

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

- If you need an accommodation to participate in the application process – for example, to take a pre-employment test or to participate in an interview – you may request such an accommodation. Please let us know of this need within a reasonable amount of time in order for us to comply with your request.
- If you are under 18 years of age, you must show a work permit or other proof of eligibility to work.
- If you are hired, federal law requires that you bring us original documents verifying your identity and your eligibility to work in the United States. If you are offered a job, we will tell you the appropriate documents to bring. We cannot enter you onto the payroll until we see the documents, so we request that you bring them on your first day of work. Federal law prohibits us from continuing your employment if the necessary documents are not brought in by the third business day following your employment.
- We reserve the right to conduct drug and alcohol **testing** in accordance with state and federal law.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

Please complete the entire application, even if you are also giving us a resume.

Be sure to

- The section on the bottom of page 1 is "For Office Use Only". Please do not write in this section.
- A "Voluntary **Self-Identification**" section is enclosed (please see reverse) to enable us to offer all applicants equal opportunity. Please read the purpose of the section. This section will be removed from the application before the application is reviewed.

VOLUNTARY SELF-IDENTIFICATION

(IMPORTANT! NOT TO BE FILED WITH APPLICATION)

In an effort to comply with government reporting requirements and to evaluate our selection process, we ask that you complete this form. The data you provide will be used solely for reporting, research, statistical purposes, and to monitor compliance with legal requirements. Your cooperation will be appreciated. Whether or not you complete this form will not effect the decision concerning your employment. Completed forms are confidential. The information requested is voluntary and will remain separate from your application for employment and may not be used in any hiring decisions.

NAME: _____ DATE: ____/____/____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP

PHONE: _____ SOCIAL SECURITY NUMBER ____-____-____

POSITION APPLIED FOR: _____

SEX: _____ MALE _____ FEMALE _____ BIRTH DATE ____/____/____

The following categories do not signify scientific definitions of anthropological origins. Please check the group with which you identify or belong. PLEASE INDICATE YOUR RACE/ETHNIC GROUP

_____ **BLACK** (not of Hispanic Origin). All persons having origins in any of the Black racial groups of Africa.

_____ **ASIAN or PACIFIC ISLANDER.** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes for example, China, India, Japan, Korea, the Philippine Islands, Samoa.

_____ **AMERICAN INDIAN or ALASKAN NATIVE.** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

_____ **HISPANIC.** All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

_____ **WHITE** (Not of Hispanic Origin). All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

HOW WERE YOU REFERRED TO THIS COMPANY?

_____ Employee
Name of Employee _____

_____ Walked In

_____ Executive Search Firm/ Employment Agency
Name of firm _____

_____ Poster/Flyer

_____ College/University _____

_____ Job Fair

_____ _____

_____ Trade/Vocational School

_____ Advertisement Name of Publication _____

_____ Former Employee
Name _____

_____ Other, Please specify _____

Applicant's Name: (Last)		First	Middle Initial	Social Security Number - -	
Mailing Address (Number)		Street		Work Telephone Number ()	
City		State	Zip Code	Home Telephone Number ()	
EDUCATION					
Name of School		Location of School		Degree or Course of Study	
EMPLOYMENT HISTORY – Begin with your most recent job. List each job separately.					
Job Title		Dates Worked From _____ To _____		Pay \$ _____ Per _____	
Name of Employer			Name of Supervisor		
Address:					
		City	State	Zip Code	
Telephone Number ()		Reason for Leaving:			
Duties Performed:					
Job Title		Dates Worked From _____ To _____		Pay \$ _____ Per _____	
Name of Employer			Name of Supervisor		
Address:					
		City	State	Zip Code	
Telephone Number ()		Reason for Leaving:			
Duties Performed:					
Job Title		Dates Worked From _____ To _____		Pay \$ _____ Per _____	
Name of Employer			Name of Supervisor		
Address:					
		City	State	Zip Code	
Telephone Number ()		Reason for Leaving:			
Duties Performed:					
Job Title		Dates Worked From _____ To _____		Pay \$ _____ Per _____	
Name of Employer			Name of Supervisor		
Address:					
		City	State	Zip Code	
Telephone Number ()		Reason for Leaving:			
Duties Performed:					
PERSONAL REFERENCES: List the names of three references that employers may contact.					
1) Name		Telephone # ()		Relationship (Teacher etc.)	
Address:					
		City	State	Zip Code	
2) Name		Telephone # ()		Relationship (Teacher etc.)	
Address:					
		City	State	Zip Code	
3) Name		Telephone # ()		Relationship (Teacher etc.)	
Address:					
		City	State	Zip Code	

PLEASE INDICATE WHETHER YOU WERE EVER EMPLOYED OR ENROLLED
UNDER A NAME OTHER THAN THAT USED ON **THIS** APPLICATION: _____ YES _____ NO

IF YES, PLEASE SPECIFY **NAME(S)**:

DO YOU HAVE ANY RELATIVES CURRENTLY EMPLOYED BY **THIS** COMPANY? _____ YES _____ NO

IF YES, PLEASE LIST **NAME(S)** AND **DEPARTMENT(S)** WHERE EMPLOYED:

SUMMARIZE ANY SPECIAL **SKILLS** AND QUALIFICATIONS ACQUIRED FROM EMPLOYMENT OR OTHER
EXPERIENCES THAT MAY QUALIFY YOU TO WORK **WITH** OUR COMPANY:

LIST ANY JOB-RELATED LICENSES, CERTIFICATES, etc. (Please include driver's license only if required to
perform the functions of the position.)

DESCRIBE ANY SPECIAL ACCOMPLISHMENTS, PUBLICATIONS, AWARDS, etc.

ADD ANY ADDITIONAL INFORMATION YOU WOULD LIKE US TO CONSIDER.

REFERENCES

Please give the names and telephone numbers of three business references. They should include previous supervisors or managers, coworkers, clients, or others who know your job performance. If not applicable, list three school or professional references who are not related to you.

- | | | |
|----|----------------|--------------------|
| 1. | NAME _____ | PHONE (____) _____ |
| | POSITION _____ | COMPANY _____ |
| 2. | NAME _____ | PHONE (____) _____ |
| | POSITION _____ | COMPANY _____ |
| 3. | NAME _____ | PHONE (____) _____ |
| | POSITION _____ | COMPANY _____ |

**THE PERIO & IMPLANT CENTER
EMPLOYEE EMERGENCY INFORMATION /
INFORMACION DE EMERGENCIA DEL EMPLEADO**

Date

Employee Name: _____

Address: _____

City: _____ Zip Code: _____

Home Phone: _____

Mobile Phone: _____

Allergies to any Medications: ☐ Yes ☐ No

If Yes, Please

List: _____

IN CASE OF ILLNESS, INJURY OR OTHER EMERGENCY, PLEASE CONTACT:

Contact Name: _____ Relationship: _____

Address: _____

City: _____ Zip Code: _____

Work Phone: _____

Home Phone: _____

Mobil Phone: _____



APPLICANT'S STATEMENT

I certify that the information in the application form is true and correct to the best of my knowledge, and I agree to have any of the statements checked by the Company unless I have indicated otherwise. I authorize the references listed above, as well as all other individuals the Company contacts, to provide any and all information concerning my previous employment and any other pertinent **information** they may have. Further, I release all parties from any and all liability for any damages that may result from furnishing such information to the Company, as well as from the use or disclosure of such information by the Company or any of its agents, employees, or representatives.

I understand that any misrepresentation or omission by me in this application or any other form that I prepare or sign, may result in my failure to receive an offer of employment, or if I have been hired, in my dismissal from employment.

In consideration of my employment, I agree to conform to the rules and standards of the Company as amended by the Company from time to time at its discretion. I understand that as a condition of initial and continued employment, the Company's dispute resolution procedure will be the recognized means of settling employment-related claims.

Employment with the Company is on an "at-will" basis and may be terminated by either the employee or the Company at any time with or without cause or notice. No commitment or other term of employment shall be inferred or otherwise assumed from any source whatsoever, written or oral. Employment for any specified duration shall not be valid or binding on the employee or Company unless it is expressly set forth in a written document and signed by the employee and by the President of the Company. **Employment-at-will** is a term and condition of employment and continued employment for all persons employed by the Company.

I also understand that all offers of employment are conditioned on the Company's receipt of satisfactory responses to reference requests, background clearance as required for specific positions, and the provision of satisfactory proof of an applicant's identity and legal authority to work in the United States.

SIGNATURE OF APPLICANT

DATE

AN EQUAL OPPORTUNITY EMPLOYER

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, sexual orientation, medical condition or disability, or any other status protected by applicable state or federal civil rights laws.

ADP Screening and Selection Services offers this form as a service to our clients. Please feel free to copy this form for your own use. This document is compliant with the requirements of the FCRA in its original format. However, if you chose to modify this document, ADP cannot guarantee it will remain compliant with all federal and state regulations. Please have any modifications reviewed by competent legal counsel.

Disclosure to Employment Applicant Regarding Procurement of a Consumer Report

In connection with your application for employment, we may procure a consumer report on you as part of the process of considering your candidacy as an employee. In the event that information from the report is utilized in whole or in part in making an adverse decision with regard to your potential employment, before making the adverse decision, we will provide you with a copy of the consumer report and a description in writing of your rights under the law.

Please be advised that we may also obtain an investigative report including information as to your character, general reputation, personal characteristics, and mode of living. This information may be obtained by contacting your previous employers or references supplied by you. We may also obtain information about your driving history by searching motor vehicle records. Please be advised that you have the right to request, in writing, within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the information requested. Such disclosure will be made to you within 5 days of the date on which we receive the request from you or within 5 days of the time the report was first requested.

The Fair Credit Reporting Act gives you specific rights in dealing with consumer reporting agencies. You will find these rights in the "Summary of Your Rights under the Fair Credit Reporting Act" document.

By your signature below, you hereby authorize us to obtain a consumer report and investigative a consumer report about you, including, but not limited to, motor vehicle records and criminal history records, in order to consider you for employment.

This report will be processed by: ADP Screening and Selection Services 301 Remington Street
Fort Collins, Colorado 80524
800-367-5933

Applicant's
Name: (Please
Print)

Applicant's Address:

Signature:

Social Security Number:

GIVE COPY WITH SUMMARY OF RIGHTS TO APPLICANT. RETAIN A COPY FOR YOUR FILES.

**The Perio & Implant Center
AUTHORIZATION AND RELEASE
FOR DMV REPORTS**

I hereby authorize The Perio & Implant Center to obtain motor vehicle reports in conjunction with my application for employment and/or as a condition of my continued employment.

Also, as The Perio & Implant Center's agent, I give permission to their insurance broker or insurance Practice to obtain my driving records and determine my insurability under the Practice's insurance coverages.

By signing this disclosure, I am granting that I understand and agree to the Practice's request to obtain this information as it is for business-related purposes.

Signature of Applicant or Employee

Date

Please print your name

Driver's license number

Issued by which state



The Perio & Implant Center
Drug and Alcohol Policy & Drug Testing
Employee Acknowledgment

The Practice policy regarding Drug and Alcohol Use describes important information regarding substance abuse and my employment. I understand that I should talk to my supervisor and/or the (Personnel Director) regarding any questions about these policies.

I have received the Drug and Alcohol Use policy and I understand that it is my responsibility to read and comply with this policy. I have also received the Practice policy on Drug Testing and will comply with the Practice's intent to maintain a drug-free workplace.

Employee's Signature

Date

Employee's Name (Typed or Printed)

Witness

Date



Applicant Authorization and Release
(Keep in a separate secure file—not with personnel records)

In connection with my application for employment (including contracts for service) and as a condition of continuing employment, I understand that consumer reports or investigative consumer reports will be requested on me from various sources. These reports may include credit reports, criminal convictions, employment history, education, professional references, civil court filings, driving records, and/or insurance records. Reports will include information such as: my work habits, salary history, performance, education, experience, reasons for termination of employment, and any history of criminal, dishonest, or violent behavior. Further I understand that requests for information will be made of various private and government agencies that maintain records concerning my past activities.

I hereby authorize _____ (hereinafter "Employer") or any of its approved employees or agents to obtain the information referred to above in connection with the processing of my application. I authorize, without reservation, any individual, corporation or other private or public entity to furnish to Employer or any of its employees or agents the information referred to above. I release Employer, its employees and agents, and all individuals, corporations, or other private or public entities providing information from any liability for damages that may result to me as a result of furnishing or attempting to furnish such information. I have received and reviewed a copy of "A Summary of Your Rights under the Fair Credit Reporting Act." This authorization and release shall remain in effect for the term of my employment and shall be valid in original, fax, or copy form.

I understand that Employer will give me a copy of all reports furnished to Employer, whether or not those reports have influenced Employer in deciding about my application for employment or my continued employment.

Applicant's Signature: _____ Date: _____

Law enforcement agencies and other entities require the following information for identification purposes when checking records. It is confidential and will not be used for any other purpose:

Please Print Clearly:

Print full legal name: _____ Sex: ☐ Male ☐ Female

Print other names you have used: _____ Date(s) used: _____

_____ Date(s) used: _____ Date of birth: (mm/dd/yy): ____/____/____

Social Security #: _____ - _____ - _____ Current Drivers License #: _____

Issuing State: _____ List other Drivers License numbers and issuing states (last 7 years only):

_____ Issuing State: _____, # _____ Issuing State: _____

Home Addresses (for the last 7 years—list most current first-use back if more space needed):

Street: _____ City: _____ State: _____

Zip: _____ County: _____ From-to Dates: _____

Street: _____ City: _____ State: _____

Zip: _____ County: _____ From-to Dates: _____

Street: _____ City: _____ State: _____

Zip: _____ County: _____ From-to Dates: _____

Are there more addresses listed on the back? ☐ Yes ☐ No



Perio & Implant Center
of the Monterey Bay
Jochen P. Pechak DDS MSD

Confidentiality Agreement

It is understood and agreed to that the below identified discloser of confidential information may provide certain information that is and must be kept confidential. To ensure the protection of such information, and to preserve any confidentiality necessary under patent and/or trade secret laws, it is agreed that

1. The Confidential Information to be disclosed can be described as and includes:

Invention description(s), technical and business information relating to proprietary ideas and inventions, marketing ideas, patentable ideas, office marketing secrets and strategies, Study Club info, referring dentist info, patient information of any kind, Hygiene events or study club, drawings and/or illustrations, patient printed materials such as post op forms, existing and/or contemplated products and services, research and development, production, dental fees, costs, profit and margin information, finances and financial projections, customers, clients, marketing, and current or future business plans and models, regardless of whether such information is designated as "Confidential Information" at the time of its disclosure.

2. The Recipient agrees not to disclose the confidential information obtained from the discloser to anyone unless required to do so by law.

3. This Agreement states the entire agreement between the parties concerning the disclosure of Confidential Information. Any addition or modification to this Agreement must be made in writing and signed by the parties.

4. If any of the provisions of this Agreement are found to be unenforceable, the remainder shall be enforced as fully as possible and the unenforceable provision(s) shall be deemed modified to the limited extent required to permit enforcement of the Agreement as a whole.

WHEREFORE, the parties acknowledge that they have read and understand this Agreement and voluntarily accept the duties and obligations set forth herein.

Recipient of Confidential Information:

Name of Employee/former: _____

Signature: _____

Date: _____

Discloser of Confidential Information:

Jochen P. Pechak DDS MSD Inc, The Perio & Implant Center of the Monterey Bay

Jochen and Maya Pechak

Signatures: _____ Date: _____ Date: _____

Jochen P. Pechak

Maya Pechak

Form W-4 (2015)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
• You are single and have only one job; or	}					
• You are married, have only one job, and your spouse does not work; or						
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G _____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H _____				
	For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>	• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.		
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
► 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.				2015
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2015, 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 (This form is not valid unless you sign it.) ►				
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)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See Two earners or multiple jobs on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0
5,001 - 12,000 -	1	8,001 - 15,000 -	1
12,001 - 22,000 -	2	15,001 - 25,000 -	2
22,001 - 25,000 -	3	25,001 - 30,000 -	3
25,001 - 30,000 -	4	30,001 - 40,000 -	4
30,001 - 40,000 -	5	40,001 - 50,000 -	5
40,001 - 48,000 -	6	50,001 - 65,000 -	6
48,001 - 55,000 -	7	65,001 - 80,000 -	7
55,001 - 65,000 -	8	80,001 - 95,000 -	8
65,001 - 72,000 -	9	95,001 - 120,000 -	9
72,001 - 85,000 -	10	120,001 and over	10
85,001 - 97,000 -	11		
97,001 - 110,000 -	12		
110,001 - 120,000 -	13		
120,001 - 135,000 -	14		
135,001 and over	15		

Table 2

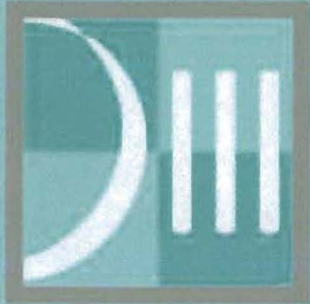
Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
65,001 - 125,000	930	35,001 - 90,000	930
125,001 - 185,000	1,040	90,001 - 165,000	1,040
185,001 - 335,000	1,220	165,001 - 370,000	1,220
335,001 and over	1,300	370,001 and over	1,300

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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.



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