



# 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 I-9 Form p.4. ***Please Print Clearly.***

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

## Form Number 1

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2010</b>
▶ <b>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.</b>				
1 Type or print 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, 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		
6 Additional amount, if any, you want withheld from each paycheck		6 \$		
7 I claim exemption from withholding for 2010, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had <b>no tax liability and</b> • This year I expect a refund of all federal income tax withheld because I expect to have <b>no tax liability.</b> 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 (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)
For Privacy Act and Paperwork Reduction Act Notice, see page 2.		Cat. No. 10220Q		Form <b>W-4</b> (2010)

## Form Number 2

## Five Percent Authorization Form

Please read carefully and sign form before returning.

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

1. I understand that Alliance Inc. is not acting as my employer, but only as a source for disbursing payment to me for my services.
2. I Understand that 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)