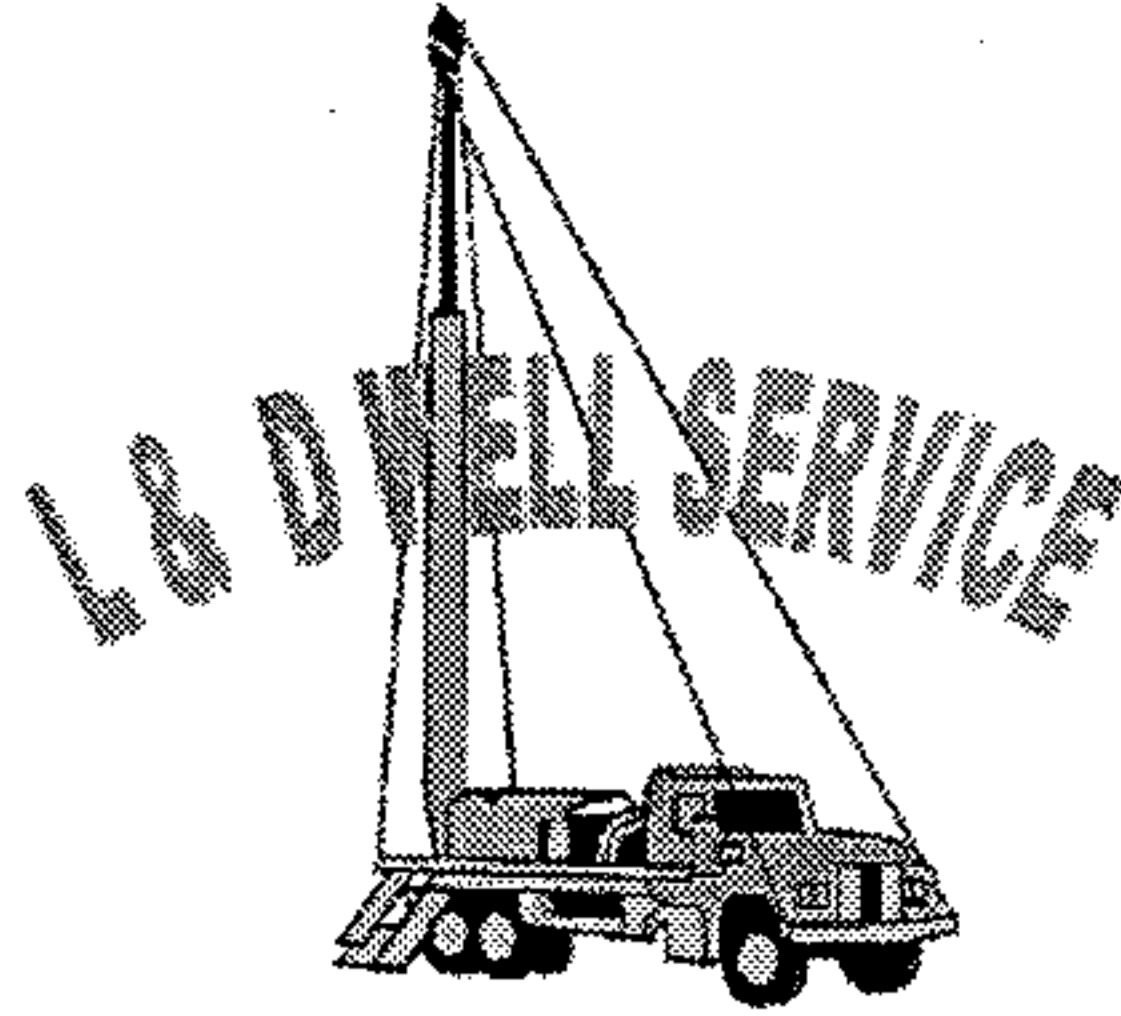


NON-CDL



PO Box 1192
Vansant, VA 24656

(276) 597-7211

Contact Person: Brandon Boyd

It is the policy of L&D Well Service, Inc. to provide equal employment opportunities to all applicants and employees without regard to any legally protected status such as race, religion, gender, national origin, age, disability, or veteran status.

NAME: _____ SSN: _____

ADDRESS: _____

DATE OF BIRTH: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

DRIVERS LICENSE NO: _____

STATE ISSUED DRIVERS LICENSE: _____

.....
IN THE EVENT OF AN EMERGENCY, CONTACT: _____

PHONE #: _____

RELATIONSHIP: _____

Do you currently have your mine surface papers?: _____

Have you failed or refused to take a drug test within the past 5 years?: _____

If so, please list the following:

COMPANY: _____

ADDRESS: _____

PHONE: _____

Have you applied to L&D Well Service previously?: _____

Who referred you to L&D Well Service (if anyone)?: _____

Job Position Applying For: _____

Salary Desired: _____

Are you at least 18 years old?: _____

How will you be getting to work?: _____

Are you willing to work any shift, including nights and weekends?: _____

If not, please list any limitations: _____

If you are offered employment, when would you be available to begin work?: _____

Are you legally eligible for employment in the United States?: _____

Are you able to perform the essential functions of the job position with or without reasonable accommodation? _____

What accommodations would you require (if any)?: _____

EDUCATION

High School Name and Address: _____

Last Grade Completed: _____

Did you receive a diploma?: _____

College Name and Address: _____

Did you receive a degree?: _____ If yes, degree received: _____

Other Training (graduate, technical, vocational): _____

APPLICANT'S SKILLS

Check as many of the following skills that you have. List any other skills that may be useful for the job that you are seeking. Enter the number of years of experience, and circle the number which corresponds to your ability for each particular skill. (One represents poor ability and five represents exceptional ability.)

<u>Skill</u>	<u>Years of Experience</u>	<u>Ability Rating</u>
<input type="checkbox"/> Welding	_____	1 2 3 4 5
<input type="checkbox"/> Rig Hand	_____	1 2 3 4 5
<input type="checkbox"/> Truck Driver	_____	1 2 3 4 5
<input type="checkbox"/> Rig Operator	_____	1 2 3 4 5
<input type="checkbox"/> Mechanic	_____	1 2 3 4 5
<input type="checkbox"/>	_____	1 2 3 4 5
<input type="checkbox"/>	_____	1 2 3 4 5

REFERENCES

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

RELATIONSHIP: _____

NAME: _____

ADDRESS: _____

DAYTIME PHONE: _____

EVENING PHONE: _____

RELATIONSHIP: _____

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding 3 years. List complete mailing address, street number, city, state, and zip code.

Applicants to drive a commercial motor vehicle in intrastate or interstate commerce shall also provide an additional 7 years' information on those employers for whom the applicant operated such vehicle.

(NOTE: List employers in reverse order starting with the most recent. Add another sheet as necessary.)

Employer				Date	
Name:				From:	/to:
Address:				Position Held:	
City:	State:	Zip:		Salary Wage:	
Contact Person:	Phone:			Reason for Leaving:	
Employer				Date	
Name:				From:	/to:
Address:				Position Held:	
City:	State:	Zip:		Salary Wage:	
Contact Person:	Phone:			Reason for Leaving:	
Employer				Date	
Name:				From:	/to:
Address:				Position Held:	
City:	State:	Zip:		Salary Wage:	
Contact Person:	Phone:			Reason for Leaving:	
Employer				Date	
Name:				From:	/to:
Address:				Position Held:	
City:	State:	Zip:		Salary Wage:	
Contact Person:	Phone:			Reason for Leaving:	

MEDICAL INFORMATION

NAME: _____

SS NO: _____

.....

LIST ALL KNOWN ALLERIGIES (DUST, POLLEN, MEDICINES, ETC.)

LIST ANY MEDICATIONS TAKEN ON A CONTINUING BASIS:

LIST ANY INJURIES THAT HAVE OCCURRED WITHIN THE PAST 5 YEARS
(BROKEN BONES, PULLED MUSCLES, TWISTED ANKLES, TWISTED KNEES,
ETC.):

LIST ANY CONDITION WHICH SHOULD BE NOTED IN THE EVENT OF AN
EMERGENCY: _____

TO ALL APPLICANTS

L&D WELL SERVICE, INC. HAS A STRICT POLICY ON ATTENDANCE. IF YOU ARE UNABLE TO COME OUT ON YOUR SHIFT, THE SHIFT FOREMAN/SUPERVISOR MUST BE NOTIFIED PRIOR TO THE BEGINNING OF YOUR SHIFT BY AT LEAST ONE HOUR. EMERGENCIES DO ARISE AND WILL STILL REQUIRE THE FORMAN TO BE NOTIFIED AS SOON AS POSSIBLE. IF YOU HAVE TO MISS BECAUSE OF SICKNESS, A DOCTOR'S EXCUSE MUST BE BROUGHT TO THE OFFICE THE DAY AFTER YOU MISS.

WE EXPECT ALL EMPLOYEES TO BE ABLE TO GET TO WORK ON TIME. NOT HAVING A DRIVER'S LICENSE IS NOT A REASON FOR MISSING WORK. YOU SHOULD CALL AHEAD OF TIME SO THAT A RIDE MIGHT BE MADE AVAILABLE OR THAT A REPLACEMENT CAN BE FOUND FOR YOUR SHIFT. EACH SHIFT MUST MAINTAIN A THREE OR MORE MAN SHIFT FOR THE SAFTEY OF THE CREW.

FAILURE TO FOLLOW THE CORRECT PROCEDURE FOR MISSING WORK OR BEING LATE CAN RESULT IN SUSPENSION OR DISMISSAL.

I ACKNOWLEDGE THAT I HAVE READ AND AGREE TO THE ABOVE WRITTEN POLICY.

DATE

SIGNED

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE.** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ____/____/____ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year)

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		____/____/____		____/____/____
Document #: _____		_____		_____
Expiration Date (if any): ____/____/____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) ____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____ Document #: _____ Expiration Date (if any): ____/____/____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
--	-----------------------

Motor Vehicle Driver's

CERTIFICATION OF COMPLIANCE WITH DRIVER LICENSE REQUIREMENTS

MOTOR CARRIER INSTRUCTIONS: The requirements in Part 383 apply to every driver who operates in intrastate, interstate, or foreign commerce and operates a vehicle weighing 26,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

The requirements in Part 391 apply to every driver who operates in interstate commerce and operates a vehicle weighing 10,001 pounds or more, can transport more than 15 people, or transports hazardous materials that require placarding.

DRIVER REQUIREMENTS: Parts 383 and 391 of the Federal Motor Carrier Safety Regulations contain some requirements that you as a driver must comply with. These requirements are in effect as of July 1, 1987. They are as follows:

- 1) **POSSESS ONLY ONE LICENSE:** You, as a commercial vehicle driver, may not possess more than one motor vehicle operator's license.

If you have more than one license, keep the license from your state of residence and return the additional licenses to the states that issued them. DESTROYING a license does not close the record in the state that issued it; you must notify the state. If a multiple license has been lost, stolen, or destroyed, close your record by notifying the state of issuance that you no longer want to be licensed by that state.

- 2) **NOTIFICATION OF LICENSE SUSPENSION, REVOCATION OR CANCELLATION:** Sections 391.15(b)(2) and 383.33 of the Federal Motor Carrier Safety Regulations require that you notify your employer the NEXT BUSINESS DAY of any revocation or suspension of your driver's license. In addition, Section 383.31 requires that any time you violate a state or local traffic law (other than parking), you must report it within 30 days to: 1) your employing motor carrier, and 2) the state that issued your license (If the violation occurs in a state other than the one which issued your license). The notification to both the employer and state must be in writing.

The following license is the only one I will possess:

Driver's License No. _____ State _____ Exp. Date _____

DRIVER CERTIFICATION: I certify that I have read and understood the above requirements.

Driver's Name (Printed): _____

Driver's Signature: _____ Date _____

Notes: _____

(This form is not required for DOT compliance)

REQUEST FOR CHECK OF DRIVING RECORD

NOTE TO MOTOR CARRIER: SEE BACK SIDE FOR STATES THAT ACCEPT THIS FORM.

I hereby authorize you to release the following information to _____
(Prospective Employer)
for purposes of investigation as required by Sections 391.23 and 391.25 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

(Applicant's Signature) (Date)

In accordance with the provisions of Sections 604 and 607 of the **Fair Credit Reporting Act**, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter 1, of Public Law 104-208), I hereby certify the following:

1. The consumer (applicant) has authorized in writing the procurement of this report;
2. The consumer (applicant) has been informed in a separate written disclosure that a consumer report may be obtained for employment purposes;
3. The information requested below will be used for a "permissible purpose" (i.e., information for employment purposes) and will be used for no other purpose;
4. The information being obtained will not be used in violation of any federal or state equal opportunity law or regulation; and
5. Before taking an adverse action based in whole or in part on the report the consumer (applicant) will receive a copy of the requested report and the summary of consumer rights as provided with the report by the consumer reporting agency.

I also hereby certify that this report request and the above applicant's release notice meet the definition of "permissible uses" of state motor vehicle records under the provisions of the **Driver's Privacy Protection Act of 1994** (Public Law 103-322, Title XX) Section 300002(a).

(Signature of Requester) (Date)

TO: _____

DEAR SIR/MADAM:

- The following named person has made application with our company for the position of _____
_____. In accordance with Section 391.23, Federal Department of Transportation Regulations please furnish the undersigned with the applicant's driving record for the past three years.
- The following named person is employed with our company in the position of _____
_____. In accordance with Section 391.25, Federal Department of Transportation Regulations please furnish the undersigned with the employee's driving record for the past year.

NAME OF APPLICANT/DRIVER _____

ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

FORMER ADDRESS _____
(Number & Street) (City) (State) (Zip Code)

DATE OF BIRTH _____ SSN _____ LICENSE NO. _____

REQUESTED BY

(Name of Company) (Typed Name)

(Address) (Title)

(City) (State) (Signature)

**MOTOR VEHICLE DRIVER'S
Certification of Violations/Annual Review of Driving Record**

MOTOR CARRIER INSTRUCTIONS: Each motor carrier shall at least once every 12 months, require each driver it employs to prepare and furnish it with a list of all violations of motor vehicle traffic laws and ordinances (other than violations involving only parking) of which the driver has been convicted, or on account of which he/she has forfeited bond or collateral during the preceding 12 months (Section 391.27). Drivers who have provided information required by Section 383.3 need not repeat that information on this form.

DRIVER REQUIREMENTS: Each driver shall furnish the list as required by the motor carrier above. If the driver has not been convicted of, or forfeited bond or collateral on account of any violation which must be listed, he/she shall so certify (Section 391.27).

COMPLETED BY DRIVER - CERTIFICATION OF VIOLATIONS

NAME OF DRIVER: (PRINT)	SOCIAL SECURITY NUMBER	DATE OF EMPLOYMENT
HOME TERMINAL (CITY AND STATE)	DRIVER'S LICENSE NUMBER	STATE EXPIRATION DATE

I certify that the following is a true and complete list of traffic violations required to be listed (other than those I have provided under Part 383) for which I have been convicted or forfeited bond or collateral during the past 12 months.

(If you have had no violations, check the following box – None.)

DATE	OFFENSE	LOCATION	TYPE OF VEHICLE OPERATED

If no violations are listed above, I certify that I have not been convicted or forfeited bond or collateral on account of any violation (other than those I have provided under Part 383) required to be listed during the past 12 months.

Date of Certification _____ Driver's Signature _____

COMPLETED BY MOTOR CARRIER - ANNUAL REVIEW OF DRIVING RECORD

MOTOR CARRIER INSTRUCTIONS: Review the Certification of Violations listed above and other information described in Section 391.25 of the Federal Motor Carrier Safety Regulations. Complete the information requested below.

I have hereby reviewed the driving record of the above named driver in accordance with Section 391.25 and find that he/she (check one):

- Meets minimum requirements for safe driving Is disqualified to drive a motor vehicle pursuant to Section 391.15
- Does not adequately meet satisfactory safe driving performance

Action taken with driver: _____

Reviewed by: _____	Date _____
Signature	
Printed Name	Title

Motor Carrier Name _____	Motor Carrier Address _____
--------------------------	-----------------------------

MAINTAIN THIS DOCUMENT IN THE DRIVER'S QUALIFICATION FILE. THIS DOCUMENT MAY BE PURGED AFTER 3 YEARS FROM DATE OF EXECUTION.

NOTICE TO APPLICANTS

IF YOU REQUIRE AN ACCOMMODATION BECAUSE OF A PHYSICAL OR MENTAL DISSABILITY IN ORDER TO PARTICIPATE IN ANY PHASE OF THE APPLICATION PROCESS, PLEASE MAKE THE FACT KNOWN TO THE INDIVIDUAL PROCESSING YOUR APPLICATION.

IF YOU ARE REQUIRED TO TAKE ANY PRE-EMPLOYMENT SCREENING TESTS, AND YOU REQUIRE AN ACCOMMODATION BECAUSE OF A PHYSICAL OR MENTAL DISSABILITY TO ENABLE YOU TO TAKE OR SUCCESSFULLY COMPLETE SUCH A TEST, PLEASE MAKE THE FACT KNOWN IN ADVANCE TO THE TEST ADMINISTRATOR.

IF AN OFFER OF EMPLOYMENT IS MADE AND YOU WILL NEED AN ACCOMMODATION TO PERFORM ANY ESSENTIAL JOB FUNCTION BECAUSE OF A PHYSICAL OR MENTAL DISSABILITY, PLEASE MAKE THAT FACT KNOWN TO THE INDIVIDUAL PROCESSING YOUR APPLICATION.

IF AN OFFER OR EMPLOYMENT IS MADE, I AGREE TO SUBMIT TO A MEDICAL EXAMINATION, INCLUDING A DRUG TEST, AND UNDERSTAND THAT MY SUBSEQUENT EMPLOYMENT WILL BE CONTINGENT ON THE RESULTS OF THE MEDICAL EXAMINATION AND DRUG TEST.

I UNDERSTAND THAT THE EXAMINING PHYSICIAN MAY ASK QUESTIONS REGARDING MY CURRENT HEALTH CONDITION, HEALTH HISTORY, HEALTH INSURANCE CLAIM, AND WORKERS COMPENSATION CLAIM HISTORY AND THAT ALL SUCH INFORMATION WILL BE RETAINED BY THE EXAMINING PHYSICIAN IN HIS/HER CONFIDENTIAL MEDICAL FILES, TO BE RELEASED ONLY IN ACCORDANCE WITH FEDERAL AND STATE LAW.

I ALSO UNDERSTAND THAT FALSIFICATION OF ANY SUCH INFORMATION THAT I FURNISH COULD RESULT IN TERMINATION OF MY EMPLOYMENT, IF HIRED.

SIGNATURE OF APPLICANT

DATE

WITNESS STATEMENT:

THE ABOVE APPLICANT DID / DID NOT ASK FOR ANY TYPE OF ACCOMMODATION THIS DATE.

IF APPLICANT ABOVE DID ASK FOR ACCOMMODATION, PLEASE DESCRIBE ACCOMMODATION REQUESTED AND GIVEN _____

WITNESS

DATE

COMPANY NAME: L&D WELL SERVICE

FAIR CREDIT REPORTING ACT DISCLOSURE STATEMENT

In accordance with the provisions of Section 604(b)(2)(A) of the Fair Credit Reporting Act, Public Law 91-508, as amended by the Consumer Credit Reporting Act of 1996 (Title II, Subtitle D, Chapter I, of Public Law 104-208), you are being informed that reports verifying your previous employment, previous drug and alcohol test results, and your driving record may be obtained on you for employment purposes. These reports are required by Sections 382.413, 391.23, and 391.25 of the Federal Motor Carrier Safety Regulations.

Applicant's Signature

Date

Print Name

Social Security Number

CERTIFICATION

I certify that the information provided on this application is truthful and accurate to the best of my knowledge. I understand that providing false or misleading information will be the basis for the rejection of my application, or if employment commences, immediate termination can/will occur.

I authorize L&D Well Service to contact former employers and educational organizations regarding my employment and education. I authorize my former employers and educational organizations to fully and freely communicate information regarding my previous employment, attendance, and grades. I authorize those persons designated as references to fully and freely communicate on my abilities.

If an employment relationship is created, I understand that unless I am offered a specific written contract of employment signed on behalf of the organization by its supervisor, the employment relationship will be entirely voluntary in nature. Therefore, with appropriate notice, I will have the full and complete discretion to end the employment relationship when I choose for and reasons of my choice. Similarly, my employer would have the same right. Moreover, no agent, representative, or employee of L&D Well Service, except in specific written contract of employment signed on behalf of the organization by its supervisor, has the power to alter or vary the voluntary nature of the employment relationship.

I HAVE CAREFULLY READ THE ABOVE CERTIFICATION AND I UNDERSTAND AND AGREE TO ITS TERMS.

APPLICANT'S SIGNATURE

DATE

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

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.

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/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.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent. **A** _____

B Enter "1" if:
 • You are single and have only one job; or
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 or less.
 **B** _____

C 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.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
 (Note. Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub 972, Child Tax Credit, for more information.
 • If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children.
 **G** _____

H 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.) **H** _____

For accuracy, complete all worksheets that apply.
 • 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.
 • 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 (\$25,000 if married) see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ 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.		2007
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 2007, 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 (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)	