



Cathlamet Fire Department  
*Town of Cathlamet*  
 255 2<sup>nd</sup> Street  
 Post Office Box 68  
 Cathlamet, Washington 98612



APPLICATION FOR MEMBERSHIP

To the Officers and Members of the Cathlamet Fire Department:

I do hereby make application for membership in the Cathlamet Fire Department, in connection with which I do represent and agree as follows:

My name is \_\_\_\_\_

I was born at \_\_\_\_\_ on \_\_\_\_\_

I am a resident of Wahkiakum County residing at \_\_\_\_\_

My S.S. number is \_\_\_\_\_ My driver's license # is \_\_\_\_\_ State: \_\_\_\_\_

I am in good health and no known defects or ailments which would in any way make me physically incapable of performing the duties of a firefighter of member of the First Aid Division.

If elected to membership, I agree to cheerfully abide by the Rules and Regulations governing the Department, and to attend all fires, ambulance calls, drills and meetings of the Department as required by said Rules.

I understand that I must serve a six month's probationary period before my application will be considered for permanent membership.

I wish to be: (circle one) (1) a firefighter (2) in the First Aid Division  
 (3) both 1 and 2

I am applying for ( ) Full Member, or ( ) Associate Member

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Signed, \_\_\_\_\_

Recommended by :

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

Probationary Period began:

\_\_\_\_\_

Date and Action on Application

\_\_\_\_\_

**Cathlamet Fire Department:**

**Name:** \_\_\_\_\_

(1) Fire Fighter,     (2) First Aid Division,     (3) Both 1 and 2

Associate member

**Phone:** \_\_\_\_\_

**Cell Phone:** \_\_\_\_\_

**E-Mail:** \_\_\_\_\_

**Mailing Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

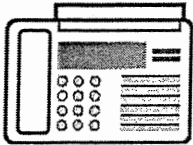
**Home Address** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

# F A X

## Cathlamet Fire Department

255 2<sup>nd</sup> Street  
Cathlamet, WA 98612  
Phone: 360-751-8999  
Fax: 888-364-3839



To: Inquiries Inc.  
Fax number: 1-866-887-3767

From: Beau Renfro  
Fax number: 1-795-8500

Date:

Regarding:  
Background Inquiry

Phone number for follow-up:  
1-360-751-8999

### Comments:

**Please find attached a completed background inquiry form. Please complete the Option 1A:**

**County Criminal (back 7 years)**

**Social Trace**

**\$27.00 (per name, plus any necessary pass thru fees)**

### Thank You

CONFIDENTIALITY NOTICE: INFORMATION IN THIS FAX IS INTENDED ONLY FOR THE CONFIDENTIAL USE OF THE RECIPIENT(S) NAMED ABOVE. This message may be an Attorney-Client communication, and as such is privileged and confidential. If the reader of this message is not an intended recipient or an agent responsible for delivering it to an intended recipient, you are hereby notified that you have received this message in error, and that any review, dissemination, or copying of this message is strictly prohibited. If you received this message in error, please modify the sender immediately, and delete / destroy the message and any hard copy print-outs. Thank you.

# CATHLAMET FIRE DEPARTMENT

## BACKGROUND INQUIRY APPLICATION

THIS SECTION TO BE COMPLETED BY FIRE DEPARTMENT			
NAME (TRADE NAME) OF THIS FIRE DEPT.  Cathlamet Fire Department P.O. Box <del>68</del> 68 Cathlamet, WA 98612		LOCATION (STREET ADDRESS) OF THE FIRE DEPT.  102 Main Street Cathlamet, WA 98612	
TELEPHONE NUMBER OF FIRE DEPT.  (360) 795-3652		FAX NUMBER OF FIRE DEPT.  (360) 795-6506	
ALL QUESTIONS IN THE FOLLOWING SECTION MUST BE COMPLETED BY THE APPLICANT (PERSON TO BE CHECKED)			
SOCIAL SECURITY NO.	DATE OF BIRTH	GENDER [ ] Male [ ] Female	RACE
PLEASE PRINT CLEARLY		OTHER NAMES YOU HAVE BEEN KNOWN BY	
LAST NAME		BIRTH NAME LAST FIRST MIDDLE INITIAL	
FIRST NAME		OTHER MARRIED NAMES (Write None if None)	
MIDDLE NAME		NICK NAME(S) OTHER NAME(S) (Write None if None)	
APPLICANT: ANSWER ALL DISCLOSURE QUESTIONS BELOW.			
Have you ever been found to have neglected or sexually abuse or exploited any minor or adult person by any court, state licensing board, disciplinary board or dependency action? If yes, give details:		YES [ ]	NO [ ]
Has a court issued an order of protection against you for abuse or exploitation? If yes, give details:		[ ]	[ ]
Has it been determined by any state agency or department that you have abused, neglected, or exploited anyone? If yes, give name of state and agency:		[ ]	[ ]
Have you ever had a license to care for children or adults denied, revoked, or suspended? If yes, give details below:		[ ]	[ ]
License Type	Licensing Agency	State	
Have you ever been convicted of ANY crime? If yes, give details below:		[ ]	[ ]
Conviction	Degree	Conviction Date	
WDL #	HOW LONG HAVE YOU LIVED IN WA STATE?		
<p style="text-align: center;">I understand that, if any of the information provided above is found to be false, it may result in dismissal from the fire department.</p> <p>This document is signed and sworn to under the penalty of perjury. I certify that the above information is true and correct. My signature below authorizes Cathlamet Fire Department to obtain conviction records from the Washington State Patrol and other states; and to obtain from Washington and other states licensing information and any determination or finding of abuse, neglect, or exploitation. I understand that the results of this background check will be released to the employer named above.</p>			
SIGNATURE OF PERSON TO BE CHECKED		SIGNATURE OF PARENT/GUARDIAN IF UNDER 18	
DATE:		DATE:	

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# Applicant Release and Authorization

The purpose of this form is to notify you that a Consumer Report and/or an Investigative Consumer Report will be conducted on you in the course of consideration for employment or promotion. This report is being provided by Inquiries, Inc. - Post Office Box 67 Easton, MD 21601 - Phone 866-987-3767. I hereby authorize your company or any agent of your company to contact any and all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, workers compensation agencies, city, state, county, and federal courts and military services to release information about my background including, but not limited to, information about my employment, education, consumer credit history, workers compensation claims, driving record, criminal record, and general public records history to the person or company with which this form has been filed. This release also authorizes the client to request a pre-employment and/or random selection drug screen. This releases the aforesaid parties from any liability and responsibility for collecting the above information. This release shall remain in effect for the length of my employment. I understand I have the right to obtain a free copy of this Consumer Report if; (1) Any adverse action/decision is made based on the information in the consumer report, & (2) If the request is made in writing within 60 days of the adverse action. I believe to the best of my knowledge that all information I have provided is accurate true and correct and that I fully understand the terms of this release.

**Please write clearly and fill out completely.**

Name (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_

List any maiden/other name used in the last 7 years \_\_\_\_\_

Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Social Security Number \_\_\_\_-\_\_\_\_-\_\_\_\_

Drivers License # \_\_\_\_\_ State \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Professional License Held\* \_\_\_\_\_ State \_\_\_\_\_ Lic.# \_\_\_\_\_

*(\*only if requesting a professional license verification)*

List your current mailing address as well as any other cities or towns you have lived in the past 7 years:

Street or PO# \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Dates \_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_

Your Signature \_\_\_\_\_ Today's Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Minnesota, California, and Oklahoma applicants only. If you want a copy of the reports ordered, check this box.  The report(s) will be sent by the reporting agency to you at the address below.

**\*\*\*APPLICANT - DO NOT WRITE BELOW THIS LINE\*\*\***

**FAX TO: (410) 819-3670**

TO BE FILLED OUT BY COMPANY REQUESTING INFORMATION:

Company Name: \_\_\_\_\_ Branch \_\_\_\_\_

\_\_\_\_ Please start our standard background check (ignore boxes below)  
 Or select from the following:

\_\_\_\_ County Criminal History    \_\_\_\_ Statewide Criminal History    \_\_\_\_ Civil History    \_\_\_\_ Social Security Verification

\_\_\_\_ Education/Degree Verification    \_\_\_\_ Driving Record    \_\_\_\_ National Wants & Warrants    \_\_\_\_ Fingerprint Services

\_\_\_\_ Previous Employer Verification    \_\_\_\_ Federal District Criminal Search    \_\_\_\_ OFAC List Check    \_\_\_\_ HHS/OIG/EPLS Scan

\_\_\_\_ Sex Offender    \_\_\_\_ National Sex Offender    \_\_\_\_ Credit Report

While the information contained in the reports provided has been obtained from public records data sources deemed reliable, its accuracy cannot be guaranteed due to potential human error in the actual recording of the record. Since this information is not owned by Inquiries, Inc. and since public records data on any one individual, group of individuals, company, or companies can be contained in more than one repository Inquiries, Inc. can only rely on its accuracy from the public records data sources presently available at the time of the search. This information is furnished for your exclusive use and accepted by you without any liability on the part of Inquiries, Inc. its sources, officers, agents or employees. Furthermore you agree to indemnify Inquiries, Inc. its sources, agents, and employees of any liability for the use of this information and shall agree that the right to obtain and the purpose for this information, for your exclusive use, is fully within the appropriate law or laws which apply to the permissible purpose of retrieving background information on an individuals criminal records history, and / or workers compensation claim history.

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## Applicant Release and Authorization

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will be given a summary of these rights together with this document.

By your signature below, you hereby authorize us to obtain a consumer report and/or an investigative report about you in order to consider you for employment.

Applicant's Name: \_\_\_\_\_

(Please Print)

Applicant's Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Give copy with Summary of Rights to applicant. Retain a copy for your files.

# Applicant Release and Authorization

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identify theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.

In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.

- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

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# Applicant Release and Authorization

• You may limit “prescreened” offers of credit and insurance you get based on information in your credit report. Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.

• You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.

• Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

**TYPE OF BUSINESS:**

**CONTACT:**

1.a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.

a. Consumer Financial Protection Bureau  
 1700 G Street N  
 Washington, DC 20552

b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:

b. Federal Trade Commission: Consumer Response Center –  
 FCRA  
 Washington, DC 20580  
 (877) 382-4357

2. To the extent not included in item 1 above:

a. National banks, federal savings associations, and federal branches and federal agencies of foreign banks

a. Office of the Comptroller of the Currency  
 Customer Assistance Group  
 1301 McKinney Street, Suite 3450  
 Houston, TX 77010-9050

b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies, and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act

b. Federal Reserve Consumer Help Center  
 P.O. Box 1200  
 Minneapolis, MN 5548

c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations

c. FDIC Consumer Response Center  
 1100 Walnut Street, Box #11  
 Kansas City, MO 64106

d. Federal Credit Unions

d. National Credit Union Administration  
 Office of Consumer Protection (OCP)  
 Division of Consumer Compliance and Outreach (DCCO)  
 1775 Duke Street  
 Alexandria, VA 22314

3. Air carriers

Asst. General Counsel for Aviation Enforcement &  
 Proceedings  
 Aviation Consumer Protection Division  
 Department of Transportation  
 1200 New Jersey Avenue, SE  
 Washington, DC 20590

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# Applicant Release and Authorization

- |  |  |
|--|--|
| 4. Creditors Subject to Surface Transportation Board   | Office of Proceedings, Surface Transportation Board<br>Department of Transportation<br>395 E Street S.W.<br>Washington, DC 20423   |
| 5. Creditors Subject to Packers and Stockyards Act, 1921   | Nearest Packers and Stockyards Administration area supervisor  |
| 6. Small Business Investment Companies   | Associate Deputy Administrator for Capital Access<br>United States Small Business Administration<br>409 Third Street, SW, 8th Floor<br>Washington, DC 20416                |
| 7. Brokers and Dealers   | Securities and Exchange Commission<br>100 F St NE<br>Washington, DC 20549  |
| 8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks, and Production Credit Associations | Farm Credit Administration<br>1501 Farm Credit Drive McLean, VA 22102-5090   |
| 9. Retailers, Finance Companies, and All Other Creditors Not Listed Above  | FTC Regional Office for region in which the creditor operates or<br>Federal Trade Commission: Consumer Response Center –<br>FCRA<br>Washington, DC 20580<br>(877) 382-4357 |

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# Form W-4 (2011)

**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 2011 expires February 16, 2012. 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 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. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: <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> _____
<b>C</b>	Enter "1" for your spouse. 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> _____
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.</li> <li>• 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 plus "1" additional if you have six or more eligible children . . . . .</li> </ul>	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶ <ul style="list-style-type: none"> <li>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</li> <li>• If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</li> <li>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</li> </ul>	<b>H</b> _____

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

Form **W-4**  
Department of the Treasury  
Internal Revenue Service

## Employee's Withholding Allowance Certificate

OMB No. 1545-0074

**2011**

▶ 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 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 withheld at higher Single rate.	
City or town, state, and ZIP code				Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
				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 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> 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)

**Deductions and Adjustments Worksheet**

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 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 . . . . .	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . .	3	\$	_____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.) . . . . .	5	\$	_____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest) . . . . .	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-" . . . . .	7	\$	_____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction . . . . .	8		_____
9	Enter the number from the <i>Personal Allowances Worksheet</i> , line H, page 1 . . . . .	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the <i>Two-Earners/Multiple Jobs Worksheet</i> , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

**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.

1	Enter the number from line H, page 1 (or from line 10 above if you used the <i>Deductions and Adjustments Worksheet</i> )	1	_____
2	Find the number in Table 1 below that applies to the <b>LOWEST</b> paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	2	_____
3	If line 1 is more than or equal to 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. Do not use the rest of this worksheet . . . . .	3	_____

Note. If line 1 is less than 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.

4	Enter the number from line 2 of this worksheet . . . . .	4	_____
5	Enter the number from line 1 of this worksheet . . . . .	5	_____
6	Subtract line 5 from line 4 . . . . .	6	_____
7	Find the amount in Table 2 below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	9	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
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.

# Remittance Form

**Mail with fees to:**

BOARD FOR VOLUNTEER FIREFIGHTERS  
 PO BOX 114  
 OLYMPIA, WA 98507

MUNICIPALITY: Cathlamet Fire Department

(City or Fire Distric #) Town Of Cathlamet

COUNTY: Wahkaikum

DATE: \_\_\_\_\_

PHONE: (360) 753-7318  
 TOLL FREE: (877) 753-7318  
 FAX: (360) 586-1987  
 Website: www.bvff.wa.gov

THE ENCLOSED REMITTANCE IS FOR DEPOSIT TO THE CREDIT OF VOLUNTEER FIREFIGHTERS' RELIEF AND PENSION FUND PROVIDED BY CHAPTER 41.24 RCW.

\*\*\*SOCIAL SECURITY NUMBERS ARE MANDATORY FOR ALL MEMBERS OF THE PENSION PLAN\*\*\*

ONLY VOLUNTEER FIREFIGHTERS, EMT'S AND COMMISSIONED RESERVE OFFICERS ARE ELIGIBLE TO PARTICIPATE IN THE RELIEF AND PENSION PLAN

Social Security Number	Name (in alphabetical order)	Birthdate	Gender M/F	Disability Fee	Pension		Total
					Munic. Pd	Member Pd.	
				\$ 30.00	\$ 60.00		\$ 90.00
<b>TOTAL FEES</b>				\$ 30.00	\$ 60.00	\$ -	\$ 90.00

Please keep a copy for your records

BY: \_\_\_\_\_  
 TITLE: \_\_\_\_\_