UNITED STATES PATENT AND TRADEMARK OFFICE

New Employee Accession Package

Introduction

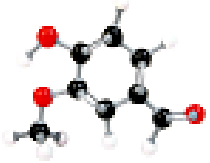
This new employee accession package contains important personnel forms which must be completed prior to starting employment at the United States Patent and Trademark Office. Documents will be signed and dated at orientation.

All forms can be filled out electronically. However, you may still print out the forms and complete them manually. You must review all forms for accuracy before you bring them to the new employee orientation session. As a convenience to you, the Acrobat Reader software allows you to type your information, but will not allow you to save the document, so please keep copies of all documents.

Print the documents as you complete each one so data is not lost. When you print the documents, make sure that the "fit to page" option is selected in the print properties box.

Follow the instructions in this package carefully to ensure a successful completion of these forms.

Should you have any questions about completing the forms, please contact the USPTO, Office of Human Resources at (703) 305-8231 and request to speak to the Human Resources Specialist who sent you the package.



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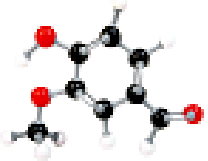
Final Instructions



Instructions

All forms should be completed within this Adobe Acrobat file. Your screen should now be divided into two panes. This document is on the right, and a listing of all bookmarked pages within this document on the left. Clicking on any bookmark in the left pane will take you directly to that page. You are currently on the Instructions page. Go ahead and click around to get the feel for it, then return to this page.

All forms in this package have color-coded fields. Fields are coded as follows:

Required - you must enter information when applicable. Note: some fields will automatically highlight and prompt you for information based on data entered in previous fields.

Automatic Entry - You only need to enter basic information once (e.g., name, address, SSN, date of birth, etc). This package will automatically enter data in all other forms requiring that information. As such, these fields should already have information in them when you see them. No action is necessary with these fields.

Pre-filled - Some fields are pre-filled out for you since the entry for all employees would be the same. No action is necessary with these fields.

Sign & Date - These are reminders to show you where you need to sign and date the form after it has been printed.

Checklist of Documents to be Completed

_____ Employment Eligibility Verification (Form I-9, Department of Justice)

_____ Statement of Employee Relative to Interests, Activities and Obligations

_____ Request for Withdrawal as Patent Attorney or Agent (PTO/SB/83)

_____ Trademark - Notice of Withdrawal as Attorney of Record

_____ Personnel Source Document

_____ Applicant's Statement of Selective Service Registration Status

_____ Race and National Origin Identification
(Standard Form 181, Office of Personnel Management)

_____ Statement of Prior Federal Service
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_____ Self-Identification of Handicap
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_____ Employee Address Form
(Form AD-349, U.S. Department of Agriculture)

_____ Employee's Withholding Allowance Certificate
(Form W-4, Department of Treasury)

_____ Employee's Virginia Income Tax
(Form VA-4, Virginia Department of Taxation)

_____ Certificate of Non Residence in the Commonwealth of Virginia
(Form VA-3, Virginia Department of Taxation)

_____ Employee's Maryland Withholding Exemption Certificate
(Form MW 507, Maryland Comptroller of the Treasury)

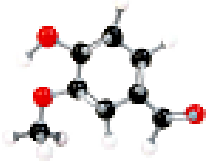
_____ Employee's Withholding Allowance Certificate
(Form D-4, Government of the District of Columbia)

_____ Direct Deposit Sign-up Form
(Standard Form 1199A, Department of Treasury)

Required forms. Must be completed.

Complete only if applicable.

CLICK HERE IF YOU WANT TO RESET THE CHECKLIST.



Employment Eligibility Verification

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1 - Employee. All employees, citizens noncitizens, hired after November 6, 1986, must complete Section 1 of this form at the time of hire, which is the actual beginning of employment. **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Preparer/Translator Certification. The Preparer/Translator Certification must be completed if Section 1 is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete Section 1 on his/her own. However, the employee must still sign Section 1 personally.

Section 2 - Employer. For the purpose of completing this form, the term "employer" includes those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Employers must complete Section 2 by examining evidence of identity and employment eligibility within three (3) business days of the date employment begins. If employees are authorized to work, but are unable to present the required document(s) within three business days, they must present a receipt for the application of the document(s) within three business days and the actual document(s) within ninety (90) days. However, if employers hire individuals for a duration of less than three business days, Section 2 must be completed at the time employment begins. **Employers must record: 1)** document title; **2)** issuing authority; **3)** document number, **4)** expiration date, if any; and **5)** the date employment begins. Employers must sign and date the certification. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. These photocopies may only be used for the verification process and must be retained with the I-9. **However, employers are still responsible for completing the I-9.**

Section 3 - Updating and Reverification. Employers must complete Section 3 when updating and/or reverifying the I-9. Employers must reverify employment eligibility of their employees on or before the expiration date recorded in Section 1. Employers **CANNOT** specify which document(s) they will accept from an employee.

- If an employee's name has changed at the time this form is being updated/ reverified, complete Block A.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still eligible to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B and:
  - examine any document that reflects that the employee is authorized to work in the U.S. (see List A **or** C),
  - record the document title, document number and expiration date (if any) in Block C, and
  - complete the signature block.

Photocopying and Retaining Form I-9. A blank I-9 may be reproduced provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

For more detailed information, you may refer to the INS Handbook for Employers, (Form M-274). You may obtain the handbook at your local INS office.

Privacy Act Notice. The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 U.S.C. 1 324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by officials of the U.S. Immigration and Naturalization Service, the Department of Labor, and the Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Reporting Burden. We try to create forms and instructions that are accurate, can be easily understood, and which impose the least possible burden on you to provide us with information. Often this is difficult because some immigration laws are very complex. Accordingly, the reporting burden for this collection of information is computed as follows: **1)** learning about this form, 5 minutes; **2)** completing the form, 5 minutes; and **3)** assembling and filing (recordkeeping) the form, 5 minutes, for an average of 15 minutes per response. If you have comments regarding the accuracy of this burden estimate, or suggestions for making this form simpler, you can write to the Immigration and Naturalization Service 425 I Street, N.W., Room 5307, Washington, D.C. 20536. OMB No. 1115-0136.

EMPLOYERS MUST RETAIN COMPLETED I-9
PLEASE DO NOT MAIL COMPLETED I-9 TO INS

U.S. Department of Justice
mmigration and Naturalization Service

OMB No. 1115-0136
Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins

Print Name: Last	First	Middle Initial	Maiden Name
Address *(Street Name and Number)*		Apt. #	Date of Birth *(month/day/year)*
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):
- A citizen or national of the United States
- A Lawful Permanent Resident (Alien # A _____
- An alien authorized to work until ____/____/____
  (Alien # or Admission # _____

Employee's Signature | Date *(month/day/year)*

Preparer and/or Translator Certification. *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature | Print Name

Address *(Street Name and Number, City, State, Zip Code)* | Date *(month/day/year)*

Section 2. Employer Review and Verification. To be completed and signed by employer. **Examine one document from List A OR examine one document from List B and one from List C** as listed on the reverse of this form and record the title, number and expiration date, if any, of the document(s)

	List A	OR	List B	AND	List C
Document title:					
Issuing authority:					
Document #:					
Expiration Date *(if any)*:	___/___/___		___/___/___		___/___/___
Document #:					
Expiration Date *(if any)*:	___/___/___				

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* **____/____/____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment).**

Signature of Employer or Authorized Representative | Print Name | Title

Business or Organization Name | Address *(Street Name and Number, City, State, Zip Code)* | Date *(month/day/year)*

Section 3. Updating and Reverification. To be completed and signed by employer

A. New Name *(if applicable)* | B. Date of rehire *(month/day/year) (if applicable)*

C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.

Document Title:_____ Document #:_____ Expiration Date (if any):___/___/___

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative | Date *(month/day/year)*

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship *(INS Form N-560 or N-561)*
3. Certificate of Naturalization *(INS Form N-550 or N-570)*
4. Unexpired foreign passport, with *I-551 stamp or* attached *INS Form I-94* indicating unexpired employment authorization
5. Alien Registration Receipt Card with photograph *(INS Form I-151 or I-551)*
6. Unexpired Temporary Resident Card *(INS Form I-688)*
7. Unexpired Employment Authorization Card *(INS Form I-688A)*
8. Unexpired Reentry Permit *(INS Form I-327)*
9. Unexpired Refugee Travel Document *(INS Form I-571)*
10. Unexpired Employment Authorization Document issued by the INS which contains a photograph *(INS Form I-688B)*

OR

LIST B

Documents that Establish Identity

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, sex, 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, sex, 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

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

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration *(other than a card stating it is not valid for employment)*
2. Certification of Birth Abroad issued by the Department of State *(Form FS-545 or Form DS-1350)*
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card *(INS Form I-197)*
6. ID Card for use of Resident Citizen in the United States *(INS Form I-179)*
7. Unexpired employment authorization document issued by the INS *(other then those listed under List A)*

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

UNITED STATES PATENT and TRADEMARK OFFICE

UNDERSECRETARY OF COMMERCE FOR INTELLECTUAL PROPERTY AND
DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE
WASHINGTON, D.C. 20231
WWW.USPTO.GOV

STATEMENT OF EMPLOYEE RELATIVE TO INTERESTS, ACTIVITIES AND OBLIGATIONS

I have read and will undertake to follow the United States Patent and Trademark Office policy concerning conflict of interests and standards of conduct as set forth on the reverse side of this memorandum, and I affirm that I do not have any right or interest in any patent application.

[Please check either (A) or (B) below]:

☐ (A) I have not acted as attorney or agent for any applicant whose application for patent or trademark registration is now pending.

☐ (B) I have, with respect to all pending applications for patent or trademark registration in which I have appeared as attorney or agent, received notice from the United States Patent and Trademark Office that either (1) my power of attorney or authorization as agent has been revoked or (2) my withdrawal as attorney or agent has been accepted by the United States Patent and Trademark Office.*

I fully understand that it is my continuing responsibility to keep informed and to comply with the policies of the United States Patent and Trademark Office pertaining to conflict of interest and private business activities, and to keep pending and abandoned applications for patents in secrecy and give no information concerning the same except as authorized by law or regulation.

** Registered patent attorneys and agents must inform the Office of Enrollment and Discipline on the entry on duty day, in writing, that they are employed by the United States Patent and Trademark Office.*

_____	_____
(Signature)	**(Date)**

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

Specific U.S. Patent and Trademark Office Statutory and Regulatory Limitations

The following limitations apply specifically to all officers or employees of the U. S. Patent and Trademark Office. In case of doubt on any question of statutory or regulatory application, the officer or employee should consult the text of the statute or regulation and should reply on legal counsel. The Solicitor or his designee is available as counselor for officers and employees in such cases.

1. Title 35 U.S.C., section 4, prohibits officers and employees of the U. S. Patent and Trademark Office, during and the period of their appointments and for one year thereafter, from applying for a patent and from acquiring, directly or indirectly, except by inheritance or bequest, any patent or any right or interest in any patent, issued or to be issued by the U. S. Patent and Trademark Office. In patents applied for thereafter they shall not be entitled to any priority date earlier than one year after the termination of their appointment.

2. Title 35 U.S.C., section 122, provides that applications for patents shall be kept in confidence by the U. S. Patent and Trademark Office and no information concerning the same given without authority of the applicant or owner unless necessary to carry out the provisions of any Act of Congress or in such special circumstances as may be determined by the Director.

3. Rules of Practice in Patent Cases, 37 C.F.R. 10.10(b) provides that no individual who has served in the patent examining corps of the Office may practice before the Office after termination of his or her service, unless he or she signs a written undertaking (1) not to prosecute or aid in any manner in the prosecution of any patent application pending in any patent examining group during his or her period of service therein and (2) not to prepare or prosecute or to assist in any manner in the preparation or prosecution of any patent application of another (i) assigned to such group for examination and (ii) filed within two years after the date he or she left such group, without written authorization of the Commissioner. Associated and related classes in other patent examining groups may be required to be included in the undertaking or designated classes may be excluded from the undertaking. When an application for registration is made after resignation from the Office, the applicant will not be registered if he or she has prepared or prosecuted or assisted in the preparation or prosecution of any patent application as indicated in the paragraph. Knowingly preparing or prosecuting or providing assistance in the preparation or prosecution of any patent application contrary to the provisions of this paragraph shall constitute misconduct under § 10.23(c)(13) of this part.

Privacy Act Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with the above request. 35 U.S.C. sections 4 and 122 and 37 C.F.R. 10.10(b) authorizes collection of this information. The USPTO also collects this information under the authority of Title 1 of the Ethics in Government Act of 1978 and Executive Order 12674. The USPTO uses the information that you supply to verify whether you have worked on any applications that are pending examination before the USPTO and to verify your understanding of the standards of conduct governing your employment with the USPTO. It is mandatory that you provide the requested information. If you fail to provide the requested information, the USPTO may not be able to process your application and associated documentation. It may also affect your employment status.

This information may also be disclosed to the following agencies or organziations:

1. To a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.
2. To a Federal agency in the executive, legislative, or judicial branches of the government in connection with requests for information used to hire employees, issue a security clearance and conduct a security investigation, job classification, letting of a contract, the issuance of a license, grant, or other benefits or for other reasons related to the lawful statutory, administrative, or investigative purpose of the agency requesting the information.
3. To provide information to a Congressional Office from the record of an individual in response to an inquiry from the Congressional Office made at the request of the individual.
4. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding.
5. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which the agency is authorized to appear, when the agency or any part of the agency, any employee of the agency in his or her official capacity, any employee of the agency in his or her individual capacity where the Department of Justice or the agency has agreed to represent the employee, or the United States, when the agency determines that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or the agency is deemed by the agency to be relevant and necessary to the litigation provided, however, that in each case, it has been determined that the disclosure is compatible with the purpose for which the records were collected.
6. By the agency maintaining the records or by the Office to locate individuals for personnel research or survey response, and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.
7. To provide to an official of another Federal agency information needed in the performance of official duties related to reconciling or reconstructing data files, in support of the functions for which the records were collected and maintained.
8. To disclose, in response to a request for discovery or for appearance of a witness, information that is relevant to a pending judicial or administrative proceeding.
9. To disclose information to the Merit Systems Protection Board or the Office of the Special Counsel in connection with appeals, special studies of the civil service and other merit systems, review of Office rules and regulations, investigation of alleged or possible prohibited personnel practices, and such other functions as authorized by 5 U.S.C. Chapter 12 or by law.
10. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.

Failure to provide the information requested by this statement will prevent further processing of your application for appointment.

The information you supply is collected and maintained in your Official Personnel Folder (OPF) and USPTO employees who are agents or attorneys for patent or trademark applications must complete the Request for Withdrawal forms. A form must be completed for each patent or trademark application that the employee has ever been involved with. Each form will be filed in the appropriate patent or trademark application.

The following two forms are for Patent and Trademark Attorneys:

New USPTO employees who are agents or attorneys for patent or trademark applications must complete the following forms:

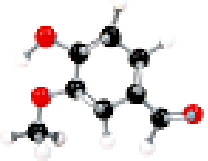
Patent Applications - PTOS / SB / 83 Request for Withdrawal as Attorney or Agent

and / or

Trademark Applications - Notice of Withdrawal as Attorney of Record

A form must be completed for each patent or trademark application that you have ever been involved with. If you need to complete more than one copy of either form, complete and print the first one, then complete and and print the second one, and so on.

Each form completed will be filed in the appropriate patent or trademark application.



Please type a plus sign (+) inside this box → ☐

PTO/SB/83 (2/00)
Approved for use through 10/31/02. OMB 0651-0035
Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT

Application Number	
Filing Date	
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	

To: Assistant Commissioner for Patents
Washington, DC 20231

I hereby apply to withdraw as attorney or agent for the above identified patent application.

The reasons for this request are:

1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☐ Change the correspondence address and direct all future correspondence to:

CORRESPONDENCE ADDRESS

☐ Customer Number → *Place Customer Number Bar Code Label here*

OR

☐ Firm *or* Individual Name					
Address					
Address					
City		**State**		**ZIP**	
Country					
Telephone		**Fax**			

This request is enclosed in triplicate.

Name	
Signature	
Date	

NOTE: Withdrawal is effective when approved rather than when received.
Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

Privacy Act Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with your submission of the attached form related to a patent application or patent. Accordingly, pursuant to the requirements of the Act, please be advised that: (1) the general authority for the collection of this information is 35 U.S.C. 2(b)(2); (2) furnishing of the information solicited is voluntary; and (3) the principal purpose for which the information is used by the U.S. Patent and Trademark Office is to process and/or examine your submission related to a patent application or patent. If you do not furnish the requested information, the United States Patent and Trademark Office may not be able to process and/or examine your submission, which may result in termination of proceedings or abandonment of the application or expiration of the patent.

The information provided by you in this form will be subject to the following routine uses:

(1) The information on this form will be treated confidentially to the extent allowed under the Freedom of Information Act (5 U.S.C. 552) and the Privacy Act (5 U.S.C 552a). Records from this system of records may be disclosed to the Department of Justice to determine whether disclosure of these records is required by the Freedom of Information Act.

(2) A record from this system of records may be disclosed, as a routine use, in the course of presenting evidence to a court, magistrate, or administrative tribunal, including disclosures to opposing counsel in the course of settlement negotiations.

(3) A record in this system of records may be disclosed, as a routine use, to a Member of Congress submitting a request involving an individual, to whom the record pertains, when the individual has requested assistance from the Member with respect to the subject matter of the record.

(4) A record in this system of records may be disclosed, as a routine use, to a contractor of the Agency having need for the information in order to perform a contract. Recipients of information shall be required to comply with the requirements of the Privacy Act of 1974, as amended, pursuant to 5 U.S.C. 552a(m).

(5) A record related to an International Application filed under the Patent Cooperation Treaty in this system of records may be disclosed, as a routine use, to the International Bureau of the World Intellectual Property Organization, pursuant to the Patent Cooperation Treaty.

(6) A record in this system of records may be disclosed, as a routine use, to another federal agency for purposes of National Security review (35 U.S.C. 181) and for review pursuant to the Atomic Energy Act (42 U.S.C. 218(c)).

(7) A record from this system of records may be disclosed, as a routine use, to the Administrator, General Services, or his/her designee, during an inspection of records conducted by GSA as part of that agency's responsibility to recommend improvements in records management practices and programs, under authority of 44 U.S.C. 2904 and 2906. Such disclosure shall be made in accordance with the GSA regulations governing inspection of records for this purpose, and any other relevant (*i.e.*, GSA or Commerce) directive. Such disclosure shall not be used to make determinations about individuals.

(8) A record from this system of records may be disclosed, as a routine use, to the public after either publication of the application pursuant to 35 U.S.C. 122(b) or issuance of a patent pursuant to 35 U.S.C. 151. Further, a record may be disclosed, subject to the limitations of 37 CFR 1.14, as a routine use, to the public if the record was filed in an application which became abandoned or in which the proceedings were terminated and which application is referenced by either a published application, an application open to public inspection, or an issued patent.

(9) A record from this system of records may be disclosed, as a routine use, to a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of a law or regulation.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN THE APPLICATION OF:)
)
)
)
)
)
Filed:)
)
Mark:)
)

THE HONORABLE DIRECTOR OF THE UNITED STATES PATENT AND TRADEMARK OFFICE
BOX TRADEMARK APPLICATION
WASHINGTON, DC 20231

NOTICE OF WITHDRAWAL AS ATTORNEY OF RECORD

Sir:

I hereby withdraw as attorney of record and from all aspects of representation in the above-identified application, effective _____, ____. My withdrawal is mandatory under 37 C.F.R. Sections 2.19(b) and 10.40(b)(2), because of my employment by the United States Patent and Trademark Office, beginning _____, ____.

Respectfully submitted:

_____

Date: _____

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

Personnel Source Document

Name:				Date:	

Please check the appropriate:

- ☐ 0. None (No Military Service/Does Not Apply)
- ☐ 1. Ready Reserve
- ☐ 2. Standby Reserve
- ☐ 3. National Guard
- ☐ 4. Retired Regular
- ☐ 5. Retired Non-Regular

Privacy Act Statement

The Privacy Act of 1974 (P.L. 93-579) requires that you be given certain information in connection with the above request. The United States Patent and Trademark Office (USPTO) is authorized to collect this information under 5 U.S.C. 2301. Additionally, the Office of Personnel Management (OPM) authorizes the request of such information under sections 1302, 3301, 3304, and 8716 of 5 U.S.C. Section 1104 of Title 5 allows OPM to delegate personnel management functions to other Federal agencies. The USPTO uses the information that you supply to verify whether you have served in the military, reserves, or the National Guard. It is mandatory that you provide the requested information. If you refuse to provide this information, the USPTO may not be able to process your application and associated documentation. It may also affect your employment status.

The information that you supply is collected and maintained in your Official Personnel Folder (OPF). This information may also be disclosed to the following agencies or organizations:

1. To disclose to the Department of Labor, Department of Veteran Affairs, Social Security Administration, Department of Defense, or any other Federal agencies that have special civilian employee retirement programs; or to a national, State, county, municipal, or other publicly recognized charitable or income security, administration agency (e.g., State unemployment compensation agencies), when necessary to adjudicate a claim under the retirement, insurance, unemployment, or health benefits programs of the Office or an agency cited above, or to an agency to conduct an analytical study or audit of benefits being paid under such programs.
2. To disclose specific civil service employment information required under law by the Department of Defense on individuals identified as members of the Ready Reserve to assure continuous mobilization readiness of Ready Reserve units and members, and to identify demographic characteristics of civil service retirees for national emergency mobilization purposes.
3. To the Department of Defense, National Oceanic and Atmospheric Administration, U.S. Public Health Service, Department of Veterans Affairs, and the U.S. Coast Guard as needed to calculate any adjustments in retired or retained pay required by the dual compensation provisions of section 5532 of Title 5 U.S.C.
4. To a Federal, State, or local law enforcement agency, if the USPTO becomes aware of a violation or potential violation of law or regulation.
5. To a Federal agency in the executive, legislative, or judicial branches of the government in connection with requests for information used to hire employees, issue a security clearance and conducting a security investigation, job classification, letting of a contract, the issuance of a license, grant, or other benefits or for other reasons related to the lawful statutory, administrative, or investigative purpose of the agency requesting the information.
6. To provide information to a Congressional Office from the record of an individual in response to an inquiry from the Congressional Office made at the request of the individual.
7. To disclose information to another Federal agency, to a court, or a party in litigation before a court or in an administrative proceeding being conducted by a Federal agency, when the Government is a party to the judicial or administrative proceeding.
8. To disclose information to the Department of Justice, or in a proceeding before a court, adjudicative body, or other administrative body before which the agency is authorized to appear, when the agency or any part of the agency, any employee of the agency in his or her official capacity, any employee of the agency in his or her individual capacity where the Department of Justice or the agency has agreed to represent the employee, or the United States, when the agency determines that litigation is likely to affect the agency or any of its components, is a party to litigation or has an interest in such litigation, and the use of such records by the Department of Justice or the agency is deemed by the agency to be relevant and necessary to the litigation provided, however, that in each case, it has been determined that the disclosure is compatible with the purpose for which the records were collected.
9. By the agency maintaining the records or by the Office to locate individuals for personnel research or survey response, and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.
10. To provide to an official of another Federal agency information needed in the performance of official duties related to reconciling or reconstructing data files, in support of the functions for which the records were collected and maintained.
11. To disclose, in response to a request for discovery or for appearance of a witness, information that is relevant to a pending judicial or administrative proceeding.
12. To disclose information to contractors, grantees, or volunteers performing or working on a contract, service, grant, cooperative agreement, or job for the Federal Government.

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

APPLICANT'S STATEMENT OF SELECTIVE SERVICE REGISTRATION STATUS

If you are a male born after December 31, 1959, and are at least 18 years of age, civil service employment law (5 U.S.C. 3328) requires that you must be registered with the Selective Service System, unless you meet certain exemptions under Selective Service law. If you are required to register but knowingly and willfully fail to do so, you are ineligible for appointment by executive agencies of the Federal Government.

CERTIFICATION OF REGISTRATION STATUS

Check one:

☐ I certify I am registered with the Selective Service System.

☐ I certify I have been determined by the Selective Service System to be exempt from the registration provisions of Selective Service law.

☐ I certify I have not registered with the Selective Service System.

☐ I certify I have not reached my 18th birthday and understand I am required by law to register at that time.

NON-REGISTRANTS UNDER AGE 26

If you are under age 26 and have not registered as required, you should register promptly at a United States Post Office, or consular office if you are outside the United States.

NON-REGISTRANTS AGE 26 OR OVER

If you were born in 1960 or later, are 26 years of age or older, and were required to register but did not do so, you can no longer register under Selective Service law. Accordingly, you are not eligible for appointment to an executive agency unless you can prove to the Office of Personnel Management (OPM) that your failure to register was neither knowing nor willful. You may request an OPM decision through the agency that was considering you for employment by returning this statement with your written request for an OPM determination together with any explanation and documentation you wish to further to prove that your failure to register was neither knowing nor willful.

PRIVACY ACT STATEMENT

Because information on your registration status is essential for determining whether you are in compliance with 5 U.S.C. 3328, failure to provide the information requested by this statement will prevent any further consideration of your application for appointment. This information is subject to verification with Federal agencies for law enforcement or other authorized use in implementing this law.

FALSE STATEMENT NOTIFICATION

A false statement may be grounds for not hiring you, or for firing you if you have already begun work. Also, you may be punished by fine or imprisonment. (18 U.S.C. 1001)

If your employing agency has informed you that you cannot be appointed to a position in an executive agency because of your failure to register, and you wish to establish that your non-compliance with the law was neither knowing nor willful, you may write to: US OPM, NACI Center, 100-5 AB, Boyers, Pennsylvania, 06018.

_____

Legal Signature of Individual (please use ink)

_____

Date Signed (please use ink)

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

Standard Form 181 (Rev. 5-82)
U.S. Office of Personnel Management
FPM Supplement 298-1

RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form)

Agency Use Only	Name *(Last, First, Middle Initial)*	Social Security Number	Birthdate *(Month & Year)*

Privacy Act Statement

You are requested to furnish this information under the authority of 42 U.S.C. § 2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide the information, however, then the employing agency will attempt to identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources.

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify yourself by the category with which you most closely identify yourself. Place an "X" in the box next to the appropriate category. NOTE: Mark **only ONE** box.

NAME OF CATEGORY *(Mark **ONE** only)*	DEFINITION OF CATEGORY
	Categories for Use in All Jurisdictions Except Hawaii* and Puerto Rico
A ☐ American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
B ☐ Asian or Pacific Islander	A person 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, and Samoa.
C ☐ Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).
D ☐ Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.
E ☐ White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). Also includes persons not included in other categories.
	Categories for Use in Puerto Rico
D ☐ Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico. Does not include persons of Portuguese culture or origin.
Y ☐ Not Hispanic in Puerto Rico	A person not of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico.

***Reproduce OPM Form 1468 from FPM Supp. 298-1 for data collection in Hawaii.**

181-102

NSN 7540-01-099-3446
Previous edition usable

1982 O - 360-498 (46)

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

Statement of Prior Federal Service

(PLEASE READ THE FOLLOWING INFORMATION BEFORE COMPLETING THIS FORM.)

Privacy Act Statement

Section 6303 of 5 U.S.C., "Annual Leave Accrual," authorizes collection of information to determine and record service that may be creditable for accrual of annual leave. Part 351.503, 5 C.F.R., "Length of Service," authorizes collection of data to determine and record service that may be creditable for reduction-in-force retention purposes

Information about prior Federal civilian and military service is collected and maintained in your Official Personnel Folder (OPF). The information you furnish may be disclosed to other Federal agencies or Congressional or Judicial Offices in order to verify it or in connection with your application for a job, license, grant, or other benefit. It may also be disclosed to a national, state, or local law enforcement agency where there is indication of a violation or potential violation of civil or criminal law or regulation, or to another Federal agency or court when the Government is party to a suit.

Furnishing this information is voluntary; however, failure to do so may result in your not receiving credit for prior Federal service.

I. What is Needed to Verify Prior Service

In order for your employing agency to credit your prior Federal service for benefits, such as leave accrual and reduction-in-force retention, the dates of your active uniformed service and the type(s) of appointment(s) and dates of civilian service must be verified. Dates of active uniformed service are verified from the records issued by the branch of service in which you served. Dates and types of appointments to civilian positions are usually verified from Notifications of Personnel Action (Standard Form 50 or CSC- or OPM-approved exceptions thereto), and payroll records (including records of deductions made under the Civil Service Retirement System--Standard Form 2806). The information on the application you submitted for the appointment you are receiving, along with the information on page 3 of this form, will be used by your agency to identify the Federal employers and periods of employment for which records must be obtained to verify the prior service.

When Notification of Personnel Action or payroll records cannot be located to verify a period of service, and the service was covered by Social Security, a detaild statement of earnings information (showing periods of employment and the name of the employer) from the Social Security Administration will be accepted as proof of service.

If no personnel, payroll, or Social Security records can be located, then your agency can accept secondary evidence of civilian employ- ment, as explained below. When the secondary evidence you sub- mit includes your affidavit regarding one or more periods of service, that affidavit should be made on page 2 of this form.

II. Use of Secondary Evidence to Verify Federal Service

Secondary evidence may be considered as proof of Federal civilian service only when official Government records are lost, destroyed, or incomplete. Necessarily, the burden of proof is on the person claiming service that is not supported by official records in the custody of the U.S. Government. If you decide to claim credit for a period of service by submitting secondary evidence, it is important that you submit all documents in your possession that tend to prove you performed the service claimed, and that the service, if performed, was creditable for leave accrual and reduction-in-force purposes. No credit can be allowed for any service that is not substantiated by valid and conclusive secondary evidence. The following is applicable only if you are providing secondary evidence.

A. Documentary Evidence: Submit as many as possible of the documents listed in Item 1 below. If your agency finds that these documents are insufficient to determine creditability, the documents listed in items 2 and 3 may be considered, but less weight will be given to such evidence.

1. Copies of official documents or letters about the service. These may be notices of appointment/separation; notices of changes in position/salary, organization, or headquarters; travel orders; payroll cards; ID's, etc.

2. Private records such as a diary, correspondence, copies of income tax returns, employment applications, credit applications, etc., that mention the Federal employer and the claimed service. Private records must have been made during or shortly after the period of service.

3. Any other documentary evidence tending to prove the service was actually performed and the starting and ending dates of the service.

B. Affidavit Evidence: If you are not able to supply copies of official documents (as described in item 1 above) that are sufficient for your agency to make a determination of creditability, you must submit affidavits from yourself and at least two other persons preferably your supervisors) who know the facts. If you can obtain no documentary evidence (items 1, 2, and 3, above) to support your claim, you may submit these affidavits only; however, your claim is more likely to be rejected without supporting documents. The required affidavits are from:

-- The employee, stating as many of the details on the affidavit form on page 2 as can be accurately be remembered.

-- At least two persons knowing the facts. Each person should show that he or she is in a position to know the facts sworn to, and give his or her age and mailing address

Affidavits must be sworn to or affirmed before a notary public or other officer who is authorized by law to administer oaths.

C. Warning: Any submission may be investigated. Intentional false statements, willful concealments, or using documents you know are false, fictitious, or fraudulent is punishable by fine/imprisonment (18 U.S.C. 1001)

STANDARD FORM 144 (Rev. 9/83)
Office of Personnel Management
FPM Supplement 296-33

Statement of Prior Federal Service

Part 1 - TO BE COMPLETED BY EMPLOYEE

1. NAME (Last, First, Middle Initial)

2. Birthdate (Month, Day, Year)

3. Does the application that you submitted, for the position to which you are being Appointed, list all of your Federal government civilian and uniformed service, including beginning and ending dates, as well as the type of appointment and work schedule for civilian service?

YES (IF "YES", check this block and then skip to item 8.)

NO (IF "NO", check this block and complete items 4-8.)

4. List below your prior civilian service (Include service with the D.C. Government or appointments made before October 1987).

Name and Location of Agency	FROM			TO			Type of appointment and Work Schedule (Full-Time, Part-Time or Intermittent)
	Year	Month	Day	Year	Month	Day	

5. During periods of employment shown in item 4, did you have a total of more than 6 months absence without pay during any one calendar year?

YES (IF "YES", list the following information.)

NO (IF "NO", go to item 6.)

Type if Known (L.W.O.P., Furlough, Suspension, A.W.O.L. or Placement in Nonpay Status From Seasonal or On-Call Employment)	FROM			TO			TOTAL		
	Year	Month	Day	Year	Month	Day	Years	Months	Days

6. List all uniformed services below. (List active service in any branch of the Armed Forces of the United States, including active duty as a reservist, and active service in the commissioned corps of the Public Health Service or of the National Oceanic and Atmospheric Administration. Also list Merchant Marine service if it interrupted Federal civilian service.)

Branch	FROM			TO			Discharge (Honorable or Dishonorable)
	Year	Month	Day	Year	Month	Day	

7. Do you claim any type of veteran preference which has not been verified?

No

Yes - (Check one of the statements, if it applies to you.)

I claim preference as the:

Spouse of a disabled veteran

Mother of a deceased or disabled veteran

Unmarried widow/widower of a veteran

8. CERTIFICATION: The prior Federal civilian and uniformed service listed on my application and listed above constitutes my entire record of Federal employment. I have no other Federal service for which I want to claim credit.

Signature

Date (Month, Day, Year)

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

SELF-IDENTIFICATION OF HANDICAP

(See instructions and Privacy Act information on reverse)

Last Name, First Name, Middle Initial	Birth Date *(Mo./Yr.)*	Social Security Number

ENTER CODE HERE

DEFINITION OF A HANDICAP: A person is handicapped if he or she has a physical or mental impairment which substantially limits one or more major life activities; has a record of such impairment; or is regarded as having such impairment. Those handicaps that are to be reported are listed below (codes in bold numbers 13 through 94). In the case of multiple impairments, choose the code which describes the impairment that would result in the most substantial limitation.

TO THE EMPLOYEE: Self-identification of handicap status is essential for effective data collection and analysis. The information you provide will be used for statistical purposes only and will not in any way affect you individually. While self-identification is voluntary, your cooperation in providing accurate information is critical.

01 I do not wish to identify my handicap status. *(Please read the employee note above and the reverse side of this form before using this code.)* (Note: Your personnel officer may use this code if, in his or her judgment, you used an incorrect code.)

05 I do not have a handicap.

06 I have a handicap but it is not listed below.

SPEECH IMPAIRMENTS

13 Severe speech malfunction or inability to speak; hearing is normal *(Examples: defects of articulation [unclear language sounds]; stuttering; aphasia [impaired language function]; laryngectomy [removal of the "voice box"])*

HEARING IMPAIRMENTS

15 Hard of hearing *(Total deafness in one ear or inability to hear ordinary conversation, correctable with a hearing aid)*

16 Total deafness in both ears, with understandable speech

17 Total deafness in both ears, and unable to speak clearly

VISION IMPAIRMENTS

22 Ability to read ordinary size print with glasses, but with loss of peripheral (side) vision *(Restriction of the visual field to the extent that mobility is affected—"Tunnel vision")*

23 Inability to read ordinary size print, not correctable by glasses *(Can read oversized print or use assisting devices such as glass or projector modifier)*

24 Blind in one eye

25 Blind in both eyes *(No usable vision, but may have some light perception)*

MISSING EXTREMITIES

27 One hand
28 One arm
29 One foot
32 One leg
33 Both hands or arms
34 Both feet or legs
35 One hand or arm *and* one foot or leg
36 One hand or arm *and* both feet or legs
37 Both hands or arms *and* one foot or leg
38 Both hands or arms *and* both feet or legs

NONPARALYTIC ORTHOPEDIC IMPAIRMENTS

(Because of chronic pain, stiffness, or weakness in bones or joints, there is some loss of ability to move or use a part or parts of the body.)

44 One or both hands
45 One or both feet
46 One or both arms
47 One or both legs
48 Hip or pelvis
49 Back
57 Any combination of two or more parts of the body

PARTIAL PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is some loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

61 One hand
62 One arm, any part
63 One leg, any part
64 Both hands
65 Both legs, any part
66 Both arms, any part
67 One side of body, including one arm and one leg
68 Three or more major parts of the body *(arms and legs)*

COMPLETE PARALYSIS

(Because of a brain, nerve, or muscle problem, including palsy and cerebral palsy, there is a complete loss of ability to move or use a part of the body, including legs, arms, and/or trunk.)

70 One hand
71 Both hands
72 One arm
73 Both arms
74 One leg
75 Both legs
76 Lower half of body, including legs
77 One side of body, including one arm and one leg
78 Three or more major parts of the body *(arms and legs)*

OTHER IMPAIRMENTS

80 Heart disease with no restriction or limitation of activity *(History of heart problems with complete recovery)*

81 Heart disease with restriction or limitation of activity

82 Convulsive disorder *(e.g., epilepsy)*

83 Blood diseases *(e.g., sickle cell anemia, leukemia, hemophilia)*

84 Diabetes

86 Pulmonary or respiratory disorders *(e.g., tuberculosis, emphysema, asthma)*

87 Kidney dysfunctioning *(e.g., if dialysis [Use of an artificial kidney machine] is required)*

88 Cancer—a history of cancer with complete recovery

89 Cancer—undergoing surgical and/or medical treatment

90 Mental retardation *(A chronic and lifelong condition involving a limited ability to learn, to be educated, and to be trained for useful productive employment as certified by a State Vocational Rehabilitation agency under section 213.3102(t) of Schedule A)*

91 Mental or emotional illness *(A history of treatment for mental or emotional problems)*

92 Severe distortion of limbs and/or spine *(e.g., dwarfism, kyphosis [severe distortion of back])*

93 Disfigurement of face, hands, or feet *(e.g., distortion of features on skin, such as those caused by burns, gunshot injuries, and birth defects [gross facial birthmarks, club feet, etc.])*

94 Learning disability *(A disorder in one or more of the processes involved in understanding, perceiving, or using language or concepts [spoken or written]; e.g., dyslexia)*

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

Standard Form 256 (Rev. 8/87)
U.S. Office of Personnel Management
FPM Supplement 298-1

The Rehabilitation Act of 1973 (P.L. 93-112) requires each agency in the Executive branch of the Federal Government to establish definite programs that will facilitate the hiring, placement, and advancement of handicapped individuals. The best means of determining agency progress in this respect is through the production of reports at certain intervals showing such things as the number of handicapped employees hired, promoted, trained, or reassigned over a given time period; the percentage of handicapped employees in the work force and in various grades and occupations; etc. Such reports bring to the attention of agency top management, the Office of Personnel Management (OPM), and the Congress deficiencies within specific agencies or the Federal Government as a whole in the hiring, placement, and advancement of handicapped individuals and, therefore, are the essential first step in improving these conditions and consequently meeting the requirements of the Rehabilitation Act.

The handicap data collected on employees will be used only in the production of reports such as those previously mentioned and not for any purpose that will affect them individually. The only exception to this rule is that the records may be used for selective placement purposes and selecting special populations for mailing of voluntary personnel research surveys. In addition, every precaution will be taken to ensure that the information provided by each employee is kept in the strictest confidence and is known only to the one or two individuals in the agency Personnel Office who obtain and record the information for entry into the agency's and OPM's personnel systems. You should also be aware that participation in the handicap reporting system is entirely voluntary, **with the exception of employees appointed under Schedule A, section 213.3102(t) (Mental Retardation); Schedule A, section 213.3102(u) (Severely Physically Handicapped); and Schedule B, section 213.3202(k) (Mentally Restored).** These employees will be requested to identify their handicap status and if they decline to do so, their correct handicap code will be obtained from medical documentation used to support their appointment. No other employees will be required to identify their handicap status if they feel for any reason it is not in their best interest to have this information officially recorded outside of medical records. We request only that anyone not wishing to have this information entered in the agency's and OPM's personnel systems indicate this to their Personnel Office, rather than intentionally miscoding themselves, since false responses will seriously damage the statistical value of the reporting system.

[In those instances where the employee is or was hired under Schedule A, section 213.3102(t) (Mental Retardation), the Personnel Director or his/her designee (a Vocational Rehabilitation Counsefor may also be helpful) **will assist the individual in completing this form and ensure that the employee fully understands the meaning of the form and the options available to him/her, as noted above.**]

Employees will be given every opportunity to ensure that the handicap code carried in their agency's and OPM's personnel systems is accurate and is kept current. They may exercise this opportunity by asking their Personnel Officer to see a printout of the code and definition from their record, by notifying Personnel any time their handicap status changes, and by initiating action in either of these cases to have the necessary changes made to their records. The code carried on employees in their agency's system will be identical to that carried in OPM's system, and any change to the agency records will result in the same change being made to OPM's records.

Your cooperation and assistance in establishing and maintaining an accurate and up-to-date handicap report system is sincerely appreciated.

PRIVACY ACT STATEMENT

Collection of the requested information is authorized by the Rehabilitation Act of 1973 (P.L. 93-112). The information you furnish will be used for the purpose of producing statistical reports to show agency progress in hiring, placement, and advancement of handicapped individuals and to locate individuals for voluntary participation in surveys. The reports will be used to inform agency top management, the Office of Personnel Management (OPM), the Congress, and the public of the status of programs for employment of the handicapped. All such reports will be in the form of aggregate totals and will not identify you in any way as an individual.

Solicitation of your Social Security Number (SSN) is authorized by Executive Order 9397, which requires agencies to use the SSN as the means for identifying individuals in personnel information systems. Your SSN will only be used to ensure that your correct handicap code is recorded along with the other employee information that your agency and OPM maintain on you. Furnishing your SSN or any other of the requested data for this collection effort is voluntary and failure to do so will have no effect on you. It should be noted, however, that where individuals decline to furnish their SSN, the SSN will be obtained from other records in order to ensure accurate and complete data.

Employees appointed under Schedule A, section 213.3102(t) (Mental Retardation), Schedule A, section 213.3102(u) (Severely Physically Handicapped), or Schedule B, section 213.3202(k) (Mentally Restored) are requested to furnish an accurate handicap code, but failure to do so will have no effect on them. Where employees hired under one of these appointments fail to disclose their handicap, however, the appropriate code will be determined from the employee's existing records or medical documentation submitted to justify the appointment.

★U.S.GPO:1991-0-290-490/20214

Form AD-349
U.S. Department of Agriculture

EMPLOYEE ADDRESS FORM

This form is intended to establish the current resident address for employees in the Patent and Trademark Office. It will be used to mail information such as the Leave and Earnings Statement, benefits information (health, life, TSP), W-2, etc.

Complete the following numbered items in Section A:
1-(employee name), 2-(social security number), 3-(full street address, including apt or suite number), 4-(city of residence), 5-(state of residence), 6-(zip code), 11-(signature, to verify the accuracy of information), and 12-(date)

SECTION A

1. NAME (Last, First, Middle)	2. SOCIAL SECURITY NUMBER

CURRENT RESIDENCE ADDRESS

3. FULL STREET ADDRESS		
4. CITY NAME	5. STATE OR COUNTRY NAME	6. ZIP CODE
7. *CITY CODE (Agency Use)*	8. *COUNTY CODE (Agency Use)*	9. *STATE OR COUNTRY CODE (Agency Use)*

10. DESIGNATED AGENT CODE	11. EMPLOYEE SIGNATURE	12. DATE

IF YOU UTILIZE DIRECT DEPOSIT,
<u>DO NOT</u> FILL OUT THE CHECK MAILING ADDRESS, Section B (below).

****

Section B - Complete <u>ONLY</u> if check will be mailed to another destination other than a direct deposit/electronic fund transfer account (i.e. PO Box or an address other than what is listed above.) Fill out items 13-(full street adress), 14-(city of residence), 15-(state of residence) and 16-(zip code). <u>If check will be mailed to address listed above</u>, write <u>"SAME AS ABOVE"</u> in item 13-(full street address).

SECTION B

CHECK MAILING ADDRESS

13. FULL STREET ADDRESS		
14. CITY NAME	15. STATE OR COUNTRY NAME	16. ZIP CODE
17. *CITY CODE (Agency Use)*	18. *COUNTY CODE (Agency Use)*	19. *STATE OR COUNTRY CODE (Agency Use)*

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

PRIVACY ACT NOTICE FOR EMPLOYEE ADDRESS

General

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing this form.

Authority

5 USC 301

Purpose and Uses

This form is used to obtain an employee's home address and/or check mailing address.

Information Regarding Disclosure of Your Social Security Number Under Public Law 93-579 Section 7(b) (Privacy Act of 1974)

Disclosure by you of your Social Security Number (SSN) is mandatory to obtain the services, benefits, or processes that you are seeking. Solicitation of the SSN by the United States Department of Commerce, Patent & Trademerk is authorized under provisions of Executive Order 9397, dated November 22, 1943. The SSN is used as an identifier throughout your Federal career from the time of application through retirement. It will be used primarily to identify your records that you file with the U.S. Department of Commerce, Patent & Trademark Office. The SSN also will be used by the U.S. Department of Commerce, Patent & Trademark Office and other Federal Agencies in connection file with lawful requests for information about you from your former employers, educational institutions, and financial or other organizations. The information gathered through the use of the umber will be used only as necessary in personnel administration processes carried out in accordance with established regulations and published notices of systems of records. The SSN also will be used for the selection of persons to be included in statistical studies of personnel management matters. The use of the SSN is made necessary because of the large number of present and former Federal employees and applicants who have identical names and birth dates, and whose identities can only be distinguished by the SSN.

Form W-4 (2001)

Purpose. Complete Form W-4 so your employer can withhold the correct Federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 2001 expires February 18, 2002.

Note: *You cannot claim exemption from withholding if (1) your income exceeds $750 and includes more than $250 of unearned income (e.g., interest and dividends) and (2) another person can claim you as a dependent on their tax return.*

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/two-job situations. Complete all worksheets that apply. They will help you figure the number of withholding allowances you are entitled to claim. **However, you may claim fewer (or zero) allowances.**

Head of household. Generally, you may 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 line **E** below.

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. 919,** How Do I Adjust My Tax Withholding? 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.

Two earners/two 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.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2001. Get Pub. 919 especially if you used the **Two-Earner/Two-Job Worksheet** on page 2 and your earnings exceed $150,000 (Single) or $200,000 (Married).

Recent name change? If your name on line 1 differs from that shown on your social security card, call 1-800-772-1213 for a new social security card.

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:
- 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 $1,000 or less.

. . **B**

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 $1,500 of **child or dependent care expenses** for which you plan to claim a credit . . **F**
(**Note:** *Do **not** include child support payments. See **Pub. 503,** Child and Dependent Care Expenses, for details.*)

G **Child Tax Credit** (including additional child tax credit):
- If your total income will be between $18,000 and $50,000 ($23,000 and $63,000 if married), enter "1" for each eligible child.
- If your total income will be between $50,000 and $80,000 ($63,000 and $115,000 if married), enter "1" if you have two eligible children, enter "2" if you have three or four eligible children, or enter "3" if you have five or more eligible children. **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** 0

For accuracy, complete all worksheets that apply.
- 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,** have **more than one job** and your combined earnings from all jobs exceed $35,000, **or** if you are **married** and have a **working spouse or more than one job** and the combined earnings from all jobs exceed $60,000, see the **Two-Earner/Two-Job 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.

Cut 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

► **For Privacy Act and Paperwork Reduction Act Notice, see page 2.**

OMB No. 1545-0010
2001

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 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 2001, 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 certify that I am entitled to the number of withholding allowances claimed on this certificate, or I am entitled to claim exempt status.

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

Deductions and Adjustments Worksheet

Note: *Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2001 tax return.*

1	Enter an estimate of your 2001 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. (For 2001, you may have to reduce your itemized deductions if your income is over $132,950 ($66,475 if married filing separately). See **Worksheet 3** in Pub. 919 for details.)	**1**	$
2	Enter: { $7,600 if married filing jointly or qualifying widow(er) $6,650 if head of household $4,550 if single $3,800 if married filing separately }	**2**	$
3	**Subtract** line 2 from line 1. If line 2 is greater than line 1, enter -0-	**3**	$
4	Enter an estimate of your 2001 adjustments to income, including alimony, deductible IRA contributions, and student loan interest	**4**	$
5	**Add** lines 3 and 4 and enter the total (Include any amount for credits from **Worksheet 7** in Pub. 919.)	**5**	$
6	Enter an estimate of your 2001 nonwage income (such as dividends or interest)	**6**	$
7	**Subtract** line 6 from line 5. Enter the result, but not less than -0-	**7**	$
8	**Divide** the amount on line 7 by $3,000 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-Earner/Two-Job 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-Earner/Two-Job Worksheet

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	**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 4–9 below to calculate 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 2001. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2000. 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: Two-Earner/Two-Job Worksheet

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	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 - $4,000	0	42,001 - 47,000	8	$0 - $6,000	0	65,001 - 80,000	8
4,001 - 8,000	1	47,001 - 55,000	9	6,001 - 12,000	1	80,001 - 105,000	9
8,001 - 14,000	2	55,001 - 65,000	10	12,001 - 17,000	2	105,001 and over	10
14,001 - 19,000	3	65,001 - 70,000	11	17,001 - 22,000	3		
19,001 - 25,000	4	70,001 - 90,000	12	22,001 - 28,000	4		
25,001 - 32,000	5	90,001 - 105,000	13	28,001 - 40,000	5		
32,001 - 38,000	6	105,001 - 115,000	14	40,001 - 50,000	6		
38,001 - 42,000	7	115,001 and over	15	50,001 - 65,000	7		

Table 2: Two-Earner/Two-Job Worksheet

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 - $50,000	$440	$0 - $30,000	$440
50,001 - 100,000	800	30,001 - 60,000	800
100,001 - 130,000	900	60,001 - 120,000	900
130,001 - 250,000	1,000	120,001 - 270,000	1,000
250,001 and over	1,100	270,001 and over	1,100

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. **Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also 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, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires.

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 time needed to complete this form will vary depending on individual circumstances. The estimated average time is: **Recordkeeping,** 46 min.; **Learning about the law or the form,** 13 min.; **Preparing the form,** 59 min. If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Forms Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. **DO NOT** send the tax form to this address. Instead, give it to your employer.

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

FORM VA-4

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TAXATION

PERSONAL EXEMPTION WORKSHEET

1. If no one else can claim you as a dependent, and you wish to claim yourself, write "1" . . . . . _____

2. If you are married and your spouse is not claimed on his/her own certificate, write "1" . . . . . _____

3. Exemptions for age . . . . . _____

   (a) If you will be 65 or older on December 31, write "1" . . . . . _____

   (b) If you claimed an exemption on line 2 and your spouse will be 65 or older on December 31, write "1" . . . . . _____

4. Exemptions for blindness. . . . . _____

   (a) If you are legally blind, write "1" . . . . . _____

   (b) If you claimed an exemption on line 2 and your spouse is legally blind, write "1" . . . . . _____

5. Write the number of dependents you will be allowed to claim on your income tax return (do not include your spouse) . . . . . _____

6. Total exemptions (add lines 1 through 5) 0

----------Detach here and give the certificate to your employer. Keep the top portion for your records.----------

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your social security number	Name

Street address

City	State	ZIP code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on line 6 of the Personal Exemption Worksheet. . . . . _____

2. Enter the amount of **additional** withholding requested (see instructions) . . . . . _____

3. I certify that I am not subject to Virginia withholding. I meet the conditions set forth in the instructions (check here). . . . . ___

Signature _____ Date _____

EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of Taxation, P.O. Box 1880, Richmond, Virginia 23282-1880, telephone (804) 367-8038.

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

FORM VA-4
INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself if no one else claims you as a dependent on their income tax return.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. If you will be 65 or older at the end of this year, you may claim an additional exemption. The additional exemption for a spouse may be claimed only if you were entitled to an exemption on line 2.

Line 4. If you are considered legally blind for federal income tax purposes, you may claim an additional exemption. The additional exemption for a spouse may be claimed only if you were entitled to an exemption on line 2.

Line 5. Enter the number of dependents you are allowed to claim on your income tax return.
NOTE: A spouse is not a dependent.

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from line 6 of the Personal Exemption Worksheet.

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

(a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.

(b) You expect your Virginia adjusted gross income to be less than $5,000 (single), $8,000 (married, filing a joint or combined return) or $4,000 (married, filing a separate return).

(c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.

(d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

Form VA-3
Department of Taxation

EMPLOYEE: File this certificate with your employer

CERTIFICATE OF NONRESIDENCE IN THE COMMONWEALTH OF VIRGINIA

For use by an employee who lives in Kentucky, Maryland, or the District of Columbia and commutes on a daily basis to his/her place of employment in Virginia OR by a domiciliary or legal resident of Pennsylvania or West Virginia whose only income from Virginia was from salaries and wages that are taxable by his/her state of domicile.

Print full name _____ Social security number _____

Print home address _____
(Number and street or rural route) (City, town or post office) (State) (Zip Code)

☐ I declare that I do not live in Virginia, that I live in (Check appropriate box) ☐ Kentucky ☐ Maryland ☐ District of Columbia, and that I commute on a daily basis to my place of employment in Virginia, and hereby request that my employer not withhold Virginia income tax from my wages.

☐ I declare that I am a domiciliary or legal resident of Pennsylvania or West Virginia, that I am not an actual resident of Virginia, that my only income is from salaries and wages that such salaries and wages are subject to income taxation by my state of legal domicile. (An actual resident is one who has his/her place of abode in Virginia for an aggregate of 183 days or more.)

If at any time I no longer qualify for the withholding exemption status designated above, I will notify my employer of this fact within 10 days from the date of change so that he may then withhold Virginia income tax from my wages.

I, the undersigned, declare that under penalty of law that the above statements are true, correct and complete.

(Date) _____ (Signed) _____

(Rev 03/00)

INSTRUCTIONS

EMPLOYEE: If you live in Kentucky, Maryland or the District of Columbia, and commute on a daily basis to your place of employment in Virginia OR if you are a domiciliary or legal resident of Pennsylvania or West Virginia, whose only income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile, fill out this certificate and file it with your employer.

EMPLOYER: On receipt of this form, properly executed by an employee who meets the requirements specified above, you are authorized not to withhold Virginia income tax from the wages paid to such employee. If the employee becomes ineligible for the exemption set forth above, withholding of Virginia income tax is required beginning with the first payroll period ending after you receive from such employee a notice of change of address.

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

Form
MW 507

Employee's Maryland Withholding Exemption Certificate

Comptroller of the Treasury • Revenue Administration Division • Annapolis, Maryland 21411 • Phone 410-260-7980

Print your full name	Your Social Security number
Address (including ZIP code	County of residence (or Baltimore City)

1. Total number of exemptions you are claiming from worksheet below 1.__0__
2. Additional withholding per pay period under agreement with employer 2._____
3. I claim exemption from withholding because (see instructions below and check boxes that apply)
   - a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld,

     AND
   - b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirement.)

   If both **a** and **b** apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3._____
4. Certification of Nonresidence in the state of Maryland (see instructions on reverse side.) I certify that I am not domiciled in the state of Maryland, and that I do not maintain a place of abode within Maryland. I further certify that my permanent residence is:

   City, town or post office address _____ County _____ State _____ Enter "EXEMPT" here 4._____

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3 or line 4, whichever applies.

Employee's signature _____ Date _____

Employer's Name and Address (including zip code) (For employer use only)	Employer Identification Number

Worksheet and instructions

Line 1

A. Number of personal exemptions (total exemptions on lines A, C and D of the federal W-4 or W-4A worksheet). _____

B. Number of additional exemptions for dependents over 65 years of age. _____

C. Number of additional exemptions for estimated itemized deductions, alimony payments, allowable child care expenses, qualified retirement contributions, business losses and employee business expenses for the year. _____

D. Number of additional exemptions for taxpayer and/or spouse at least 65 years of age and/or blind. _____

E. Total - add lines A through D and enter here and on line 1 (Form MW 507). __0__

EXEMPTIONS FOR DEPENDENTS To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding taxable year.

ADDITIONAL EXEMPTIONS FOR DEPENDENTS OVER 65 YEARS OF AGE An additional exemption is allowed for dependents who are 65 years of age or older.

ADDITIONAL EXEMPTIONS You may claim additional exemptions for estimated itemized deductions, alimony payments, allowable child care expenses, qualified retirement contributions, business losses and employee business expenses for the year. One additional withholding exemption is permitted for each $1,850 of estimated itemized deductions or adjustments to income that exceed the standard deduction allowance.

NOTE: Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of $1,500 and a maximum of $2,000 for each taxpayer.

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

ADDITIONAL EXEMPTIONS FOR TAXPAYER AND/OR SPOUSE An additional $1,000 may be claimed if the taxpayer and/or spouse is at least 65 years of age and/or blind on the last day of the taxable year.

Line 2

ADDITIONAL WITHHOLDING PER PAY PERIOD UNDER AGREEMENT WITH EMPLOYER If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

FEDERAL PRIVACY ACT INFORMATION Social security numbers must be included. The mandatory disclosure of your social security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.

DUTIES AND RESPONSIBILITIES OF EMPLOYER Retain this certificate with your records. You are required to submit a copy of this certificate to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

1. You have any reason to believe this certificate is incorrect,
2. the employee claims more than 14 exemptions,
3. employee claims exemptions from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed $200 a week o*r*
4. employee claims exemptions from withholding on the basis of nonresidence.

Upon receipt of any exemption certificate (Form MW 507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the comptroller, the employer must send any new certificate from the employee to the comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

DUTIES AND RESPONSIBILITIES OF EMPLOYEE If, on any day during the calendar year, the number of withholding exemptions which the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee shall file a new withholding exemption certificate with the employer within 10 days after the change occurs.

Line 3

WHO MAY CLAIM EXEMPTION FROM WITHHOLDING OF INCOME TAX You may be entitled to claim an exemption from the withholding of Maryland income tax if:

a. last year you did not owe any Maryland income tax and had a right to a full refund of any tax withheld; and

b. this year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld. If you are eligible to claim this exemption, your employer will not withhold Maryland income tax from your wages.

STUDENTS AND SEASONAL EMPLOYEES whose annual income will be below the minimum filing requirement should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Line 4

CERTIFICATION OF NONRESIDENCE IN THE STATE OF MARYLAND This line is to be completed only by persons employed in Maryland who are not domiciled within Maryland, and who do not maintain a place of abode within the state but who are residents of the District of Columbia, Pennsylvania, Virginia or West Virginia.

Line 4 is *not* to be used by nonresidents working in Maryland who are residents of any state not listed above, because such persons are liable for Maryland income tax, and withholding from their wages is required.

Generally, line 4 is to be used by those who reside within one of the states listed above and commute to work in Maryland. The maintenance of a place of abode in Maryland for more than six months of the taxable year makes you a statutory resident of Maryland and requires you to file a resident return with Maryland and apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law.

If the status of the employee changes from nonresident to resident during the year, the employee will be subject to Maryland income tax from the date residence was established, and withholding of Maryland income tax will be required of the employer. The employee should notify the employer when such a change of residence takes place.

9900650100

FORM
D-4

GOVERNMENT OF THE DISTRICT OF COLUMBIA
OFFICE OF THE CHIEF FINANCIAL OFFICER
OFFICE OF TAX AND REVENUE

Employee's Withholding Allowance Certificate

GENERAL INSTRUCTIONS

1. **WHO MUST FILE –** Every new employee who resides in or is domiciled in the District of Columbia and from whom tax is required to be withheld, must fill out Form D-4 and file it with their employer. If you are not liable for D.C. taxes because you are a nonresident or are not domiciled in the District of Columbia, you must file Form D-4A (Certificate of Nonresidence in the District of Columbia).
2. **WHEN TO FILE –** File Form D-4 whenever you start new employment. Once filed with your employer, it will remain in effect until an amended certificate is filed. An employee may file a new withholding allowance certificate at any time if the number of withholding allowances to which he or she is entitled increases. However, an employee must file a new certificate within 10 days if the number of withholding allowances previously claimed decreases.
3. **WHAT TO FILE –** After completing Form D-4, detach the bottom portion and file it with your employer. Keep the top portion for your records.

D-4 WORKSHEET INSTRUCTIONS

A. thru D – Choose the appropriate category.

E. Enter a "1" or "2" for each category of Age or Blindness, depending on the number of allowances you are claiming for yourself or your spouse or both. **The age and blindness allowance does not apply to dependents.**

F. Dependents – Enter the number of dependents you are entitled to claim and who are not claiming themselves on a separate District of Columbia Individual Income Tax return.

G. Additional Withholding Allowances – You may claim additional allowances, the number of which is determined by taking the excess of your estimated itemized deductions over your applicable standard deduction and dividing it by the current allowable personal exemption amount.

D-4 WORKSHEET TO FIGURE YOUR WITHHOLDING ALLOWANCES

A. SINGLE: If you claim an allowance for yourself only, and if no one else claims you as a dependent enter the figure "1" . . . . . .

B. HEAD OF HOUSEHOLD: If you are single, or married and not living with your spouse and maintain a household for yourself and a qualifying person, enter the figure "2" . . . . . .

C. MARRIED FILING JOINTLY: If you claim an allowance for yourself and your spouse, and an allowance for your spouse is not claimed on another certificate, enter the figure "2" . . . . . .

D. MARRIED FILING SEPARATELY: If you claim an allowance for yourself only, enter the figure "1" . . . . . .

E. AGE AND BLINDNESS: (Applicable only to you and your spouse, but NOT to dependents) AGE – If you or your spouse will be 65 years of age or older at the end of the year, enter the figure "1"; if both will be 65 or older, enter the figure "2" . . . . . .

BLIND – If you or your spouse are blind enter the figure "1"; if both are blind enter the figure "2" . . . . . .

F. DEPENDENTS: Enter the number of dependents for whom allowances are claimed . . . . . .

G. Additional withholding allowances. (See Instruction G above) . . . . . .

H. Add the number of allowances you have entered on the worksheet and enter the TOTAL here and on line 1 of Form D-4 below 0

D-4 EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE INSTRUCTIONS

1. Print or type your full name, current address and correct social security number. Under Title V. Sec.1(a) of the D.C. Income and Franchise Tax Act, each employee is required to furnish their employer with their social security number on Form D-4. Your social security number is necessary for proper identification of your tax account with the District of Columbia and will be used only for tax administration purposes.
2. Be sure to check the proper Filing Status Box. This enables your employer to use the correct tax withholding table.
3. Enter the total number of allowances claimed on line H of the worksheet above on line 1 of Form D-4 below.
4. In some instances, even if you claim zero withholding allowances, you may not have enough tax withheld. You may, upon agreement with your employer, have more tax withheld by filling in a dollar amount on line 2 of Form D-4.
5. You may claim an exempt status on line 3 of Form D-4, only if you qualify for an exempt status on Federal Form W-4.
6. Be sure to sign and date Form D-4.

Cut along this line and give the bottom part to your employer. Keep the top portion for your records.

Government of the District of Columbia
Office of the Chief Financial Officer
OFFICE OF TAX AND REVENUE

EMPLOYEE'S WITHHOLDING ALLOWANCE CERTIFICATE

Form D-4

Type or print your full name (Last, First, M.I.)

Your Social Security Number

Home address

Filing Status (Check only one) ➪ Single Head of Household Married Filing Jointly Married Filing Separately

1	Total number of allowances you are claiming (from line H. of the Worksheet) 0
2	Additional amount, if any, you want deducted each pay period $
3	I claim exemption from withholding because (check boxes below that apply): **a** Last year I did not owe any District income tax and had a right to a full refund of ALL income tax withheld from me AND **b** This year I do not expect to owe any District income tax and expect a full refund of ALL income tax withheld from me. If both a. and b. apply, enter the year this is effective and the word **"EXEMPT" here.** _____ ➪ YEAR **c.** If you entered **"EXEMPT"** on line 3b, are you a full-time student? Yes No

Under penalties of perjury, I certify that I am entitled to the number of withholding allowances claimed on this certificate or, if claiming exemption from withholding, that I am entitled to claim the exempt status.

Employee's signature ➪ **Date** ➪

EMPLOYER: Keep this certificate with y

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

Rev. 11/99

Standard Form 1199A
(Rev. June 1987)
Prescribed by Treasury Department
Treasury Dept. Cir. 1076

OMB No. 1510-0007

DIRECT DEPOSIT SIGN-UP FORM

DIRECTIONS

- To sign up for direct deposit, the payee is to read the back of this form and fill in the information requested in Sections 1 and 2. Then take or mail this form to the financial institution. The financial institution will verify the information in Sections 1 and 2, and will complete Section 3. The completed for will be returned to the Government agency identified below.
- A separate form must be completed for each type of payment to be sent by Direct Deposit.
- The claim number and type of payment are printed on Government checks. (See the sample check on the back of this form.) This information is also stated on beneficiary/annuitant award letters and other documents from the Government agency.
- Payees must keep the Government agency informed of any address changes in order to receive important information about benefits and to remain qualified for payments.

SECTION 1 *(TO BE COMPLETED BY PAYEE)*

A NAME OF PAYEE *(last, first, middle initial)*

ADDRESS *(street, route, P.O. Box, APO/FPO)*

CITY | STATE | ZIP CODE

TELEPHONE NUMBER
AREA CODE

B NAME OF PERSON(S) ENTITLED TO PAYMENT

C CLAIM OR PAYROLL ID NUMBER
Prefix | Sufffix

D TYPE OF DEPOSITOR ACCOUNT ☐ CHECKING ☐ SAVINGS

E DEPOSITOR ACCOUNT NUMBER

F TYPE OF PAYMENT *(Check only one)*

- ☐ Social Security
- ☐ Supplemental Security Income
- ☐ Railroad Retirement
- ☐ Civil Service Retirement (OPM)
- ☐ VA Compensation or Pension
- ✔ Fed Salary/Mil. Civilian Pay
- ☐ Mil. Active _____
- ☐ Mil. Retire._____
- ☐ Mil. Survivor _____
- ☐ Other _____ *(specify)*

G THIS BOX FOR ALLOTMENT OF PAYMENT ONLY *(if applicable)*

TYPE | AMOUNT

PAYEE/JOINT PAYEE CERTIFICATION

I certify that I am entitled to the payment identified above, and that I have read and understood the back of this form. In signing this form I authorize my payment to be sent to the financial institution named below to be deposited to the designated account.

SIGNATURE | DATE
SIGNATURE | DATE

JOINT ACCOUNT HOLDERS' CERTIFICATION *(optional)*

I certify that I have read and understood the back of this form, including the SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS.

SIGNATURE | DATE
SIGNATURE | DATE

SECTION 2 *(TO BE COMPLETED BY PAYEE OR FINANCIAL INSTITUTION)*

GOVERNMENT AGENCY NAME	GOVERNMENT AGENCY ADDRESS
2011 Crystal Drive, Suite 700, Arlington, VA 22202	2011 Crystal Drive, Suite 700, Arlington, VA 22202

SECTION 3 *(TO BE COMPLETED BY FINANCIAL INSTITUTION)*

NAME AND ADDRESS OF FINANCIAL INSTITUTION

ROUTING NUMBER | CHECK DIGIT

DEPOSITOR ACCOUNT TITLE

FINANCIAL INSTITUTION CERTIFICATION

I confirm the identity of the above-named payee(s) and the account number and title. As representative of the above-named financial institution, I certify that the financial institution agrees to receive and deposit the payment identified above in accordance with 31 CFR Parts 240, 209, and 210.

PRINT OR TYPE REPRESENRATIVE'S NAME	SIGNATURE OF REPRESENTATIVE	TELEPHONE NUMBER	DATE

Financial institutions should refer to the GREEN BOOK for further instructions.

THE FINANCIAL INSTITUTION SHOULD MAIL THE COMPLETED FORM TO THE GOVERNMENT AGENCY IDENTIFIED ABOVE.

NSN 7540-01-058-0224

ONCE YOU HAVE COMPLETED THIS FORM, CLICK HERE.

1199-207

BURDEN ESTIMATE STATEMENT

The estimated average burden associated with this collection of information is 10 minutes per respondent or recordkeeper, depending on individual circumstances. Comments concerning the accuracy of this burden estimate and suggestions for reducing this burden should be directed to the Financial Management Service, Facilities Management Division, Property & Supply Section, Room B-101, 3700 East-West Highway, Hyattsville, MD 20782 or the Office of Management and Budget, Paperwork Reduction Project (1510-0007), Washington, D.C. 20503.

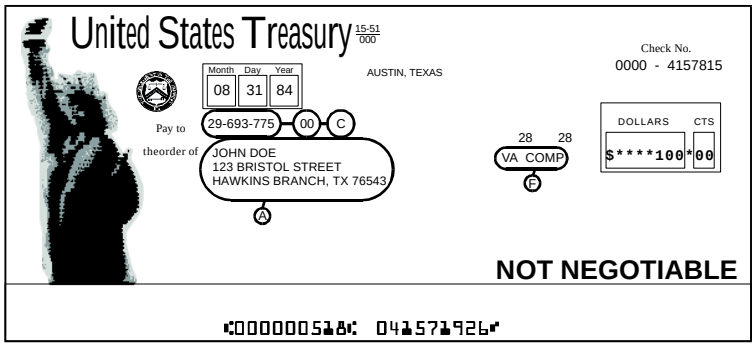
PLEASE READ THIS CAREFULLY

All information on this form, including the individual claim number, is required under 31 USC 3322, 31 CFR 209 and/or 210. The information is confidential and is needed to prove entitlement to payments. The information will be used to process payment data from the Federal agency to the financial institution and/or its agent. Failure to provide the requested information may affect the processing of this form and may delay or prevent the receipt of payments through the Direct Deposit/Electronic Funds Transfer Program.

INFORMATION FOUND ON CHECKS

Most of the information needed to complete boxes A, C, and F in Section 1 is printed on your government check:

- Ⓐ Be sure that the payee's name is written exactly as it appears on the check. Be sure current address is shown.
- Ⓒ Claim numbers and suffixes are printed here on checks beneath the date for the type of payment shown here. Check the Green Book for the location of prefixes and suffixes for other types of payments.
- Ⓕ Type of payment is printed to the left of the amount.



SPECIAL NOTICE TO JOINT ACCOUNT HOLDERS

Joint account holders should immediately advise both the Government agency and the financial institution of the death of a beneficiary. Funds deposited after the date of death or ineligibility, except for salary payments, are to be returned to the Government agency. The Government agency will then make a determination regarding survivor rights, calculate survivor benefit payments, if any, and begin payments.

CANCELLATION

The agreement represented by this authorization remains in effect until canceled by the recipient by notice to the Federal agency or by the death or legal incapacity of the recipient. Upon cancellation by the recipient, the recipient should notify the receiving financial institution that he/she is doing so.

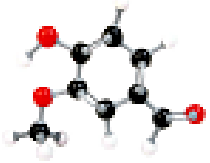
The agreement represented by this authorization may be cancelled by the financial institution by providing the recipient a written notice 30 days in advance of the cancellation date. The recipient must immediately advise the Federal agency if the authorization is cancelled by the financial institution. The financial institution cannot cancel the authorization by advice to the Government agency.

CHANGING RECEIVING FINANCIAL INSTITUTIONS

The payee's Direct Deposit will continue to be received by the selected financial institution until the Government agency is notified by the payee that the payee wishes to change the financial institution receiving the Direct Deposit. To effect this change, the payee will complete the new SF 1199A at the newly selected financial institution. It is recommended that the payee maintain accounts at both financial institutions until the transition is complete, i.e. after the new financial institution receives the payee's Direct Deposit payment.

FALSE STATEMENTS OR FRAUDULENT CLAIMS

Federal law provides a fine of not more than $10,000 or imprisonment for not more than five (5) years or both for presenting a false statement or making a fraudulent claim.

Final Instructions

Now that all forms are filled out (whew!) and printed, review the forms carefully for accuracy. Once you are satisfied that all forms are completed correctly, date and sign the forms and bring them with you to the New Employee Orientation session.