



IMPORTANT

Employees must complete Form Number 1/
Five Percent Authorization Form, plus the
Form Number 2/ Federal W-4 and
Form Number 3/ I-9.

Please read all directions before completing all Forms.

Please Print Clearly.

Remember to sign at  on all three forms before returning.

Form Number 1

Five Percent Authorization Form

Initial after reading items 1 & 2.

Sign form at bottom to agree to item 3.

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 a Hiring Hall referral fee for ALL work that I shall do through Alliance, Incorporated.

X

Signature



Date (Month/ Day/ Year)