

FORM W-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

MARITAL STATUS <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> Note: If married but legally separated, or spouse is nonresident alien, check the single box.	1. TOTAL NUMBER OF DEPENDENT CLAIMED _____	
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2. Additional amount, if any, you want to deduct from each pay. \$ _____

I claim exemption from withholding because (see instructions and check boxes below that apply):

3. a Last year I did not owe any Federal income tax and had a right to a full refund of **ALL INCOME TAX WITHHELD, AND**

b This year I do not expect to owe any Federal income tax and expect to have a right to a full refund for **ALL** income tax withheld. If both a and b apply, enter "EXEMPT" here → **3b** _____

c If you entered "EXEMPT" on line 3b, are you a full time student? YES NO

Under the penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate, or if claiming exemption from withholding, that I am entitled to claim the exempt status.

EMPLOYEE SIGNATURE X	DATE
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EMPLOYER	OFFICE CODE	EMPLOYER IDENTIFICATION NUMBER
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EMPLOYMENT ELIGIBILITY VERIFICATION (Form I-9)

LAST NAME	FIRST	MIDDLE	BIRTH NAME	BIRTH DATE
STREET ADDRESS		CITY	STATE	ZIP
				SOCIAL SECURITY NUMBER

I attest, under penalty of perjury, that I am (check a box):

1. A citizen or national of the United States. 2. An alien lawfully admitted for permanent residence (Alien Number A _____).

3. An alien authorized by the Immigration and Naturalization Service to work in the United States (Alien Number A _____, or Admission Number _____, expiration of employment authorization, if any _____).

I attest, under penalty of perjury, the documents I have presented as evidence of identity and employment eligibility are genuine and related to me. I am aware that federal law provides for imprisonment and/or fine for any false statements or use of false documents in connection with this certificate.

SIGNATURE X	PREPARER TRANSLATION CERTIFICATION <small>(To be completed if prepared by person other than employee). I attest, under the penalty of perjury, that the above was prepared by me at the request of the named individual and is based on all information of which I have any knowledge.</small>	PREPARER SIGNATURE	NAME (PRINT)
DATE		DATE	DATE

List A Documents that Establish Identity and Employment Eligibility	List B Documents that Establish Identity	List C Documents that Establish Employment Eligibility
<input type="checkbox"/> 1. United States Passport <input type="checkbox"/> 2. Certificate of United States Citizenship <input type="checkbox"/> 3. Certificate of Naturalization <input type="checkbox"/> 4. Unexpired foreign passport with attached Employment Authorization <input type="checkbox"/> 5. Alien Registration Card with photo Document Identification # _____ Expiration Date (if any) _____	<input type="checkbox"/> 1. A State-issued driver's license or State-issued I.D. card with photograph, or information, including name, sex, date of birth, height, weight, and color of eyes. (Specify State) _____ <input type="checkbox"/> 2. U.S Military Card <input type="checkbox"/> 3. Other (Specify document and issuing authority) Document Identification # _____ Expiration Date (if any) _____	<input type="checkbox"/> 1. Original Social Security Number Card (other than a card stating it is not valid for employment). <input type="checkbox"/> 2. A birth certificate issued by State, county or municipal authority bearing a seal or other certification. <input type="checkbox"/> 3. Unexpired INS Employment Authorization Specific form Document Identification # _____ Expiration Date (if any) _____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the documents presented by the above individual, that they appear to be genuine and relate to the individual named, and that the individual, to the best of my knowledge, is eligible to work in the United States.

SIGNATURE	TITLE	EMPLOYER	ADDRESS
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CHECK-OFF AUTHORIZATION



San Francisco _____, 20 _____

To: _____
 (NAME OF EMPLOYER AND PRODUCTION)

Effective February 1, 2010, the undersigned assigns to Theatrical Stage Employees Union Local 16, IATSE, three and one-half percent (3.5%) of all wages earned and to be earned by the undersigned as an employee, and authorizes and directs his/her employer to deduct such three and one-half percent (3.5%) from the undersigned's wages and to remit the same to said Union. This assignment shall be irrevocable for a period of either one (1) year or until termination of the applicable collective bargaining agreements, whichever is sooner, and shall automatically renew, with the same irrevocability, for successive like periods unless terminated by the undersigned in writing not more than twenty (20) not less than ten (10) days prior to the expiration of such period. In signing this check-off authorization, I do so voluntarily, knowing that it is not a condition of employment, and intending that the amounts deducted and remitted to Local 16 in accordance herewith be on account of membership dues therein, or, if not a member of Local 16, in payment of the same percentage of earnings as members of said Local pay to help defray the cost of operating said Union.

Signature X _____ **Date** _____