-year and inactive for one-year. If you have not received a response during this time period, you may reapply or reactivate your application.</p>

**CRIMINAL HISTORY RECORD INFORMATION ADDENDUM**

**Confidential\***

The Longview Independent School District is authorized by state law to obtain criminal history record information on applicants the district intends to employ (Texas Education code §22.083). The information requested by the United States Federal Register (71 FR 44866) to obtain state and federal accountability reporting as well as reporting to the office of Civil Rights (OCR) and Equal Employment Opportunity Commission (EEOC).

Your application cannot be processed until this completed form is returned to the Human Resources Department.

*Please print:*

Name	Last _____	First _____	Middle _____	
Date of birth	____/____/____ mo / day / yr	Place of Birth	_____ city / state	
Race:	<input type="checkbox"/> American Indian/Alaska Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> White
	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander			
Ethnicity:	<input type="checkbox"/> Hispanic/Latino	<input type="checkbox"/> Not Hispanic/Latino		
Sex:	Male _____	Female	_____	
Drivers License Number	_____		State _____	
Expiration Date	____/____/____ mo / day / yr	Class Type A B C other	_____	

I hereby authorize all persons, schools, organizations, credit bureaus, and law enforcement agencies to supply Longview School District with any information concerning my background in connection with employment consideration, and I do release them from any liability and responsibility arising from doing so.

I understand that the information I am providing about age, sex, and ethnicity will not be used to determine eligibility for employment but will be used *solely* for the purpose of obtaining criminal history record information.

Campus/Building _____	Department _____
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Signature \_\_\_\_\_

Date \_\_\_\_\_

Contact telephone# \_\_\_\_\_

Email \_\_\_\_\_

# *Longview Independent School District*

## **Condition of Employment Fingerprinting – Criminal History Report**

As a condition of employment with the Longview Independent School District, I agree to submit to a fingerprint criminal history check as required by the Texas Education Code. I also agree to abide by the timeline as scheduled and to meet all requirements in order to complete the fingerprinting process in a timely manner.

I understand that the District will pay the required fee of the fingerprinting\*; however, **I also understand that should I fail to report to work or should my length of employment be less than 90 days for any reason, I will be obligated to reimburse the District and authorize the entire amount of \$52.20 to be deducted from my final paycheck.** In the event that a check is not received or that the final check is less than the required \$52.20, I agree to repay the District in the form of cash, money order, cashier's check, or other means of payment as deemed appropriate and acceptable by the District.

In the event that a negative fingerprinting result is returned, the District reserves its right to revoke the offer of employment. My signature in the designated space below serves as verification that I have read this agreement regarding fingerprinting procedures and concur with the terms and conditions as outlined.

---

Signature

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Date

---

Name (Printed or Typed)

**\*Fingerprinting Locations**

Davis Insurance  
414 East Loop 281, Suite 21  
Longview, Texas  
Hours: M-F 8:00 a.m. – 5:00 p.m.

IBT  
3301 West Marshall Avenue, Suite 102  
Longview, Texas  
Hours: M-F 9:00 a.m. – 5:30 p.m.



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Human Resources Department  
Longview Independent School District

# Form W-4 (2013)

**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.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to six eligible children or <b>less</b> "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>

For accuracy, complete all worksheets that apply. {

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 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 below.

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b style="font-size: 2em;">W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074  <div style="font-size: 3em; font-weight: bold; text-align: center;">2013</div>
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. <b>Note.</b> 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 <u>      </u>	
6 Additional amount, if any, you want withheld from each paycheck . . . . .	6 \$ <u>      </u>	
7 I claim exemption from withholding for 2013, and I certify that I meet <b>both</b> 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 <b>no tax liability</b>, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability</b>.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		
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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
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)



**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1 Enter an estimate of your 2013 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details . . . . . 1 \$ \_\_\_\_\_

2 Enter: { \$12,200 if married filing jointly or qualifying widow(er)  
\$8,950 if head of household  
\$6,100 if single or married filing separately } . . . . . 2 \$ \_\_\_\_\_

3 Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_

4 Enter an estimate of your 2013 adjustments to income and any additional standard deduction (see Pub. 505) . . . . . 4 \$ \_\_\_\_\_

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2013 Form W-4* worksheet in Pub. 505.) . . . . . 5 \$ \_\_\_\_\_

6 Enter an estimate of your 2013 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_

7 Subtract line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_

8 Divide the amount on line 7 by \$3,900 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_

10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not 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 2013. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2013. 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**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,370
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

**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 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.