



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

Dear Professional Applicant,

Thank you for your interest in the Longview Independent School District for employment opportunities. The district serves approximately 8,400 students on 17 campuses. Of these campuses, LISD has one exemplary campus, one Montessori Magnet campus, three International Baccalaureate 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, LA. Longview Independent School District offers the career opportunities and student services of a metropolitan school district in the atmosphere of a small community.

- **Directions to Applicant:**

There are no instructions on the application form itself. Please fill out the application and return it to LISD Human Resources Department, 1301 E. Young Street, Longview, TX 75606. We schedule interviews only when we have a current vacancy or when we anticipate vacancies will exist in the future for a particular subject or grade area. We will contact you at the permanent address you show below if we need to schedule an interview.

Please include with your application the following:

CHECK LIST

- Completed professional application form
- Letter of interest in specific position
- Current Resumé
- Three (3) letters of recommendation from past employer(s) or supervisor(s)
- Copy of transcript from each college attended
- Copy of valid teacher certificate, a letter from the college verifying the date that the college did or will recommend certification with the area(s) of specialization listed or a letter of acceptance into an alternative certification program
- Completed criminal history form

Completed applications are active for one-year from the 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 advise the Human Resources Department of any changes (i.e. name, address, etc., related to personal and certification information).

If you have any questions or need additional information, please call our office. Once again, thank you for your interest in Longview and we look forward to receiving your completed application.



LONGVIEW

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PROFESSIONAL APPLICATION

An Equal Opportunity Employer

PERSONAL DATA	Last Name	First Name	Middle
	Address		(Address valid until / /)
	City	State	Zip
	Telephone No: Area Code/Daytime Number		Area Code/Evening Number
	Cellular Telephone Number		E-mail Address
	Date Available for Employment	Date of Application	Social Security No.

OTHER PERSONAL DATA	<input type="checkbox"/> Alternate Contact: Name _____ Address _____ Phone _____
	<input type="checkbox"/> Check if any of the following apply: <input type="checkbox"/> Former LISD employee, if checked, give date(s): _____ <input type="checkbox"/> Current Substitute, if checked, give date(s): _____ <input type="checkbox"/> TRS Retiree How did you hear about Longview ISD? _____

EDUCATION	College or University	Dates From (MM-YY)	Dates To (MM-YY)	Major	Minor	Year Degree Earned (MM-YY)	Type of Degree Earned

CERTIFICATION

Name as it appears on Teaching Certificate: _____

Valid Teaching Certificate Yes No Date issued _____ Exp. Date _____

Certificate Valid for Texas Other _____

For Texas Certified Educators:

If recent college graduate, have you taken all required ExCETs and/or TExES certification exam? Yes No

If no, when will ExCETs and/or TExES be taken? _____

Have you ever had a temporary or emergency permit in Texas?

Yes No If yes, for the school year(s) _____

Have you passed the Texas Professional Development ExCET/PPR/TExES?

Yes No

Have you passed the appropriate Texas content area ExCET(s)/TExES?

Yes No

If applicable:

Have you passed the appropriate TOPT? Yes No

Have you passed the appropriate TOFEL? Yes No

Type of Certification (Professional, Provisional, One-Year, Standard, Etc.)	Teaching Fields (Elementary, Secondary, All Level, Etc.)	Date Issued (MM-YY)

Are you presently becoming certified through an Alternative Certification Program or University?

If yes, please specify: _____

AREAS OF SPECIALIZATION: State the number of semester hours, if 18 or more, in the following courses:

Bilingual/ESL _____ English _____ Foreign Language _____ Reading _____
 Mathematics _____ Science _____ Social Studies _____ Other _____

Position(s) for which you wish to be considered (Check all that apply.)

POSITION INFORMATION

Administrative

Assistant Superintendent for _____

Principal

Grade Preference _____ (1st choice) _____ (2nd choice)

Assistant Principal

Grade Preference _____ (1st choice) _____ (2nd choice)

Director, Supervisor, or Coordinator

Other: _____

Teacher

Kindergarten or Pre-kindergarten

Elementary (grades 1 thru 5) Grade Preference _____ (1st choice) _____ (2nd choice)

Middle School (grades 6 thru 8) Grade Preference _____ (1st choice) _____ (2nd choice)

Subject Preferences _____

1st choice

2nd choice

3rd choice

Secondary (grades 9 thru 12) Grade Preference _____ (1st choice) _____ (2nd choice)

Subject Preferences _____

1st choice

2nd choice

3rd choice

Bilingual

Special Education

Counselor

Librarian

Diagnostician

Other _____

Student Teaching / Clinical Experience (Full Time) Begin with most recent.

STUDENT TEACHING/ WORK EXPERIENCE	Dates From (MM-YY)	Dates To (MM-YY)	Total Number of Years	Name and Address of School and School District	Grades/ Subjects	Reason for leaving	Supervising Teacher Name
	Other Work Experience (Full Time) Begin with most recent.						
	Dates From (MM-YY)	Dates To (MM-YY)	Name and Address of Employer		Type of Job	Reason for leaving	Immediate Supervisor

List names of three references (superintendent, principal, supervisor, college professors) capable of giving information about your professional work experience and professional preparation. If possible, all references must be former supervisors. If not, list must include a former direct supervisor in each of your teaching or professional positions.

REFERENCES	Full Name of Reference	Position	Business Address	Telephone Number & Cellular Number

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?
 Yes No If yes, give name _____ relationship _____

GENERAL INFORMATION	<p>Offenses involving moral turpitude include without limitation theft or attempted theft of any kind, fraud of any kind, sexual offenses of any kind, assaultive offenses, bribery, perjury, drug or alcohol offenses, offenses involving minors, or any other offense contrary to justice, honesty, modesty, or good morals. The term "conviction" includes a "no contest" or "no contendre" plea, a guilty plea, probation, and deferred adjudication. Conviction of a felony or a crime of moral turpitude is not an automatic bar to employment. The district will consider the nature and date of the offense and the relationship between the offense and the position(s) for which you are applying.</p> <p>Have you ever been convicted of a felony, misdemeanor, or a crime involving moral turpitude and/or received probation or deferred adjudication? <input type="radio"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____</p> <p>Are you legally eligible for employment in the United States? <input type="radio"/> Yes <input type="checkbox"/> No If not a U. S. Citizen, what is your current immigration status? _____ When does your immigration status expire? _____</p> <p>Do you have an Employment Authorization Document? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
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GENERAL INFORMATION, CONT.

Are you now under contract? Yes No

Have you ever been involuntarily terminated, non-renewed, suspended or asked to resign from the employment of another school district? Yes No
If yes, please explain

1) Are you aware of any reasons you would not be able to perform the duties of the position(s) for which you are applying? If yes, explain.

2) List the number of days you have missed from work or school during the past three years and explain the reasons. Please do not reveal any medical condition or diagnosis.

- 3) Have you ever
- resigned in lieu of contract termination or non-renewal? yes no
 - had a term contract non-renewed? yes no
 - had a term contract terminated during its term? yes no
 - had a probationary contract terminated during its term? yes no
 - had a probationary contract terminated at the end of the school year? yes no

Checked yes to any item and provide details of where, when and why below.

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.

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.

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.

Signature _____ Date _____

Initial Here: By typing my initials in capital letters I certify that, to the best of my knowledge, the information provided on this application is correct.

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.

Longview ISD considers applicants for all positions without regard to race, national origin, age, religion, sex, marital status, veteran or military status, the presence of a medical condition, disability or any other legally protected status.

For Office Use Only	
Received	_____
Acknowledged	_____
Reviewed	_____
Screened	_____
References	_____
Official Transcript	_____
Teaching Certificate	_____
Hire date	_____

PERSONAL STATEMENT

Please make statements in the space provided below or on a separate sheet of paper.

Elementary Certification:

Identify and briefly describe any specific instructional program you have experience with in your teaching career. Explain your philosophy about each program, including its strengths and weaknesses. Briefly explain what instructional skills a competent teacher should demonstrate and why.

Secondary Certification:

What basic skills, attitudes and knowledge do you expect students to achieve from your classes? Briefly explain what instructional skills a competent teacher in your teaching field should demonstrate and why.

Administrative Certification:

List and explain what you believe are the three strongest assets you would bring to the position for which you are applying.

Longview Independent School District
Notice
Drug-Free Schools and Drug-Free Workplace Requirements

Longview ISD prohibits the unlawful manufacture, distribution, dispensation, possession, or use of a controlled substance, illicit drug, inhalant, and alcohol, as those terms are defined in state and federal law, in the workplace, on school premises, or as apart of any of the Longview ISD's activities.

Employees who violate this prohibition shall be subject to disciplinary sanctions. Such sanctions may include referral to drug and alcohol counseling or rehabilitation programs or employee assistance programs, termination from employment with LISD, and referral to appropriate law enforcement officials for prosecution.

Compliance with these requirements and prohibitions is mandatory and is a condition of employment. As a further condition of employment, an employee shall notify Longview ISD of any criminal drug statute conviction the employee incurs for a violation in the workplace no later than five days after such conviction.

Within 30 calendar days of receiving notice from any source of a conviction for any drug statute violation occurring in the workplace, Longview ISD shall either (1) take appropriate personnel action against the employee, up to and including termination of employment or referral for prosecution or (2) require the employee to participate satisfactorily in a drug and alcohol abuse assistance or rehabilitation program approved for such purposes by a federal, state, or local health agency, law enforcement agency, or other appropriate agency.

(This notice complies with notice requirements imposed by the federal Drug-Free Workplace Act [20 U.S.C. 3471, 1221e-3(a) (1) and 34 CFR 85.630] and notice requirements imposed by the federal Drug-free Schools and Communities Act Amendments of 1989 [20 U.S.C. 3224a and 34 CFR 86.201].)

Signature of Applicant

Date

Please Return To:
Longview ISD
Human Resources Department
PO Box 3268
Longview, TX 75606
Phone: 903-381-2200
Fax: 903-381-2286

or

Click the "Save Changes" button below to continue your application online.

Save Changes

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 _____

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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
C	Enter "1" for your spouse. 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.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "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 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<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 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 2013
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. <i>Note.</i> 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 both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 ▶		
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 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: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$	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 <i>Converting Credits to Withholding Allowances for 2013 Form W-4</i> 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			
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST 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.