



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 Number 3. 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 2012
▶ 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.				
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, 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 2012, 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 lines 8 and 10 only if sending to the IRS.)			9 Office code (optional)	10 Employer identification number (EIN)

Form Number 2

Five Percent Authorization Form

Please read carefully and sign form before returning.

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)