

NWCG Single Resource Casual Hire Information

CASUAL INFORMATION

Casual's Name (print): _____ Phone #: _____ Start Date: _____
Point-of-Hire: _____ City: _____ State: _____ ECI #: _____

HIRING UNIT INFORMATION

Office Name: _____ Eastern Montana/Dakotas District _____ Hiring Location (example: ID-BOF): _____ MT-EMD _____
Hiring Official's Name (print): _____ Mariah Gibson or Gwen Bell _____ Phone #: _____ (406) 233-2900 or (406) 896-2900 _____

POSITION INFORMATION

Job Title: _____ AD Class: _____ AD Rate: \$ _____ Request #: _____ FireCode: _____
Incident Order # (example: ID-BOF-000423): _____ Incident Location (City/State): _____

Hiring of emergency personnel may be made according to the provisions of the current *Administratively Determined Pay Plan for Emergency Workers* when any of the following conditions exist. Reference the Pay Plan for specific determinations.

- 1. To fight an ongoing fire.
- 2. Unusually dry period or fire danger is high to extreme.
- 3. Provide support to ongoing incidents to include post-incident administration (dispatch, warehouse/cache, administrative support) normally not to exceed 90 calendar days.
- 4. Place firefighters on standby for expected dispatch.
- 5. Temporarily replace members of fire suppression crews or fire management personnel who have been mobilized to incidents.
- 6. Attend emergency incident training. Course Title: _____
- 7. Instruct emergency incident training when all other methods of hiring and contracting instructors have been exhausted.
- 8. Cope with floods, storms, or any other all-hazard emergency.
- 9. Carry out emergency stabilization work when there is an immediate danger of loss of life or property.
- 10. Following a natural emergency, develop plans, and manage emergency stabilization efforts.
- 11. Meet FEMA mission assignments.
- 12. Provide public awareness for an emerging or projected incident, event, or situation.
- 13. For hazardous fuel reduction projects (excludes mechanical or chemical treatments).

TRAVEL/TRANSPORTATION/SUBSISTENCE

Travel for casual hires will be processed in accordance with Federal Travel Regulations, AD Pay Plan, and agency policy.

Casual is entitled to transportation to and from the incident: No Yes

Transportation method:

- Airline
- POV Mileage Reimbursement Authorized: POV - TDY (higher rate) or POV - Agency Vehicle Available (lower rate)
- Rental Vehicle (must be on resource order): Rental provided by: Casual **or** Government
- Other (such as bus, gov't vehicle, EERA): _____

Subsistence:

If Casual Is Subsisted by the Government, Those Expenses Shall Not Be Claimed on a Travel Voucher.

HIRING DOCUMENTS

Completed by:

Agency

- I-9, Employment Eligibility Verification (valid for 3 years)
- State/federal government-issued photo ID verified and in casual's possession (required for all positions).
- Incident qualification card (if required for position) verified and in casual's possession.
- State-required certification verified, if required for position (e.g., CDL, driver's license, EMT certificate).

Casual Federal W-4 State tax (if applicable) Incident Behavior, PMS 935-1 Direct Deposit Conditional Offer of FEHB

I understand that I am being hired under the terms and conditions of the *Administratively Determined Pay Plan for Emergency Workers*.

Casual's signature (required) _____ Date _____

Hiring official's signature (required) _____ Date _____

Distribution: Follow agency hiring procedures.

The individual hired under the *Administratively Determined Pay Plan* is considered a federal government employee.

NON-DISCRIMINATION POLICY STATEMENT: *The U.S. Government prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and, where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, or because all or part of an individual's income is derived from any public assistance program (not all prohibited bases apply to all programs).*

Incident Behavior

Common Responsibilities Volunteers and Single Resource Casual Hires

Inappropriate Behavior:

It is extremely important that inappropriate behavior be recognized and dealt with promptly. Inappropriate behavior is all forms of harassment including sexual and racial harassment.

Harassment in any form will not be tolerated. When you observe or hear of inappropriate behavior you should:

- Inform and educate subordinates of their rights and responsibilities.
 - Tell the harasser to stop the offensive conduct.
- Provide support to the victim.
- Report the incident to your supervisor and the individuals' supervisor, if the behavior continues. Disciplinary action may be necessary.
- Develop appropriate corrective measures.
- Document inappropriate behavior and report it to the appropriate incident manager or agency official.
- While working in and around private property, recognize and respect all private property.

Drugs and Alcohol:

- Non-prescription unlawful drugs and alcohol are not permitted at the incident.
- Use of medical marijuana on incidents is prohibited.
- Possession or use of these substances will result in disciplinary action.
- During off-incident rest periods, personnel are responsible for proper conduct and maintenance of fitness for duty. Drug or alcohol abuse resulting in unfitness for duty will result in disciplinary action.
- Be a positive role model. Do not be involved with drug or alcohol abuse.
- Report any observed drug or alcohol abuse to your supervisor.

I have read and I understand the above described incident behavior responsibilities:

Signature

Date



NATIONAL INTERAGENCY FIRE CENTER
 CASUAL PAYMENT CENTER
 A SERVICE FIRST ORGANIZATION
 CASUAL PAYMENT CENTER MS 270
 3833 S DEVELOPMENT AVE BOISE, ID 83705-5354
 PHONE: 877-471-2262 FAX: 208-433-6405



**Conditional Offer of
 Federal Employee Health Benefits Form**

Check one: BIA BLM FWS NPS

NAME: _____

SSN/ECI: _____

PHONE: _____

E-MAIL: _____

As an Administratively Determined Emergency Worker (AD/Casual), you will be eligible for Federal Employee Health Benefits (FEHB) when you work 130 hours per month for 90 consecutive days. This coverage includes a 31 day extension of FEHB following employment termination.

More information about the FEHB program is available on the OPM website: <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/2017/>.

As an AD/Casual, I understand that if I work 130 hours per month for 90 days, I am eligible for FEHB coverage.

- I elect FEHB upon meeting the above eligibility criteria.
- I decline coverage in a Federal Employee Health Benefits plan.

****I understand if at any time I choose to receive more information, I can contact the Casual Payment Center.**

By signing below, I attest I am the person named above and I have read and understand the information presented.

SIGNATURE: _____ **DATE:** _____

Privacy Act Statement: Information on this form is collected under the authority of the Administratively Determined (AD) Pay Plan. Information collected via this form is covered by the Privacy Act of 1974 and Privacy Act System of Records Notice DOI-85. The primary use of this information is to start, stop, or change entitlements and to process any voluntary or involuntary deductions on pay and leave issues. The information you furnish will be used to identify records properly associated with you, to obtain additional information to update your record, if necessary, and to determine any present or future entitlement. Disclosure may be made only to authorized persons according to Title 5 USC 552a and for uses described in System of Records Notices DOI-85. Submission of the information in this form is voluntary; however, requests will not be completed without the information needed to process the request.

FEHB FAST FACTS FOR CASUALS

What is the FEHB Program?

The Federal Employees Health Benefits Program (FEHB) provides comprehensive health insurance. Casual employees can choose from fee-for-service (FFS) plans, health maintenance organizations (HMOs), consumer-driven health plans (CDHPs) or high deductible health plans (HDHPs). For more information on the types of plans under FEHB, reference www.opm.gov/insure/health/planinfo/types.asp.

What are some important things I should know?

- There is no waiting period or pre-existing condition limitations.
- Each plan contracts with doctors and hospitals (known as a provider network). Your doctor may participate in one or more provider networks.
- You will reduce your out-of-pocket costs by visiting doctors and hospitals that contract with your plan. Visit your plan's website to determine which providers participate in the plan's network.

How do I enroll?

Once you have qualified for benefits by having worked 130 hours per month for 90 consecutive days, you must complete the Health Benefits Election Form (SF-2809). Contact the Casual Payment Center (CPC) for details. You will have 60 days from the date of eligibility to enroll.

Do I have to decide right away?

If you elected to receive coverage by indicating "*I elect...*" on the FEHB Conditional Offer form during sign-up, and become eligible, the CPC will contact you and provide the Health Benefits Election Form (SF-2809) to enroll. You will become eligible once you have worked 130 hours per month for 90 consecutive days. If you the employee, fails to return the SF-2809 within 60 days of eligibility, the choice will be recorded as a declination of enrollment.

How long do I have Health Benefits?

Initially you will have coverage for 28 days (2 casual pay periods) beginning on the first day of the following pay period after the CPC receives a completed Health Benefits Election Form (SF-2809). If you are still working or have been ordered to a new assignment you will be responsible for contacting the CPC before day 28 to continue health benefits. If you have not contacted the CPC before day 28, your coverage will switch over to your free 31-day extension of coverage. After the 31-day extension of coverage your health benefits will end. If you work at any time after your health benefits have terminated within the calendar year, you can reenroll by submitting a new Health Benefits Election Form (SF-2809) to the CPC.

How much do I pay?

What you pay is based on the plan and option you choose. Premiums are shared by you and your Federal agency during your time of hire. Premiums vary by plan, but generally you pay approximately 30% and your agency pays approximately 70%.

FEHB FAST FACTS FOR CASUALS

Casuals can discuss health insurance premiums with the Casual Payment Center or find more information on the OPM website at <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/2016/>.

How do I pay for coverage?

Your share of the health plan premium will be deducted from your casual payment. When there is no payment in process, you will receive a bill for collection and a debt will be set up in the payroll system. You will be required to make payment for your portion of the premium.

Do I have to pay for my coverage with pre-tax dollars?

Your share of the health plan premium will be paid with pre-tax dollars unless you complete a Federal Employees Health Benefits Program (FEHB) Premium Conversion Waiver/Election Form.

What enrollment types are available?

The OPM website at <https://www.opm.gov/healthcare-insurance/healthcare/plan-information/plans/2016/> will provide more detailed information based on your local coverage options.

What happens after my employment ends?

When your 28 days of coverage or employment ends, you have a 31-day extension of coverage under the plan. During that period, you can contact your health plan company and convert the insurance plan to an individual contract, or you can enroll in **Temporary Continuation of Coverage (TCC) to continue the coverage through a FEHB plan**. TCC is available to eligible former employees for up to 18 months following the end of employment. You are then responsible for the full premium amount (Government and enrollee share) plus a 2% administrative fee.

Where can I go for more details or additional information?

- Casual Payment Center at: 877-471-2262 – or – https://www.nifc.gov/programs/programs_PaymentCenter.html
- OPM website at: www.opm.gov/insure/health



Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

Section 1. Employee Information and Attestation: Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

Last Name (Family Name)		First Name (Given Name)		Middle Initial (if any)	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address		Employee's Telephone Number	
<p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p>		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):				
		<input type="checkbox"/> 1. A citizen of the United States				
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)				
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)				
<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)						
If you check Item Number 4. , enter one of these:						
USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance
Signature of Employee				Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)	<p>Additional Information</p> <p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p>				
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		First Day of Employment (mm/dd/yyyy):
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code		
				Today's Date (mm/dd/yyyy)

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 	OR	<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	AND	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security <p style="margin-left: 20px;">For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, Item Number 4, document, not a List C document.</p>
<p>Acceptable Receipts</p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>				
<ul style="list-style-type: none"> • Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee. 	OR	<p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>	AND	<p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



Supplement A, Preparer and/or Translator Certification for Section 1

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
Supplement A
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1 .	First Name (<i>Given Name</i>) from Section 1 .	Middle initial (if any) from Section 1 .
--	--	---

Instructions: This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (<i>mm/dd/yyyy</i>)	
Last Name (<i>Family Name</i>)		First Name (<i>Given Name</i>)		Middle Initial (<i>if any</i>)
Address (<i>Street Number and Name</i>)		City or Town	State	ZIP Code



Supplement B, Reverification and Rehire (formerly Section 3)

Department of Homeland Security
U.S. Citizenship and Immigration Services

**USCIS
Form I-9
Supplement B**
OMB No. 1615-0047
Expires 07/31/2026

Last Name (<i>Family Name</i>) from Section 1.	First Name (<i>Given Name</i>) from Section 1.	Middle initial (if any) from Section 1.
--	--	---

Instructions: This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Date of Rehire (<i>if applicable</i>)	New Name (<i>if applicable</i>)		
Date (<i>mm/dd/yyyy</i>)	Last Name (Family Name)	First Name (Given Name)	Middle Initial

Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

Document Title	Document Number (if any)	Expiration Date (if any) (<i>mm/dd/yyyy</i>)
----------------	--------------------------	--

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.

Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (<i>mm/dd/yyyy</i>)
---	--	------------------------------------

Additional Information (Initial and date each notation.)	Check here if you used an alternative procedure authorized by DHS to examine documents.
--	---

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
 Your withholding is subject to review by the IRS.

2024

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	_____ Employee's signature (This form is not valid unless you sign it.)	_____ Date	

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
-----------------------	-----------------------------	--------------------------	--------------------------------------

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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 territories 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230



Montana Employee's Withholding and Exemption Certificate

MW-4
V4 10/2023

Employee's first name and middle initial	Last name	Social Security Number								
Physical address										
City		State	ZIP Code							

Complete Form MW-4 so that your employer can withhold the correct Montana income tax from your pay. See **Employee Instructions** on the back of this form before completing this form.

1. Federal filing status

- a. Single or married filing separately (If you have multiple jobs, complete the Multiple Jobs Worksheet.)
- b. Married filing jointly or qualifying widower (If you and your spouse have multiple jobs, see line 2.)
- c. Head of household

2. **Married Filing Jointly with Both Spouses Working.** If you are married and you and your spouse are both working and earn similar incomes, mark the box. If you and your spouse have multiple jobs, and your spouse earns significantly more or less than you, do not mark this box. Instead, mark box 1b, then complete the Multiple Jobs Worksheet on page 2 and enter the result on line 3.

3. **Extra withholding.** Enter any additional tax you want withheld from each pay period, including any amount you want withheld from retirement distributions. **3.** _____

4. **Reduced withholding.** If you expect to report large federal adjustments, federal itemized deductions, Montana subtractions, and/or Montana tax credits, you can direct your employer to withhold the amount you report on this line. (*Caution:* Requesting a reduced amount of withholding may result in a tax due when you file your tax return.) **4.** _____

5. Exemptions for Tax Year

You may be entitled to claim an exemption from Montana income tax withholding if your income is exempt from Montana income tax. Mark the box to indicate the reason you believe you are exempt from Montana income tax.

- a. I am exempt because I am an enrolled member of a registered tribe, I live on the reservation of that tribe, and I earn wages from work performed on that reservation. (You must complete line 1 or 2.)
- b. I am exempt because I am a member of the Reserve or National Guard and my compensation is earned under U.S.C. Title 10. (You must complete line 1 or 2.)
- c. I am exempt because I am a North Dakota resident.
- d. I am exempt because I am a resident of another state living in Montana solely to be with my spouse, who is a resident of the same state and a member of the U.S. armed forces assigned to a military location in Montana.

Under penalty of false swearing, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete. (This form is not valid unless you sign it.)

Employee's Signature _____ Date _____

Employer Information

Name	Federal Employer Identification Number								
Mailing Address	MT Withholding Account ID								
City	State	ZIP Code							

Multiple Jobs Worksheet

Complete this worksheet if you have multiple jobs, or if you are married filing jointly with both spouses working. This worksheet calculates the total extra withholding for all jobs. Complete this worksheet on the Form MW-4 for the highest paying job for the most accurate results. The amount on line 4 is the additional amount to withhold from your wages.

- 1. Two jobs.** If you have two jobs or you are married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5 or 6. Using the “Higher Paying Job” row and the “Lower Paying Job” column, find the value at the intersection of the two household salaries and enter that value here. 1. _____
- 2. Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
- 2a.** Find the amount from the appropriate table on page 5 or 6 using the annual wages from the highest paying job in the “Higher Paying Job” row and the annual wages for your next highest paying job in the “Lower Paying Job” column. Find the value at the intersection of the two household salaries and enter that value here. 2a. _____
- 2b.** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the “Higher Paying Job” row and use the annual wages for your third job in the “Lower Paying Job” column to find the amount from the appropriate table on page 5 or 6 and enter this amount on line 2b. 2b. _____
- 2c.** Add lines 2a and 2b. 2c. _____
- 3.** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52. If it pays every other week, enter 26. If it pays monthly, enter 12. 3. _____
- 4.** Divide the annual amount on line 1 or line 2c by the amount of pay periods on line 3. Enter this amount here and on Form MW-4, line 3 of the Form MW-4 for the highest paying job (along with any other additional amount you want withheld). 4. _____

Beginning in Tax Year 2024, Montana’s income tax system will change significantly. Taxpayers will see changes to filing statuses, tax brackets, and the calculation of Montana taxable income.

As a result of these changes, wage withholding determined before January 1, 2024, may not accurately reflect an employee’s actual tax liability under the new system.

Employees should complete a new Form MW-4 beginning January 1, 2024, to ensure the correct amount of Montana income tax is withheld from their wages.

Employee Instructions

Purpose

Complete Form MW-4 so that your employer can withhold the correct Montana income tax from your pay. You should complete the form when you:

- Start a new job.
- Claim to be exempt from Montana income tax withholding.

Consider completing a new Form MW-4 if your personal or financial situation changes. If you do not have enough income tax withheld from your wages, interest and/or penalties may be assessed when you file your individual income tax return.

Line Instructions

Line 1 – Federal filing status. Select the federal filing status you will use when you file your income tax return. This will determine the standard deduction and tax rates used to compute your wage withholding. If you have multiple jobs, complete the Multiple Jobs Worksheet, and report the additional amount from line 4 of the worksheet on page 1, line 3.

Line 2 – Married Filing Jointly with Both Spouses Working. If you are married, both spouses work, and earn similar amounts, mark this box on this form and all Forms MW-4 for the other jobs. If this box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This is roughly accurate for jobs with similar pay; otherwise more tax than necessary will be withheld. If you or your spouse have multiple jobs, or if one spouse earns significantly more than the other, do not mark this box. Instead, mark box 1b, and complete the Multiple Jobs Worksheet on the Form MW-4 of the highest paid job. Report the additional amount to withhold on line 3 on the Form MW-4 of the highest paid job.

Line 3 – Extra withholding. You may request to have an additional amount of taxes withheld from your paycheck on this line. If you want to receive a refund, you may enter an additional amount on this line.

If you receive pensions or annuities, you may ask the payer to withhold a flat amount that you report on this line.

You can choose to have Montana income tax withheld from your unemployment compensation. Report the amount you want the payer to withhold on this line.

Line 4 – Reduced withholding. If your income mainly consists of wages, and you expect to report large federal adjustments, federal itemized deductions, Montana subtractions, and/or Montana tax credits, you may direct your employer to only withhold the amount you report on this line. Your employer will not use the standard calculations for withholding. To calculate the amount needed, divide the amount of your expected tax by the number of pay periods in a year. Enter the amount to be withheld rather than the standard calculation. If this line is blank,

your withholding will be calculated based on the standard calculations.

CAUTION. This will reduce the amount of tax withheld and may result in a balance owing on your income tax return.

Line 5 – Exemptions. You must meet one of the following requirements to claim an exemption from Montana wage withholding:

- a. You are an enrolled member of an American Indian tribe living and working on the reservation of which you are an enrolled member. You must also complete line 1 or 2 because your exemption may not cover all the wages you earned in Montana.
- b. You are a member of the Montana National Guard and are receiving pay for active duty in the U.S. military under USC Title 10 orders. You must also complete line 1 or 2 because your exemption only applies to your pay derived from your USC Title 10 orders.
- c. Your wages are exempt from withholding because you are a resident of North Dakota. This exemption is available for residents of North Dakota because of the reciprocity agreement in place between North Dakota and Montana.
- d. You are the spouse of a military member assigned to duty in Montana, you and your spouse are domiciled in another state (the same state as one another) and you are present in Montana solely to be with your spouse.

To claim an exemption, give this form to your employer upon the start of your employment, or as soon as you qualify for an exemption. If it remains applicable, your exemption needs to be renewed before the beginning of the next year. Provide a new Form MW-4 to your employer each year or your employer will begin withholding. Do not forget to indicate the year.

Montana does not recognize the federal exempt status available on the federal Form W-4. Therefore, exemption from withholding for federal purposes does not exempt you from Montana income tax withholding.

An exemption from withholding is available only if the entire statement you marked on line 5 is true. If your situation changes, and your exemption is no longer valid, you must provide a new Form MW-4 to your employer with line 1 or 2 completed.

If you claim one of the exemptions from withholding, your employer must file an electronic copy of this form with the Department of Revenue.

An exemption from withholding is not an automatic exemption from filing a Montana income tax return. See Montana Individual Income Tax Return (Form 2) instructions for more guidance.

Employer Instructions

Montana wage withholding is required when wages are earned in Montana. Employers are liable for Montana withholding taxes and are only relieved of that liability once they have withheld the correct amount of taxes from the employees' wages for a given pay period.

Newly hired employees must complete this form when they begin working for you. Employees claiming to be exempt from Montana wage withholding must complete this form when they begin working for you and every year thereafter. Employees may file a new Form MW-4 if their personal or financial situation changes.

Keep the copies of all Forms MW-4 you receive from your employees with your records.

Exemptions from Montana Withholding

You must file your employee's Form MW-4 with the department if the employee is claiming one of the withholding exemptions listed on line 5. The form is due to the department by the last day of the payroll period in which the form was received and annually thereafter by January 31.

File online using the department's TransAction Portal (TAP) at <https://tap.dor.mt.gov>. Simply click on "File Form MW-4." Do not mail the Form MW-4 to the department.

If an exemption is claimed on line 5a or 5b, you must withhold taxes on any wages paid that do not meet the requirements of these exemptions.

Example: If 5a is marked, the exemption does not apply to wages earned from an enrolled member of a tribe, residing on his or her reservation, when the work is performed outside the reservation. Withholding is required on the wages derived from work performed outside the reservation, based on the filing status on line 1 or 2. If line 1 or 2 is not completed, the withholding is calculated using the single filing status until a new Form MW-4 is provided for the calculation of the withholding.

Invalid Forms MW-4

A Form MW-4 is invalid if the form is incomplete or lacks the necessary signatures. If your employee's Form MW-4 is invalid or incomplete, withhold Montana tax as if the employee is single.

Questions? Call us at (406) 444-6900, or Montana Relay at 711 for the hearing impaired.

Multiple Jobs Wage Tables

Single or Married Filing Separately											
Higher Paying Job		Lower Paying Job									
		\$0 - \$9,999	\$10,000 - \$19,999	\$20,000 - \$29,999	\$30,000 - \$39,999	\$40,000 - \$49,999	\$50,000 - \$59,999	\$60,000 - \$69,999	\$70,000 - \$79,999	\$80,000 - \$89,999	\$90,000 - \$99,999
\$0	\$9,999	\$254	\$470	\$529	\$590	\$590	\$590	\$590	\$590	\$590	\$590
\$10,000	\$19,999	\$470	\$745	\$865	\$926	\$926	\$926	\$926	\$926	\$926	\$926
\$20,000	\$29,999	\$529	\$865	\$985	\$1,046	\$1,046	\$1,046	\$1,046	\$1,046	\$1,046	\$1,046
\$30,000	\$39,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$40,000	\$49,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$50,000	\$59,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$60,000	\$69,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$70,000	\$79,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$80,000	\$89,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$90,000	\$99,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$100,000	\$149,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$150,000	\$199,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$200,000	\$249,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$250,000	\$299,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$300,000	\$349,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$350,000	\$399,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$400,000	\$449,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107
\$450,000	\$499,999	\$590	\$926	\$1,046	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107	\$1,107

Married Filing Jointly or Qualifying Widower											
Higher Paying Job		Lower Paying Job									
		\$0 - \$9,999	\$10,000 - \$19,999	\$20,000 - \$29,999	\$30,000 - \$39,999	\$40,000 - \$49,999	\$50,000 - \$59,999	\$60,000 - \$69,999	\$70,000 - \$79,999	\$80,000 - \$89,999	\$90,000 - \$99,999
\$0	\$9,999	\$0	\$38	\$470	\$470	\$470	\$470	\$588	\$590	\$590	\$590
\$10,000	\$19,999	\$38	\$508	\$940	\$940	\$940	\$1,058	\$1,178	\$1,180	\$1,180	\$1,180
\$20,000	\$29,999	\$470	\$940	\$1,372	\$1,372	\$1,490	\$1,610	\$1,730	\$1,732	\$1,732	\$1,732
\$30,000	\$39,999	\$470	\$940	\$1,372	\$1,490	\$1,610	\$1,730	\$1,850	\$1,852	\$1,852	\$1,852
\$40,000	\$49,999	\$470	\$940	\$1,490	\$1,610	\$1,730	\$1,850	\$1,970	\$1,972	\$1,972	\$1,972
\$50,000	\$59,999	\$470	\$1,058	\$1,610	\$1,730	\$1,850	\$1,970	\$2,090	\$2,092	\$2,092	\$2,092
\$60,000	\$69,999	\$588	\$1,178	\$1,730	\$1,850	\$1,970	\$2,090	\$2,210	\$2,212	\$2,212	\$2,212
\$70,000	\$79,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$80,000	\$89,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$90,000	\$99,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$100,000	\$149,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$150,000	\$199,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$200,000	\$249,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$250,000	\$299,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$300,000	\$349,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$350,000	\$399,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$400,000	\$449,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215
\$450,000	\$499,999	\$590	\$1,180	\$1,732	\$1,852	\$1,972	\$2,092	\$2,212	\$2,215	\$2,215	\$2,215

Head of Household

Higher Paying Job		Lower Paying Job									
		\$0 - \$9,999	\$10,000 - \$19,999	\$20,000 - \$29,999	\$30,000 - \$39,999	\$40,000 - \$49,999	\$50,000 - \$59,999	\$60,000 - \$69,999	\$70,000 - \$79,999	\$80,000 - \$89,999	\$90,000 - \$99,999
\$0	\$9,999	\$0	\$381	\$470	\$470	\$558	\$590	\$590	\$590	\$590	\$590
\$10,000	\$19,999	\$381	\$851	\$940	\$1,028	\$1,148	\$1,180	\$1,180	\$1,180	\$1,180	\$1,180
\$20,000	\$29,999	\$470	\$940	\$1,117	\$1,237	\$1,357	\$1,389	\$1,389	\$1,389	\$1,389	\$1,389
\$30,000	\$39,999	\$470	\$1,028	\$1,237	\$1,357	\$1,477	\$1,509	\$1,509	\$1,509	\$1,509	\$1,509
\$40,000	\$49,999	\$558	\$1,148	\$1,357	\$1,477	\$1,597	\$1,629	\$1,629	\$1,629	\$1,629	\$1,629
\$50,000	\$59,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$60,000	\$69,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$70,000	\$79,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$80,000	\$89,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$90,000	\$99,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$100,000	\$149,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$150,000	\$199,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$200,000	\$249,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$250,000	\$299,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$300,000	\$349,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$350,000	\$399,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$400,000	\$449,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661
\$450,000	\$499,999	\$590	\$1,180	\$1,389	\$1,509	\$1,629	\$1,661	\$1,661	\$1,661	\$1,661	\$1,661

DIRECT DEPOSIT

OMB No. 1510-0007

Sign-Up Form

Standard Form 1199A
(Rev. Feb. 2005)
Prescribed by Treasury Department
Treasury Department Cir. 1076

DIRECTIONS

Please refer to the information on the reverse side before completing this form.

You must complete a separate form for each type of federal payment (social security, supplemental security income, veterans' benefits, etc.).

You are responsible for keeping the paying agency informed of any name or address changes. Return the completed form to the federal agency from which you will be receiving Direct Deposit payments.

**NATIONAL INTERAGENCY FIRE CENTER
CASUAL PAYMENT CENTER
A SERVICE FIRST ORGANIZATION
CASUAL PAYMENT CENTER MS 270
3833 S DEVELOPMENT AVE BOISE, ID 83705-5354
PHONE: 877-471-2262 FAX 208-433-6405**

A. PERSON TO RECEIVE PAYMENT

NAME OF PERSON ENTITLED TO PAYMENT (last, first, middle initial)		
YOUR NAME (if different from above)		
YOUR ADDRESS (street, route, P.O. box, apartment number)		
CITY (or APO/FPO)	STATE	ZIP CODE
YOUR TELEPHONE NUMBER () -		
SOCIAL SECURITY NUMBER OR CLAIM NUMBER (of person entitled to payment)		

B. TYPE OF PAYMENT (check only one)

<input type="checkbox"/> SOCIAL SECURITY	<input type="checkbox"/> CIVIL SERVICE RETIREMENT
<input type="checkbox"/> SUPPLEMENTAL SECURITY INCOME	<input type="checkbox"/> VA COMPENSATION OR PENSION
<input type="checkbox"/> RAILROAD RETIREMENT	<input checked="" type="checkbox"/> OTHER (specify) <u>Casual Pay</u>

C. BANK OR CREDIT UNION INFORMATION

TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
9-DIGIT ROUTING NUMBER (see sample check on reverse side)		
ACCOUNT NUMBER (see reverse side)		

D. CERTIFICATION

I certify that I am entitled to receive the payment identified above, and that I have read and understand the back of this form. In signing this form, I authorize this payment to be sent to the financial institution named in Part C above, to be deposited into the account above.

SIGNATURE

DATE

FOR JOINT ACCOUNT HOLDERS

I certify that I have read the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS on the back of this form.

SIGNATURE

DATE

PLEASE READ THIS CAREFULLY

PRIVACY ACT NOTICE

Your social security number and the other information requested will allow the federal government to make payments to you by Direct Deposit. This collection of information is authorized by Title 31 of the United States Code, Section 3332(g). Also, Executive Order 9397, November 22, 1943, authorizes the use of your social security number. Your social security number is requested to ensure the accurate identification and retention of records pertaining to you and to distinguish you from other recipients of federal payments.

This information will be disclosed to the Department of the Treasury or another disbursing official to process federal payments to you by Direct Deposit. This information may also be disclosed to a court, congressional committee or another government agency as authorized or required by federal law and to your financial institution to verify receipt of your federal payments. Although providing the requested information is voluntary, your Direct Deposit payment may be delayed or Treasury may be unable to send it if you fail to provide the information.

SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

If your account is a joint account and receives Direct Deposit benefit payments, you must inform the federal agency and the financial institution of the death of a beneficiary. Payments sent by Direct Deposit after the date of death or ineligibility of a beneficiary (except for salary payments) must be returned to the federal agency. The federal agency will then determine if the survivor is eligible for benefits.

CANCELLATION

Your payment will be sent by Direct Deposit until the federal agency that issues the payments is notified to cancel,

such as in the case of death or legal incapacity of the payment recipient.

Your financial institution may cancel your Direct Deposit authorization. Your financial institution is required to give you written notice 30 days in advance of the cancellation date. If this occurs, you must notify the federal agency that the Direct Deposit authorization was cancelled.

SAMPLE CHECK		0001
	DATE _____	
PAY TO THE ORDER OF _____	\$ <input type="text"/>	
		DOLLARS
MEMO _____		
<input type="text" value="123456789"/>	<input type="text" value="0123456789"/>	0001
Routing Number	Account Number	

BURDEN ESTIMATE STATEMENT

The estimated average time (burden hours) associated with filling out this paperwork is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this time estimate and suggestions for reducing the burden should be directed to the Financial Management Service, Administrative Programs Division, Records and Information Management Program, 3700 East-West Highway, Room 135, Hyattsville, MD 20782. THIS ADDRESS SHOULD ONLY BE USED FOR COMMENTS AND/OR SUGGESTIONS CONCERNING THE AMOUNT OF TIME SPENT COLLECTING THE DATA. DO NOT SEND THE COMPLETED PAPERWORK TO THE ADDRESS ABOVE FOR PROCESSING.



UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT
*Concur Government Edition (CGE) User Profile Request
and FBMS Vendor Master Setup*

Revised JUNE 2014

PRINT

DATE

REQUEST TYPE: NEW USER TRANSFER WITHIN BLM CHANGE VENDOR MASTER

TRAVELER INFORMATION

Must Use Full Legal Name

FIRST MIDDLE LAST

SOCIAL SECURITY XXX-XX- DATE OF BIRTH MALE FEMALE

BLM EMAIL GBELL@BLM.GOV ORGANIZATION CODE LLMT00200

CHECK ALL APPLICABLE BOXES

I AM A BLM EMPLOYEE (INCLUDES ADs & TEMPS) I AM A SUPERVISOR AND APPROVE TRAVEL DOCUMENTS

I AM A TRAVEL ARRANGER I AM AN INVITATIONAL TRAVELER (RAC MEMBERS, LOCAL GOVERNMENT, POLITICAL APPOINTEES.)

I AM A BLM EMPLOYEE THAT WILL BE TRAVELING WITHIN THE FIRST 2 WEEKS OF EMPLOYMENT *(MUST COMPLETE FINANCIAL INFO SECTION)*

I WILL BE ISSUED A GOVERNMENT TRAVEL CHARGE CARD: Yes No

HOME RESIDENCE INFORMATION

ADDRESS

CITY STATE ZIP CODE

OFFICE INFORMATION

ADDRESS 111 GARRYOWEN CITY MILES CITY

STATE MT ZIP CODE 59301 OFFICE PHONE (406) 233-2900 OFFICE FAX

FINANCIAL INSTITUTION INFORMATION FOR DIRECT DEPOSIT OF TRAVEL REIMBURSEMENTS

*****DO NOT complete this section if you are a BLM employee and would like your travel reimbursement to deposit in the same bank account as your payroll currently does.*****

This section is only required if you are an Invitational Traveler, a new BLM employee that will be traveling within the first two weeks of your employment, or if you want your travel reimbursements to deposit in a different bank account other than where your payroll deposit is going.

FINANCIAL INSTITUTION NAME

FINANCIAL INSTITUTION ADDRESS

CITY STATE ZIP CODE

NINE DIGIT ROUTING NUMBER ACCOUNT NUMBER

ACCOUNT TYPE CHECKING SAVINGS FOR TRAVEL DEPOSITS ONLY

EMPLOYEE SIGNATURE:

***** FEDERAL AGENCY TRAVEL ADMINISTRATOR USE ONLY *****

PERMISSION LEVELS TRAVELER DATE ENTERED

UNIQUE ID EIN TEMP PASSWORD

ROUTING LIST RL MT911 ENTERED BY

Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important:
Read all instructions before
filling in this form

A. Identification

Name (Last, first, middle)		Date of birth (mm, dd, yyyy)	Social Security Number
Department or agency in which presently employed (or former department or agency):			
Department or agency	Bureau	Division	Location (City, state and ZIP code)
Department of the Interior	Bureau of Land Management	LLMT00200	MILES CITY, MT 59301

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any **unpaid compensation** due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Date of designation (mm, dd, yyyy)	Your signature		Total = %

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received	Signature	Date
---------------	-----------	------

Type or print your return address to insure return

Important - The filing of this form will completely cancel any Designation of Beneficiary you may have previously filed. Be sure to name in this form all persons you wish to designate as beneficiaries of any unpaid compensation payable at your death.

Examples of Designations

1. HOW TO DESIGNATE ONE BENEFICIARY

Do not write names as M.E. Brown or as Mrs. John H. Brown. If you want to designate your estate as beneficiary, enter "My estate" in the beneficiary column.

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Mary E. Brown	214 Central Avenue Muncie, IN 47303	Domestic Partner	100%

2. HOW TO DESIGNATE MORE THAN ONE

Be sure that the shares to be paid to the several beneficiaries add up to 100 percent.

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Alice M. Long	509 Canal Street Red Bank, NJ 07701	Aunt	25%
Joseph P. Brady	360 Williams Street Red Bank, NJ 07701	Nephew	25%
Catherine L. Rowe	792 Broadway Whiting, IN 46394	Mother	50%

3. HOW TO DESIGNATE A CONTINGENT BENEFICIARY

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
John M. Parrish, if living	810 West 180th Street New York, NY 10033	Father	100%
Otherwise to: Susan A. Parrish	810 West 180th Street New York, NY 10033	Sister	100%

4. HOW TO CANCEL A DESIGNATION OF BENEFICIARY AND EFFECT PAYMENT UNDER ORDER OF PRECEDENCE (See back of duplicate)

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Cancel prior designations			

Designation of Beneficiary

Unpaid Compensation of Deceased Civilian Employee

Important:
Read all instructions before
filling in this form

A. Identification

Name (Last, first, middle)		Date of birth (mm, dd, yyyy)	Social Security Number
Department or agency in which presently employed (or former department or agency):			
Department or agency	Bureau	Division	Location (City, state and ZIP code)
Department of the Interior	Bureau of Land Management	LLMT00200	MILES CITY, MT 59301

I, the employee named above, canceling any and all previous Designations of Beneficiary heretofore made by me, do now designate the beneficiary or beneficiaries named below to receive any **unpaid compensation** due and payable after my death. I understand that this Designation of Beneficiary relates solely to money due as defined in 5 U.S.C. 5581, 5582, 5583, and in no way will affect the disposition of any benefit which may become payable under the Retirement or Group Life Insurance Acts applicable to my Government service. I further understand that this Designation of Beneficiary will remain in full force and effect until (1) I expressly change or revoke it in writing, (2) I transfer to another agency, or (3) I am reemployed by the same or another department or agency of the Government.

B. Information Concerning The Beneficiaries (See Examples of Designations):

First name, middle initial, and last name of each beneficiary	Address (Including ZIP code) of each beneficiary	Relationship	Share to be paid to each beneficiary
Date of designation (mm, dd, yyyy)	Your signature		Total = %

C. Witnesses (A witness is not eligible to receive payment as a beneficiary):

We, the undersigned, certify that this statement was signed in our presence.

Signature of witness	Number and street	City, state and ZIP code
Signature of witness	Number and street	City, state and ZIP code

Receiving agency certification

I have reviewed this designation and certify that the designated shares total 100% and that no witnesses are designated as beneficiaries.

Date received	Signature	Date
---------------	-----------	------

Type or print your return address to insure return

IMPORTANT NOTICE – ORDER OF PRECEDENCE

If there is no designated beneficiary alive at the time of your death, any unpaid compensation owed you (that becomes payable after you die) will be paid to the first person or persons in the order listed below who are alive on the date that entitlement to the payment occurs.

1. To your widow or widower.
2. If neither of the above, to your child or children in equal shares. The share of any deceased child is distributed to the descendants of that child.
3. If none of the above, to your parents in equal shares or the entire amount to the surviving parent.
4. If none of the above, to the duly appointed legal representative of your estate. If there is none, to the person or persons entitled under the laws of the State or other domicile where you lived.

You do not need to designate a beneficiary unless you want to name some person or persons not listed above or you want the payment to be made in a different order.

INSTRUCTIONS

1. The examples on the back of the first page of this form may be helpful to you in filling out this form.
2. Except for signatures, you should type or print all entries in ink (typing is preferred). You should use this form for any designation of beneficiary or beneficiaries. The form must be signed and witnessed.
3. The form should be free of erasures or alterations to avoid a possible legal contest after your death.
4. You do not need to fill out a new form when your name or address changes or when the name or address of your beneficiary changes.
5. You must complete the form in duplicate and file it with your employing agency. To be valid, your agency must receive the completed form prior to your death. The duplicate will be annotated and returned to you as evidence that the original was received and filed with your agency. We suggest that you file the duplicate with your important papers.
6. You can cancel any prior Designation of Beneficiary form without naming a new beneficiary by completing a new form and inserting "Cancel prior designations" in the space provided for the name of beneficiary. This will change the payment to the order of payment described under "Order of Precedence."
7. This designation remains valid unless (a) you change or revoke it, (b) you transfer to another agency, or (c) you leave and then are reemployed by the Federal Government. If you are covered by (b) or (c), you must fill out a new form if you want to change the order of payment described under "Order of Precedence."

NOTE: If this form is not available, any designation, change or cancellation of beneficiary that is witnessed and filed according to these instructions will be valid.

This form is not to be confused with Standard Form 2808, Designation of Beneficiary, Civil Service Retirement System, Standard Form 2823, Designation of Beneficiary, Federal Employees' Group Life Insurance Program, or Standard Form 3102, Designation of Beneficiary, Federal Employees Retirement System.

Privacy Act Statement

Solicitation of this information is authorized by the Code of Federal Regulations, Part 178, Subpart B. The information you furnish will be used to determine the amount, validity, and the person(s) entitled to the unpaid compensation of a deceased Federal employee. The information may be shared and is subject to verification, via paper, electronic media, or through the use of computer matching programs to obtain information necessary for determination of entitlement under this program or to report income for tax purposes. It may also be shared and verified, as noted above, with law enforcement agencies when they are investigating a violation or potential violation of the civil or criminal law. Public Law 104-134 (April 26, 1996) requires that any person doing business with the Federal government furnish a Social Security Number or tax identification number. This is an amendment to title 31, Section 7701. Failure to furnish the requested information may delay or make it impossible for us to determine eligibility of payments.

EMERGENCY NOTIFICATION INFORMATION

The information you provide will **ONLY** be used in the event of a serious incident or fatality while working in the line-of-duty. Please take the time to fill it out accurately for timely notification of your loved one(s).

PERSONAL INFORMATION				
LAST NAME	FIRST NAME	MIDDLE NAME(s)		
Physical Address		City	State	Zip Code
Home Phone		Cell Phone		
Children	Name	Age	Name	Age

EMERGENCY CONTACT INFORMATION					
Please Identify a primary and secondary emergency contact. NOTE: If the contact is a minor child, please indicate the name of an adult to contact.					
Primary Contact					
1.	Name	Relationship	Cell Phone	Work Phone	
	Physical Address		City	State	Zip Code
Employer Name	Work Address		City	State	Zip Code

Secondary Contact					
2.	Name	Relationship	Cell Phone	Work Phone	
	Physical Address		City	State	Zip Code
Employer Name	Work Address		City	State	Zip Code

MEDICAL INFORMATION				
Family Doctor	Doctor Name:			
	Address:			
	Office Phone:			
Are you covered by an insurance plan? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, plan name: 				
ALLERGIES		MEDICATIONS NEEDED		BLOOD TYPE

*****OPTIONAL INFORMATION***OPTIONAL INFORMATION***OPTIONAL INFORMATION*****

NOTIFICATION

Is there anyone you would like to assist in the notification of your Emergency Contact. This can be a trusted co-worker, Pastor, friend etc.

1.	Name	Relationship	Cell Phone	Work Phone	
	Employer Name	Physical Address	City	State	Zip Code
2.	Name	Relationship	Cell Phone	Work Phone	
	Employer Name	Physical Address	City	State	Zip Code

RELIGIOUS PREFERENCES

Religion	Place of Worship	Address

FUNERAL PREFERENCES

Are you a veteran of the U.S. Armed Forces? YES NO If yes, which branch of service?

Are you entitled to a military funeral? If so, do you wish to have one? YES NO

Do you wish to have a fire service funeral? YES NO

Please list your membership in any groups or organizations that may provide assistance to your family.

Please provide any additional information you would like us to be aware of.

SIGNATURE

DATE OF LAST UPDATE

**UNITED STATES
DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT**

MOTOR VEHICLE/SPECIALIZED EQUIPMENT AUTHORIZATION

TO BE COMPLETED BY EMPLOYEE

This form must be completed by all employees (regular, contracted, or volunteer) prior to operating any government-owned vehicle, government-leased vehicle (to include rental vehicles), or privately-owned vehicle to be used in the performance of official government business. The form is to be submitted to the employee's supervisor for signature.

Employee Name		Title
Office Code LLMTC00200	Date of Birth	Is your current license valid in the state where you are domiciled? <input type="checkbox"/> Yes <input type="checkbox"/> No

CURRENT DRIVER'S LICENSE INFORMATION

License Number	State of Issue	Date of Issue	Date of Expiration
I certify that I am medically able to operate a motor vehicle without undue risk to myself or others. _____ (initials)		Date of last Defensive Driver Training	

APPLICANT - PLEASE READ

I hereby authorize the Bureau of Land Management to obtain information regarding my driver's record from the state listed above. As far as I am aware, there are no traffic citations on my record that would preclude my being able to drive while performing government business. I am aware of the penalties for unofficial use of government-owned or leased vehicles as described in the 31 U.S.C. 638 A (c)(2) as follows:

"...Any officer or employee of the Government who willfully uses or authorizes the use of any government-owned motor vehicle or aircraft, for other than official purposes or otherwise violates the provisions of this paragraph shall be suspended from duty by the head of the department concerned, without compensation, for not less than one month and shall be suspended for a longer period, or summarily removed from office if circumstances warrant."

The term "official purposes" does not include the transportation of officers and employees between their domiciles and places of employment, except in cases of officers and employees engaged in field work, the character of whose duties make such transportation necessary and such transportation has been approved by officials authorized to do so.

AFFIDAVIT

I certify that my answers above are full and true, and I understand that a willfully false statement or dishonest answer to any question may be grounds for cancellation of my eligibility or my dismissal from the service and is punishable by law. I also certify that I will comply with the rules and regulations governing the use of government-owned and government-leased motor vehicles and equipment. I will inform my supervisor if my state driver's license is suspended or revoked.

Employee Signature	Date
--------------------	------

TO BE COMPLETED BY SUPERVISOR

The employee is authorized to operate the following types of vehicles/specialized equipment as needed while in the performance of his/her official duties. Use of specialized equipment requires specialized training and must be recorded on the OF-346, U.S. Government Motor Vehicle Operator's Identification Card.

Date Trained	Type of Vehicle/Specialized Equipment	Date Trained	Type of Vehicle/Specialized Equipment
	15 passenger van		Excavator
	Truck type – 2 x 4		Front end loader
	Truck type – 4 x 4		Skid steer
	All Terrain Vehicle**		Tracked vehicle
	Utility Terrain Vehicle**		Trailer towing – under 10,000 GVW
	Forklift		Trailer towing – over 10,000 GVW
	Motor boat		Other (Specify):
	Motorcycle (requires state driver's license endorsement)*		
	Snowmobile		
	HAZMAT endorsement*		
	Backhoe		
	Grader		

***Must conform with applicable state laws for licensing, no checklist is required for these.**
****ATVs and UTVs operated on public roads must be street legal.**

Restrictions (no off-road use of 4 x 4, etc.):

The applicant is authorized to operate a government-owned or government-leased vehicle or specialized equipment while in the performance of his/her official duties, provided he/she has a valid state driver's license in possession at all times while driving.

I certify that I have reviewed available fitness information regarding the physical condition of the applicant and that I have determined there is no information on this form or otherwise available to indicate that the applicant should be referred for physical examination.

Signature of Supervisor	Title of Supervisor	Date
--------------------------------	----------------------------	-------------

PRIVACY ACT STATEMENT: The Privacy Act of 1974, 5 U.S.C. 552a (Public Law 93-579). The purpose of this Act is to provide certain safeguards for you, as an employee (regular, contracted, or volunteer) of the Bureau of Land Management, against unwarranted invasions of your privacy through the misuse of your records by restricting disclosure of personally identifiable records maintained by this agency. The Act also guarantees your right to access these records and to seek amendment of such records to maintain accuracy, relevance or completeness. Title 5 U.S.C., Section 301, Title 40 U.S.C., Section 491 (j) and Department Manual 485 – Safety and Occupational Health Program (Chapter 16), authorizes each government office to validate that any employee assigned driving responsibilities possess a valid state driver's license.

The sole use of this information is for the purpose of verifying that you possess a valid state driver's license in your state of residence.

FILE WITH THE EMPLOYEE'S SUPERVISOR

MONTANA/DAKOTAS STATE FIRE & AVIATION

PROPERTY & ADMINISTRATION CLEARANCE SHEET – AD’S

AD (Casual) Name: _____ Date: _____

UNIT NAME / POC	CLEARED (Y/N)	CLEARED BY
Equipment Returned:		
Vehicle Returned:		
Final OF-288 Completed:		
Final Travel Voucher Completed:		
All Outstanding Issues Resolved:		
Incident Evaluation Completed:		
Other:		

Explanation of any items in which were not cleared:

I HAVE returned a government property, vehicles, completed my OF-288, travel has been turned in, turned in the Incident Evaluation and there are no outstanding issues.

I have NOT returned all items which may include property, time & travel items.

Sign & Date: _____

INCIDENT TIME REPORT															1. Hired At (e.g., ID-BOF)					
2. Employee Common Identifier					3. Type of Employment (X One) <input type="checkbox"/> Casual <input type="checkbox"/> Federal <input type="checkbox"/> Other					4. Hiring Unit Name (e.g., Ranger District)										
5. Name (First, Middle, Last)										6. Hiring Unit Phone Number					7. Hiring Unit Fax Number					
Column A					Column B					Column C					Column D					
8. Incident Name					8. Incident Name					8. Incident Name					8. Incident Name					
9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					9. Incident Order Number (e.g., ID-BOF-000123)					
10. Fire Code (e.g., B2C5)			11. Resource Request Number (e.g., O-33)		10. Fire Code (e.g., B2C5)			11. Resource Request Number (e.g., O-33)		10. Fire Code (e.g., B2C5)			11. Resource Request Number (e.g., O-33)		10. Fire Code (e.g., B2C5)			11. Resource Request Number (e.g., O-33)		
12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		12. Position Code (e.g., FFT2-T)		13. AD Class	14. AD Rate		
15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					15. Home/Hiring Unit Accounting Code					
Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	Mo	Day	Start	Stop	Hours	
Year		16. Total Hours			Year		16. Total Hours			Year		16. Total Hours			Year		16. Total Hours			
<i>In the "hours" column, indicate "H" for hazard pay, "E" plus % for environmental differential, "T" for travel</i>															17. Total Hours (all columns):					
18. Commissary and Travel										For Payment Center use only										
18a. Month	18b. Day	18c. Category (e.g., commissary, meals, lodging, mileage, medical, etc.)			18d. Reimbursement		18e. Deduction		18f. Firecode											
Total				\$		\$														
19. Remarks																				20. Employee Signature
																				21. Time Officer Signature

NOTE: The above items are correct and proper for payment from available appropriations.

TRAVEL INFORMATION WORKSHEET

Name: _____

Contact Phone Number: _____

Official Duty Station: _____

Reason for Travel: _____

Do you have a Government Credit Card: _____

Resource Order Number: _____

Is Lodging Provided: _____

This Worksheet is for (Circle One):

Authorization Voucher Both

Lodging Provided By: _____

Lodging, shared with: _____

POV: (Personal Vehicle Used)

No Mileage Claimed:

Mileage Only:

Approved Mileage Rate: _____

Approved By: _____

Are you Claiming:

Camp Rate

Per Diem

Other: _____

GOV: (Govt Vehicle Used)

Airline: Ticket Number: _____

Date(s) of Travel	Place of Departure (City & State)	Place of Arrival (City & State)	Charge Code	Room Tax	# of POV Miles	Misc	Indicate Meals Provided by Govt.		
							BRK	LUN	DIN

Additional Expenses

Date	Item of Expense	Location	Remarks

**INCIDENT PERSONNEL
PERFORMANCE RATING**

INSTRUCTIONS: The immediate job supervisor will prepare this form for each subordinate. It will be delivered to the planning section before the rater leaves the fire. Rating will be reviewed with employee who will sign at the bottom.

THIS RATING TO BE USED ONLY FOR DETERMINING AN INDIVIDUAL'S PERFORMANCE

1. Name		2. Fire Name and Number	
3. Home Unit (<i>address</i>)		4. Location of Fire (<i>address</i>)	
5. Fire Position	6. Date of Assignment From: _____ To: _____	7. Acres Burned	8. Fuel Type(s)

9. Evaluation

Enter X under appropriate rating number and under proper heading for each category listed. Definition for each rating number follows:

- 0 - Deficient. Does not meet minimum requirements of the individual statement.
DEFICIENCIES MUST BE IDENTIFIED IN REMARKS.
- 1 - Needs to improve. Meets some or most of the requirements of the individual element.
IDENTIFY IMPROVEMENT NEEDED IN REMARKS.
- 2 - Satisfactory. Employee meets all requirements of the individual element.
- 3 - Superior. Employee consistently exceeds the performance requirements.

Rating Factors	Hot Line				Mop-Up				Camp				Other (Specify)			
	0	1	2	3	0	1	2	3	0	1	2	3	0	1	2	3
Knowledge of the job																
Ability to obtain performance																
Attitude																
Decisions under stress																
Initiative																
Consideration for personnel welfare																
Obtain necessary equipment and supplies																
Physical ability for the job																
Safety																
Other (<i>specify</i>)																

10. Remarks

11. Employee (<i>signature</i>) This rating has been discussed with me			12. Date		
13. Rate By (<i>signature</i>)	14. Home Unit (<i>address</i>)	15. Position of Fire	16. Date		

IQCS Fire Experience Record

Name		IQCS Number	
Employee Signature		Fire Year	
Supervisor Signature		Date	

Fire Name/Fire Code	State	Position (X if trainee)		Arrival Date	Shifts Worked	Complexity	Size Class	Fuel Model
Example North Wendell / L3QB	ID	ENGB	X	8/18/18	3	3	G	5

Complexity Levels	Size Class		Fuel Model (Only use the Predominate Fuel Type)			
Area Cmd	A	.1 - .25	1	Short Grass (1ft)	8	Closed Timber Litter
Type 1	B	.26 - 9.9	2	Timber (grass/understory)	9	Hardwood Litter
Type 2	C	10.0 - 99.9	3	Tall Grass (2.5ft)	10	Timber (litter/understory)
Type 3	D	100.0 - 299.9	4	Chaparral (6ft)	11	Light Logging Slash
Type 4	E	300.0 - 999.9	5	Sage Brush	12	Medium Logging Slash
Type 5	F	1000.0 - 4999.9	6	Dormant Brush/Hardwood Slash	13	Heavy Logging Slash
Unknown	G	5000+	7	Southern Rough		