

YOUTH CONSERVATION CORPS - YCC

Enrollee Information Sheet

US Fish & Wildlife Service, Region 6

Return to Mail Stop 60182

Enrollee Starting Date _____

Station Name _____

Telephone # _____ Org Code _____

1. OFFICIAL CORRESPONDENCE ADDRESS

Used to mail Wage and Tax Statement (W-2). Enter permanent home address.

YCC Enrollee Name _____ Social Security # _____

Street Address/PO Box _____

City/State Zip Code _____

2. NET PAY CHECK WILL BE MAILED TO EMPLOYING FACILITY (REFUGE OFFICE) IF DIRECT DEPOSIT IS NOT AN OPTION.

Employing Facility Name _____

Street Address/PO Box _____

City/State/Zip _____

Virgin Islands and Puerto Rico ONLY: Designated Agent Code _____

COMPLETE ITEM 3 AND THE W-4 ONLY IF YOU WANT TAXES WITHHELD FROM YOUR PAY. IF NOT, PUT A ✓ IN THIS BOX FOR EXEMPT STATUS.

3. STATE AND LOCAL RESIDENCE INFORMATION

To be used for authorization and calculation of state and local taxes.

City _____

Circle Marital Status Single Married

State _____

Number of State Tax Exemptions _____

County _____

Signature _____

Form W-4 Department of the Treasury Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2015

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Form W-4 fields: 1 Your first name and middle initial, Last name, 2 Your social security number, Home address, City or town, state, and ZIP code, 3 Single, Married, Married, but withhold at higher Single rate., 4 If your last name differs from that shown on your social security card, check here., 5 Total number of allowances you are claiming, 6 Additional amount, if any, you want withheld from each paycheck, 7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption., 8 Employer's name and address, 9 Office code (optional), 10 Employer identification number (EIN)

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature

(This form is not valid unless you sign it.)

Date

Form W-4 fields: 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.), 9 Office code (optional), 10 Employer identification number (EIN)