



SUFFOLK COUNTY  
**ONE-STOP EMPLOYMENT CENTER**  
at the Suffolk County Department of Labor



725 Veterans Memorial Highway  
Hauppauge, NY 11788

[www.suffolkcountyny.gov/labor](http://www.suffolkcountyny.gov/labor)  
[sc.dol@suffolkcountyny.gov](mailto:sc.dol@suffolkcountyny.gov)

(631) 853-6526  
Fax (631) 853-6627

**SUMMER YOUTH WORK EXPERIENCE PROGRAM  
2012 APPLICATION PACKAGE INSTRUCTIONS**

1. Application pages must be **complete and legible**. All signatures must be in script and be similar throughout. **Note:** Complete page 1 on the Summer Youth Work Experience Program Application. If you answered yes to question 17 *please continue*.
2. All applicants must complete the attached Youth Services Application (pages 2 & 3) and the Suffolk County Department of Labor Summer Work Experience Program form (page 4).
3. If you are a foster child, you must provide documentation of your status from your Suffolk County Department of Social Services (DSS) foster care caseworker on their Agency letterhead, and the foster care caseworker must also sign page 3 of the Summer Youth Work Experience Application.
4. W-4 Form must be completed and **signed**; it must be printed neatly, without white out and with the name as it appears on Social Security card.
5. Two "Applicant/Participant Memoranda of Understanding" are included. Please read, sign both, and keep the second (page 10) for your records.
6. All applicants must have a Social Security card and a **copy** must be submitted with the application.
7. All applicants who will be under the age of 18 as of July 2, 2012 must submit their **original** Student Employment Certificate (working card).
8. Applicants who will be age 18 on July 2, 2012 must submit a **copy** of a photo I.D.
9. All applicants claiming U.S. Citizenship must submit a **copy** of their Birth Certificate with the application. All applicants who are not citizens must submit a copy of their Alien ID card (both sides).
10. All male applicants age 18, or who will turn 18 prior to August 17, 2012, must document their Selective Service Registration. You can register or receive verification online at [www.sss.gov/](http://www.sss.gov/).
11. Send application to Suffolk County Department of Labor Youth Programs, P.O. Box 1319, Smithtown, New York 11787-0895.

Please Note: All applications must be reviewed and certified as eligible by the Suffolk County Department of Labor.

**REMEMBER - SUBMISSION OF AN APPLICATION DOES NOT GUARANTEE A JOB.** THE SUFFOLK COUNTY DEPARTMENT OF LABOR WILL AUTHORIZE THOSE INDIVIDUALS WHO HAVE BEEN SELECTED FOR PARTICIPATION. Selected youth will be notified by their worksite as to when and where to report.

DOL-S161 (3/03)

Auxiliary aids and services available upon request to individuals with disabilities.  
An Equal Opportunity Employer Program

**Samuel Chu**  
Commissioner of Labor

**Steven Bellone**  
Suffolk County Executive

**James DiLiberto**  
Workforce Investment Board Chair

**SUFFOLK COUNTY DEPARTMENT OF LABOR**  
**SUMMER YOUTH WORK EXPERIENCE PROGRAM**  
**2012 TANF YOUTH SERVICES APPLICATION**  
[www.co.suffolk.ny.us/labor](http://www.co.suffolk.ny.us/labor)

The Suffolk County Department of Labor has funding from the Temporary Assistance to Needy Families (TANF) program to run a summer work experience program. This program gives young people the chance to work and earn money. Wages for in-school youth do not affect public assistance grants. To apply for the TANF Work Experience Program you must complete the following application package and meet the eligibility requirements of the program.

1. \_\_\_\_/\_\_\_\_/\_\_\_\_      2. \_\_\_\_/\_\_\_\_/\_\_\_\_      3. \_\_\_\_      4. \_\_\_\_/\_\_\_\_/\_\_\_\_  
TODAY'S DATE      BIRTHDATE      AGE      SOCIAL SECURITY NUMBER

5. \_\_\_\_\_      6. \_\_\_\_\_      7. \_\_\_\_      8. \_\_\_\_  
LAST NAME      FIRST NAME      MI      SEX

9. \_\_\_\_\_  
STREET ADDRESS

10. \_\_\_\_\_      11. \_\_\_\_\_      12. \_\_\_\_\_ - \_\_\_\_\_  
TOWN      STATE      ZIP CODE

13. \_\_\_\_\_  
MAILING ADDRESS, *if different*

14. RACE/ETHNIC (CIRCLE ONE)

WHITE	1
BLACK	2
HISPANIC	3
AMERICAN INDIAN/ ALASKAN NATIONAL	4
ASIAN/PACIFIC IS.	5
OTHER	6

15. (\_\_\_\_) \_\_\_\_ - \_\_\_\_      16. (\_\_\_\_) \_\_\_\_ - \_\_\_\_  
AREA CODE TELEPHONE #      ALTERNATE TELEPHONE  
(FAMILY MEMBER)

\_\_\_\_\_  
E-MAIL ADDRESS

17. **Are you:**  
A youth at least 14 years old and under the age of 21?     YES     NO

If **YES**, then proceed to complete the application, you **may** be eligible for the TANF Summer Youth Work Experience Program.

If **NO** – you are not eligible for this program.

1) Do you have a High School Diploma or GED?     YES     NO

2) Please identify any disabilities you may Have below:

Deaf	<input type="checkbox"/>
Blind	<input type="checkbox"/>
Extremities	<input type="checkbox"/>
Learning	<input type="checkbox"/>
Internal	<input type="checkbox"/>
Multiple	<input type="checkbox"/>

3) Highest Grade Completed as of June 2012 \_\_\_\_\_

4) Limited English     YES     NO

5) Do you receive Family Assistance (TANF)?     YES     NO

**In order to be eligible you MUST be within the following income guidelines.**

TANF Income Standards  
Receive free/reduced school lunch    **or**

Family Size	Monthly Income	Annual Income
1	\$1,862	\$22,340
2	\$2,522	\$30,260
3	\$3,182	\$38,180
4	\$3,842	\$46,100
5	\$4,502	\$54,020
6	\$5,162	\$61,940

For family units with more than six members, add \$660 monthly or \$7,920 annually for each additional family member.

## **Citizen/Non-Citizen Status**

- A. Are you a United States citizen?  YES  NO If not, please complete the following information:

INS Form Number: \_\_\_\_\_

Alien Number: \_\_\_\_\_

## **Income of Family Members**

- A. Do you (the youth applicant) currently receive benefits under one or more of these programs?

FAMILY ASSISTANCE SAFETY NET	MEDICAID	FOOD STAMPS	HEAP	SSI	SCHOOL LUNCH

- B. Tell us about any Income of your family members

Include the gross income (income before taxes and deductions) of each family member who lives with you. Family members include your mother, father, stepmother, stepfather, legal guardian, any brothers or sisters (including half-siblings) who are under 18 years of age (or 18 and in secondary school) and these siblings' parents. If you have a child of your own, you should include that child, any brothers or sisters of the child, and the child's parent. If you are married, you should include your spouse, but do not need to include your parents or siblings.

List all sources of gross income, including wages, social security benefits, public assistance benefits, child support, alimony, etc., received and any other recurring income of a family member. You do not need to include any earned income (wages) received by you or any other family member who is under 18 years of age (or 18 and in secondary school) but must include any unearned income.

## **FAMILY SIZE AND INCOME**

FAMILY HOUSEHOLD MEMBER'S NAME	RELATIONSHIP	INCOME SOURCE WAGES, SOCIAL SECURITY, ETC.	RECEIVED CHECK ONE		
			Yearly	Monthly	Weekly

## **APPLICANT NOTIFICATION AND SIGNATURE**

The individual signing this application may be asked to prove any or all your statements. If we ask you to do this, we will tell you how to prove your statements.

We are asking for Social Security number(s) because any person applying for or receiving federal services must give us his or her Social Security number; Social Security numbers are required under federal law (Section 409(a)(4) of the Social Security Act) and federal regulations (45 CFR 264.10). We may use Social Security number(s) to do computer matches with other programs to prove you are receiving these programs (for example, food stamps), to do a computer match to verify other information on the application, or to verify your alien status.

**By signing this, I am swearing, under penalty of perjury, that all of the above statements are true to the best of my knowledge and that I am willing to cooperate with any efforts to verify the information provided.**

**Signed:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Relationship to Applicant:** \_\_\_\_\_

**If the applicant lives with his or her parents, a parent or other adult relative caretaker must sign this form for the application to be complete. The Commissioner of the Department of Social Services or his or her designee must sign for children in foster care.**

# SCDOL SUMMER WORK EXPERIENCE PROGRAM

NAME \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

CURRENTLY ATTENDING SCHOOL FULL TIME YES  NO  SEQUENCE/MAJOR COURSE OF STUDY \_\_\_\_\_

VOCATIONAL TRAINING COURSES \_\_\_\_\_

**BARRIERS TO EMPLOYMENT:**  
**CHECK THOSE WHICH APPLY**

- PREGNANT/PARENTING
- RUN-AWAY/HOMELESS
- YOUTH OFFENDER
- LIMITED ENGLISH ABILITY
- SUBSTANCE ABUSER
- HIGH SCHOOL DROPOUT - HIGHEST GRADE COMPLETED \_\_\_\_\_
- YOUTH NEEDS ADDITIONAL ASSISTANCE

**SPECIFIC NEEDS TO OVERCOME BARRIERS:**  
**CHECK THOSE WHICH APPLY**

- CHILDCARE
- FAMILY COUNSELING
- TRANSPORTATION
- ESL TRAINING
- SUBSTANCE ABUSE COUNSELING

- GED TRAINING
- HEALTH CARE
- HOUSING
- BASIC SKILLS ED.

**GUIDE FOR OCCUPATIONAL EXPLORATION**  
**CHECK AREAS OF INTEREST**

- ARTISTIC
- SCIENTIFIC
- PLANTS/ANIMALS
- SERVICE TO OTHERS
- PHYSICAL ACTIVITY
- OTHER \_\_\_\_\_
- MECHANICAL
- INDUSTRIAL
- SELLING

**WHAT ARE YOUR PLANS FOR SEPTEMBER 2012?**

- A. ATTEND SCHOOL/COLLEGE       B. ATTEND VOCATIONAL SCHOOL       C. LOOK FOR WORK

**PRIOR WORK HISTORY:** (NOTE ADDITIONAL WORK HISTORY ON BACK OF THIS PAGE)

EMPLOYER NAME: \_\_\_\_\_ FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ RATE OF PAY: \_\_\_\_\_ REASON FOR LEAVING: \_\_\_\_\_

TASKS PERFORMED: \_\_\_\_\_

**PRIOR TANF/WIA TRAINING/WORK EXPERIENCE:**

ACTIVITY: \_\_\_\_\_

LOCATION: \_\_\_\_\_

TASKS PERFORMED: \_\_\_\_\_

**APPLICANT TO COMPLETE:**

WRITE A SHORT PARAGRAPH OUTLINING ANY INFORMAL WORK EXPERIENCE YOU MAY HAVE HAD SUCH AS BABY-SITTING, YARD WORK, ETC.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*RESERVED FOR SCDOL USE ONLY\*\*\*\*\*

**PARTICIPANT SERVICE PLAN:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**X**  
\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
COUNSELOR'S SIGNATURE



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[sc.dol@suffolkcountyny.gov](mailto:sc.dol@suffolkcountyny.gov)

160 South Ocean Avenue  
 Patchogue, NY 11772  
 (631)687-4800  
 Fax: (631)687-4830

**NEW YORK STATE RETIREMENT SYSTEM OPTION**

The New York State Retirement and Social Security Law provides that participants enrolled on a part-time or temporary basis in a Work Experience component where a wage is earned are eligible to join the Retirement System. Since you are a Work Experience participant in a Suffolk County Youth Program, you are hereby given the option to join the New York State Retirement System.

Please be advised that if you decide to join the New York State Retirement System, you will be required to contribute 3% of your wages to the Retirement System which will be subtracted from your salary. If you subsequently withdraw from the Retirement System, you may also withdraw your contributions without waiting until age 62 as long as you have not vested or become eligible for any other benefit from the Retirement System.

**ACKNOWLEDGMENT**

I hereby acknowledge that I have been informed of my rights as an optional member of the New York State Retirement System.

\_\_\_\_\_ I choose **not** to join the Retirement System.

\_\_\_\_\_ I choose to participate in the Retirement System.

\_\_\_\_\_  
 Participant Signature

\_\_\_\_\_  
 Participant Social Security #

\_\_\_\_\_  
 SCDOL Representative

\_\_\_\_\_  
 Date

[     ] Approved

[     ] Not Approved

\_\_\_\_\_  
 Administrative Review

DOL-S155 (3/04)

**Samuel Chu**  
 Commissioner of Labor

**Steven Bellone**  
 Suffolk County Executive

**James DiLiberto**  
 Workforce Investment Board Chair



# Form W-4 (2012)

**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 2012 expires February 18, 2013. 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 \$950 and includes more than \$300 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 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** The IRS has created a page on [www.irs.gov](http://www.irs.gov) for information about Form W-4, at [www.irs.gov/w4](http://www.irs.gov/w4). Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>      </u>
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>      </u>
<b>F</b>	Enter "1" if you have at least \$1,900 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . . ( <b>Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>      </u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three to seven eligible children or <b>less</b> "2" if you have eight or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child . . . . .	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter total here. ( <b>Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	<u>      </u>
	For accuracy, <b>complete all worksheets that apply.</b> <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <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></p>	OMB No. 1545-0074  <div style="font-size: 2em; font-weight: bold; text-align: center;">2012</div>
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. <b>Note.</b> 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)	6 Additional amount, if any, you want withheld from each paycheck	5 <u>      </u> 6 \$ <u>      </u>
7 I claim exemption from withholding for 2012, 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 <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		7 <u>      </u>
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.		
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶
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.

<b>1</b>	Enter an estimate of your 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter “-0-” . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2012 adjustments to income and any additional standard deduction (see Pub. 505)	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2012 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2012 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter “-0-” . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$3,800 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> )	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3” . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note.</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 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.

**SUFFOLK COUNTY DEPARTMENT OF LABOR**

**APPLICANT/PARTICIPANT MEMORANDUM OF UNDERSTANDING**

The following information will provide you with an overview of the services and programs administered by the Suffolk County Department of Labor for which you may be eligible. In addition, this Memorandum serves to advise you that you have certain rights and certain responsibilities as an applicant and participant.

**1. EMPLOYMENT AND TRAINING PROGRAMS**

A. The purpose of programs administered by the Suffolk County Department of Labor (SCDOL) is to provide services and activities that increase the employment, retention, and earnings of participants, as well as increase their occupational skill level.

B. 1. Programs Include:

Adult, Dislocated Worker and Youth Programs  
Displaced Homemaker Program  
Public Assistance Programs

2. Services and activities include:

Outreach	Career Counseling
Orientation to the One-Stop System	Labor Market Information
Use of the Employment Center	Career Transition Workshops
Skills assessment	Job Search Focus Groups
Supportive service assessment	On-the-Job Training
Information regarding filing claims for unemployment	Education and Training when appropriate and suitable
Job vacancy listings and job banks	Employer open houses and job fairs
Computers, Internet access, and phone banks	Information on community services
Job search and placement assistance	Follow-up services

*In addition to the above, youth services also include:*

Dropout Prevention Strategies	Supportive Services
Alternative Schools	Adult Mentoring
Summer Employment Opportunities	Comprehensive Guidance and Counseling
Occupational Skill Training	As appropriate, paid & unpaid work experience including: internships & job shadowing

Leadership Development Opportunities

- C. You agree to fully comply with the program standards and procedures which govern that activity.
- D. You agree to follow the plan developed by you and SCDOL staff.
- E. You must agree to seek employment at the conclusion of the program. If you received education and/or training you must seek training related employment at the conclusion of the program.
- F. You agree to cooperate with all post-program follow-up efforts conducted by our staff counselors.

2. **UNEMPLOYMENT INSURANCE INFORMATION**: If you are laid-off or fired from a wage paying job, you may be eligible for Unemployment Insurance Benefits. You must apply to the New York State Department of Labor to find out if you qualify.

3. **CHARGING OF FEES**: There is no charge to you for any of the services sponsored by the SCDOL. Should any person attempt to charge you money or request any kind of favor from you, report that person to the SCDOL Labor Mediation Unit at (631) 853-6509.

4. **LIMITATIONS ON POLITICAL ACTIVITY**: Participants may neither be involved in political activities during the hours for which they are paid with federal or state funds, nor may they act as a spokesperson for SCDOL Programs at political activities.

5. **LIMITATIONS ON WORK AT RELIGIOUS OR SECTARIAN FACILITIES**: As part of their SCDOL funded activity, participants may not be employed or involved in the construction, operation or maintenance of any portion of any facility used or to be used for sectarian instruction or as a place of religious worship.

6. **DISCRIMINATION COMPLAINT PROCEDURES**: No individual will be excluded from participation in, denied the benefits of, subjected to discrimination, or denied employment in connection with any programs because of race, color, religion, sex, national origin, age, disability, political affiliation or belief or your status as a participant in SCDOL programs. Participation in SCDOL programs and activities shall be available to citizens and nationals of the United States, lawfully admitted permanent resident aliens, refugees, asylees, and parolees, and other immigrants authorized by the Attorney General to work in the United States. An individual has the right to file at the local, state and federal levels. All complaints of discrimination based on the preceding should be filed within 180 days of the occurrence directly with the Suffolk County Department of Labor's Equal Opportunity Officer by phoning (631) 853-6509 or in writing to Labor Mediation, Suffolk County Department of Labor, P.O. Box 1319, Smithtown, NY 11787. An individual will be offered the choice of resolving the complaint through the customer discrimination complaint procedure or an Alternative Dispute Resolution Through Mediation Process.

A complainant may file a written complaint at:

the state level directly with:

or at the federal level directly with:

Director	Director
Division of Equal Opportunity Development	Civil Rights Center
New York State Department of Labor	United States Department of Labor
State Office Building Campus	200 Constitution Avenue NW
Building 12, Room 540	Room N4123
Albany, New York 12240	Washington, DC 20210

7. **COMPLAINTS OF CRIMINAL ACTIVITY**: All information and complaints involving fraud, abuse, or other criminal activity shall be reported directly to:

Office of Inspector General  
 United States Department of Labor  
 Room S-5506  
 200 Constitution Avenue, N.W.  
 Washington, D.C. 20210  
 The telephone hotline number is 1-800-347-3756

8. **ALL OTHER COMPLAINTS**: Complaints regarding disciplinary action, working conditions, payment of wages or other training related matters should be directed to the SCDOL EO Officer at (631) 853-6509. All non-criminal complaints must be made within one (1) year of the alleged occurrence.

Note: If necessary, SCDOL will provide assistance to understand and participate in any complaint process to individuals with special needs (e.g. hearing impaired, Spanish speaking, etc.).

9. **CUSTOMER SATISFACTION**: The Suffolk County Department of Labor is committed to achieving superior standards in the areas of Customer Waiting Intervals, Services Provided, and Quality of Service. Accordingly, you will be surveyed, by phone or mail, and asked to provide comments regarding your experiences with us. Your responses will be used to help us measure our levels of success and to maintain and improve services to our customers.
10. **PUBLIC INFORMATION**: In an effort to inform the general public of the efforts and success of Suffolk County Department of Labor Programs, you may, in the course of your activities with us, be asked to have your photograph taken. By checking yes, you grant the Suffolk County Department of Labor permission to use your experience and photograph for promotional purposes. Yes  
 \_\_\_\_\_ No \_\_\_\_\_
11. **ACKNOWLEDGEMENT**: My signature acknowledges that I have received a copy of this Memorandum of Understanding, understand the information provided, and agree to comply with program requirements in order to continue receiving services.

DATE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**Auxiliary aids and services available upon request to individuals with disabilities. Equal Opportunity Employer Program**

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