	are Fund Weekly Unemployment 8) 223-4313 / (718) 835-2700 www.ualocal1funds.org
Date Received Date Complete WF-3/20 w/DD FOR OFFICE USE ONLY	Application for Benefit Form
(A) Member Information	Use a ballpoint pen to complete form
(1) Social Security Number (2) Last	(3) First (4) Init.
(5) Street (6) BTJ BTA MESJ MESH C (9) Date of Birth (10) Classification (Circle One) (12) E-mail Address	TJ OTH (11) Phone Number
(13) Use Form W4 Option (14) Last Employer	(15) Last date of Employment
(B) Distribution Information	
The undersigned hereby makes application to the Welfare Classification Weekly Benefit BT Journeyman \$300 BT Apprentice \$150 MES Journeyman & Serviceman \$200 MES Helper \$100 Oil Trades Journeyman & Jr. Journeyman \$250 Oil Trades Journeyman & Jr. Journeyman \$250 Oil Trades Helper \$125 The facts herein stated are true and correct in every respect and are payments to the undersigned in accordance with the rules of the Plant (ORIGINAL SIGNATURE OF APPLICANT) If an Active Eligible Employee is eligible for and receiving State Unemployment Benefits, the Employee are must submit proof that he or she is collecting State Unemployment Benefit Certification (Must be signed by Merrico and ready, Willing and able collective Bargaining Agreement. Signed under penalty of perjury,	SELECT ONE You must submit proof for each week that you have collected State Unemployment Benefits. Also, as required by law, the Fund automatically deducts FICA/Medicare. A Form W4 must be submitted along with this application for the Fund to withhold, Federal, State and City Taxes. e made for the purpose of enabling the Welfare Fund to make n. (DATE) oyee may receive up to \$300 for each week he or she receives State Unemployment Benefits. ber) ENTIFICATION
(ORIGINAL SIGNATURE OF APPLICANT)	(DATE)
(D) Weekly Unemployment Benefit Certification (Must be signed by Loca	al 1)
(D) PLUMBERS LOCAL UNION NO. 1 UNEMPLO Please note that effective immediately the requirement to person has been suspended. Also, Section D or Local 1's	submit the Weekly Unemployment Benefit Form in
NEW DIRECT DEPOSIT PAYMENT OPTION SEE ATTACHED ENROLLM Retain a copy of this form for your records. Return the original to the Fund O	FOR OFFICE USE ONLY
With possible disruptions with the US Postal Services, and limited access to all applications and related documents should be sent by e-r info@ualocal1funds.org or by fax to 718-641-8155. Any questions rega should also be submitted by email or fax.	nail or text to
For questions: Please e-mail or text to <u>info@ualocal1funds.org</u> or by fax You can also call the Fund Office Welfare Department at (718) 223-4313 or at <u>www.ualocal1funds.org</u> .	visit our web site PYMTS. TYPE
	TAXES

Please circle the benefit being claimed in Section "B" on the front of this application.

- (a) BT Journeyman (BTJ) \$300 per week receiving State unemployment benefits up to 26-weeks. (Must sign Section "C" on the front of this form & must submit proof of State Unemployment Benefits)
- (b) **BT Apprentice (BTA) -** \$150 per week receiving State unemployment benefits up to 26-weeks. (Must sign Section "C" on the front of this form & must submit proof of State Unemployment Benefits)
- (C) MES Journeyman & Serviceman (MESJ) \$200 per week receiving State unemployment benefits up to 26weeks. (Must sign Section "C" on the front of this form & must submit proof of State Unemployment Benefits)
- (d) MES Helper (MESH) \$100 per week receiving State unemployment benefits up to 26-weeks. (Must sign Section "C" on the front of this form & must submit proof of State Unemployment Benefits)
- (e) Oil Trades Journeyman & Jr. Journeyman (OTJ) \$250 per week receiving State unemployment benefits up to 26-weeks. (Must sign Section "C" on the front of this form & must submit proof of State Unemployment Benefits)
- (f) Oil Trades Helper (OTH) \$125 per week receiving State unemployment benefits up to 26-weeks. (Must sign Section "C" on the front of this form & must submit proof of State Unemployment Benefits)

WEEKLY UNEMPLOYMENT BENEFITS

If an Active Eligible Employee is eligible for and receiving State Unemployment Benefits, the Employee will receive up to \$300 for each week he or she receives State Unemployment Benefits, to a maximum of 26 weeks. See schedule above. For each weekly benefit being claimed, the Employee must submit proof that he or she is collecting State Unemployment Benefits.

Weekly Unemployment eligibility for benefits may be terminated if you become employed in any of the following categories of employment:

- Employment with any contributing Employer;
- Employment with any Employer in the same or related business as a contributing Employer;
- Self-employment in the same or related business as a contributing Employer; or
- Employment or self-employment in any business which is under the jurisdiction of the Union.

The Trustees may require you to (i) appear before the Trustees or a Committee of the Trustees, or (ii) submit additional evidence of your unemployed status, such your tax returns, and your efforts to find work. The Trustees may terminate your Weekly Unemployment Benefits if (i) you fail to submit proof of collecting State Unemployment Benefits, (ii) you fail to appear before the Trustees or Committee when requested, (iii) if you fail to submit additional information requested by the Trustees, (iv) you present false information or fail to provide relevant information to the Trustees, (v) you return to work, or (vi) if you refuse work offered to you. Eligibility for this benefit is available as long as the Union certifies that there is unemployment in the jurisdiction of Local 1.

Are Distributions Taxable?

Tax withholding tables can be used for Weekly Unemployment Benefits if you provide the Fund with attached Form W-4.

When are Benefits Paid?

Benefits will be paid by the Fund on a monthly basis, application for Benefit Forms are due in the Fund Office no later than the Second Tuesday of each calendar month.

Received through:	Paid the week of:	Received through:	Paid the week of:
January 14, 2020	January 20, 2020	February 11, 2020	February 17, 2020
March 10, 2020	March 16, 2020	April 14, 2020	April 20, 2020
May 12, 2020	May 18, 2020	June 9, 2020	June 15, 2020
July 14, 2020	July 20, 2020	August 11, 2020	August 17, 2020
September 8, 2020	September 14, 2020	October 13, 2020	October 19, 2020
November 10, 2020	November 16, 2020	December 8, 2020	December 14, 2020

If you have any questions or require additional information about filing a claim please contact the Fund Office Welfare Fund Department at (718) 835-2700.

The Trustees of the Plumbers Local Union No. 1 Welfare Fund would also like to remind you that you can download claim forms and related documents via our website at www.ualocal1funds.org.

Plumbers Local Union No.1

FOR OFFICE USE ONLY

Date Complete WF-3/20

50-02 5th Street, Long Island City, New York 11101

Date Received

WELFARE FUND

Tel. (718) 223-4313 / (718) 835-2700 www.ualocal1funds.org

Direct Deposit Enrollment/Change Form

(A) Member Information Use a ballpoint pen to complete form
(1) Social Security Number (2) Last (3) First (4) Init.
(5) Street (6) City (7) State (8) Zip (9) Date of Birth (10) Phone Number (12) E-mail Address
(11) New Authorization (12) Changing Authorization (13) Cancel Authorization (14) Effective Date (MM/DD/YYYY)
(B) Complete to Enroll / Add / Change Bank Accounts – please print clearly in black or blue ink only
Type of Account* Checking Savings/Money market Routing/Transit Number Image: Checking Savings Account Number** Image: Checking Savings Account Savin
Financial Institution (Bank) Name
Use this deposit for my Weekly Unemployment HRA Welfare ASB Weekly Disability Refund Death Benefit
*Member must be Bank Account Holder **Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.
(C) Member Confirmation Statement
Please sign in blue or black ink only
I authorize the Plumbers Local Union No. 1 Welfare Fund (FUND) to deposit my benefit payment(s) into the bank account specified above (this includes my authorization to correct entries made in error). I certify that my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am the accountholder to authorize the FUND to make direct deposits into the named account under penalty of perjury. This authorization will remain in effect until I give written notice to cancel.
(ORIGINAL SIGNATURE OF APPLICANT) (DATE) MM/DD/YYYY (D) Common Questions
(D) Common Questions
Q1. Can I use my US Alliance Federal Credit Union Account for this Direct Deposit? A1. Yes- If you have an account with Alliance Federal Credit Union, you can use this authorization form.
Q2. When will I receive my Direct Deposit A2: Your funds (Benefit Payment) will be available sometime after 12:01 AM on the same day that your Benefit Payment is processed. Instead of receiving a paper check several days later, depositing that check, and then waiting for funds availability, direct deposit gets your funds to you sooner.
Q3: Must I participate in the Direct Deposit Program A3: Direct Deposit is voluntary. With the Fund Office temporarily closed and staff working remotely from home, processing a regular check will be significantly delayed.
Q4: Will all my Benefit Payments be Direct Deposited A4: All Benefit payments elected in Section B above will be paid with direct deposit. Yo can cancel this option by submitting a new form.
Q5: What if I decide to change banks. What do I have to do A5: Simply complete and submit a new Direct Deposit Enrollment/Change Form with the new bank information.
Retain a copy of this form for your records. Return the original to the Fund Office.
With possible disruptions with the US Postal Services, and limited access to the Fund Office, all applications and related documents should be sent by e-mail or text to info@ualocal1funds.org or by fax to 718-641-8155. Any questions regarding this benefit should also be submitted by email or fax.
For questions: Please e-mail or text to info@ualocal1funds.org or by fax to 718-641-8155. You can also call the Fund Office Welfare Department at (718) 223-4313 or visit our web site at www.ualocal1funds.org

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

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.

Department of the Treasury
Internal Revenue Service

Your withholding is subject to review by the IRS.

		• • •	
Step 1:	(a) First name and middle initial	Last name	(b) Social security number
Enter Personal Information	Address City or town, state, and ZIP code	► 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	
	(c) Single or Married filing separately Married filing jointly (or Qualifying widow(er)) Head of household (Check only if you're unmai	www.ssa.gov.	

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, when to use the online estimator, and privacy.

Step 2: 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. **Multiple Jobs** or Spouse Do only one of the following. Works (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; 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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld

> TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	If your 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 and enter the total here	3	\$
Step 4 (optional): Other	(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)	\$
Adjustments	(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:	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.									
Sign Here	Employee's signature (This form is not valid unless you sign it.)	Date								
Employers Only	Employer's name and address Plumbers Local Union No. 1 Welfare Fund 50-02 5th Street	First date of employment	Employer identification number (EIN)							
	Long IsIsnd City, NY 11101		11-1538293							

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

General Instructions

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.

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

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. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;

3. Have self-employment income (see below); or

4. 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.

If you (and your spouse) have a total of only two jobs, you may instead 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 roughly 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

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	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.		
	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	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	2b	\$
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	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.	3	
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)	4	\$
	Step 4(b) – Deductions Worksheet (Keep for your records.)		×
1	Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income	1	\$
2	Enter:• \$24,800 if you're married filing jointly or qualifying widow(er) • \$18,650 if you're head of household • \$12,400 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" .	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

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 possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

Form W-4 (2020)

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job	Job Lower Paying Job Annual Taxable Wage & Salary											
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	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650
				Single o	r Married	d Filing S	Separate	ly				

Higher Payi	na Job	Lower Paying Job Annual Taxable Wage & Salary											
Annual Ta Wage & S	xable	\$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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 -	19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 -	29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 -	39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 -	59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 -	79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 -	99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 1	24,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 1	49,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 1	74,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 1	99,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 2	49,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 3	99,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 4	49,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and	d over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

Head of Household

Higher Paying Job		Lower Paying Job Annual Taxable Wage & Salary										
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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240