

MILLSTONE FAMILY RESTAURANT

620 E. Jackson
Spearfish, SD
1520 N. LaCrosse
2010 W. Main
Rapid City, SD

Name _____ Date _____

Address _____

Phone _____ Social Security Number _____

Position applying for _____ Full time _____ Part time _____ Starting pay you expect _____

Date Available _____ What method of transportation will you use for work? _____

Previous employment (begin with most recent first)

Dates		Employer store name & town	Position	Pay
from	to			

Reason for leaving last job _____

In case of emergency call _____

I certify the above information given is true & complete _____

Signature

Date

Form **W-4** **Employee's Withholding Allowance Certificate** OMB No. 1545-0074
 Department of the Treasury Internal Revenue Service **2006**
 Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Type or print your first name and middle initial. Last name 2 Your social security number

Home address (number and street or rural route) 3 Single Married Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a new card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5
 6 Additional amount, if any, you want withheld from each paycheck 6 \$

7 I claim exemption from withholding for 2006, and I certify that I meet both of the following conditions for exemption.
 • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and
 • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.
 If you meet both conditions, write "Exempt" here 7

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

Employee's signature (Form is not valid unless you sign it.) Date

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