



# Joint Plumbing Industry Board Plumbers Local Union No. 1 Trust Funds



Welfare Fund • Vacation and Holiday Fund • Trade Education Fund • Additional Security Benefit Fund • 401(k) Savings Plan  
George W. Reilly, Co-Chairman - Labor                      Walter Saraceni, Administrator                      Vito Giachetti, Co-Chairman - Management

**July 2009**

Re: Supplemental Vacation and Holiday Fund Benefit Payment Changes

**Dear Plan Member:**

As you may know, the Trustees of the Plumbers Local Union No. 1 Vacation and Holiday Fund have approved changes to the Plan's income tax withholdings for Supplemental Vacation Benefits (Federal, NY State and NY City).

Specifically, based on the Plan's Benefit payment cycle and a recent professional opinion provided by the Fund's Auditor, effective August 1, 2009, Supplemental Vacation Benefits may be paid under the Form W-4 option similar to the Semi-Annual Automatic payments as described in the enclosed Summary Material Modifications Number 1 (SMM#1). For your convenience, an Application for Benefit Form and Form W-4 is enclosed with this notice.

If you have any questions about Supplemental Vacation Benefits, please call the Fund Office at 718-835-2700. As a reminder, you can now download claim forms and related documents via our new web site at [www.ualocal1funds.org](http://www.ualocal1funds.org).

Sincerely,  
Plumbers Local Union No. 1 Vacation and Holiday Fund

**Board of Trustees**

**JOINT PLUMBING INDUSTRY BOARD  
 PLUMBERS LOCAL UNION NO. 1 VACATION AND HOLIDAY FUND  
 158-29 George Meany Boulevard  
 Howard Beach, N.Y. 11414**

July 2009

**SUMMARY OF MATERIAL MODIFICATIONS # 1**

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Please place this in your Summary Plan Description for handy reference and safekeeping. If you do not have a Summary Plan Description and subsequent Summary of Material Modifications, you may obtain a copy by making a written request to the Fund Office.

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This Summary of Material Modifications describes changes to the Summary Plan Description (SPD) revised in January 2006.

**Supplemental Vacation Benefit**

(Page 2 of SPD - replaces chart)

<b>BENEFIT</b>	<b>AMOUNT</b>
<b>Automatic Vacation Benefit</b> Payable to Employee.	The balance of the employee's Vacation and Holiday account will be paid automatically two times each calendar year in June and November.
<b>Supplemental Vacation Benefit</b> Payable to Employee <i>four times a year</i> ; twice in the period from the third Tuesday in July through the first Tuesday in October and twice in the period from the third Tuesday in December through the first Tuesday in May.	Vacation benefits in addition to the two automatic benefit June/November payments.  Each Supplemental Vacation Benefit payment has a limit of up to \$3,000 plus any delinquent amounts that should have been distributed previously and received by the Fund at time of withdrawal.  <b>See NEW Form W-4 option on page 4 of SMM#1.</b>
<b>Death Benefit</b> Payable upon the death of the Employee to the Beneficiary (ies).	The balance of the Employee's account is paid in accordance with the last Beneficiary designation received by the Fund before the death of the Employee.

**Vacation and Holiday Accounts**

(Page 4 of SPD - replaces first paragraph)

A Vacation and Holiday Account will be established for each Employee for whom payments are received by the Fund. An Employee's Vacation and Holiday Account will consist of the payments actually received by the Fund on behalf of the Employee adjusted by a monthly Administrative expense, if any. "Administrative expense" is the total interest earned by the Fund minus the administrative expenses of the Fund not covered by the Fund's administrative account. The Administrative expense includes Recordkeeping, Administration, Collection, Accounting, Legal, Consulting and Custody fees. The balance in an Employee's Vacation and Holiday Account will be determined as of March 31<sup>st</sup> and September 30<sup>th</sup> of each year and as of the date of the Employee's death.

## **Payment and Amount of Vacation and Holiday Benefits**

(Page 4 of SPD - replaces second paragraph)

The Vacation and Holiday Fund now provides two ways in which you will receive your benefits. Benefits will still be paid automatically twice a year as described below. In addition, you may apply for a Supplemental Vacation Benefit up to four times per year as described below which will be deducted from your account balance. If you do not apply for and receive a Supplemental Vacation Benefit, your benefits will be paid automatically as before.

## **Automatic Benefit Payments**

(Page 5 of SPD - replaces page)

Vacation and Holiday Benefits will be paid to Employees automatically two times each calendar year in June and November. The benefits paid in June each year consist of the balance in the Employee's Vacation and Holiday Account as of March 31<sup>st</sup> of that year. The benefits paid in November each year consist of the balance in the Employee's Vacation and Holiday Account as of September 30<sup>th</sup> of that year. Contributions due before March 31<sup>st</sup> and September 30<sup>th</sup> but received by the Fund after that date will be included in the next automatic payment or as Supplemental Vacation Benefits.

In addition to the two automatic benefit payments in June and November, Supplemental Vacation Benefits are available four times each year as provided below.

## **Supplemental Vacation Benefits**

### **➤ What Are Supplemental Vacation Benefits?**

Supplemental Vacation Benefits are intended to provide you with the opportunity to receive vacation benefit payments in addition to the two automatic Benefit payments in June and November.

### **➤ How Much Does the Supplemental Vacation Benefit Pay?**

Each Supplemental Vacation Benefit payment has a limit of up to \$3,000 plus any delinquent amounts received by the Fund at time of withdrawal. Supplemental Vacation Benefits not used in a year may NOT be carried over to a subsequent year. Distributions must be at least \$50.

You may apply for benefits four times a year, twice in the period from the third Tuesday in July through the first Tuesday in October and twice in the period from the third Tuesday in December through the first Tuesday in May.

Delinquent Amounts are Employer Contribution amounts that are due on or before March 31<sup>st</sup> or on or before September 30<sup>th</sup> that are received by the Fund subsequent to the automatic semi-annual Benefit payment.

Supplemental Vacation Benefits are deducted from your Account and will reduce the amount of your next automatic Vacation Benefit payment.

# TAX RULES

(Page 7 and 8 of SPD - replaces pages)

The money in your Individual Account is not considered taxable income until you actually receive it. When you receive the money in your Individual Account as benefits, it must be reported as taxable income. All benefits are subject to withholdings (Except Death Benefits). For more detailed information concerning taxes and withholdings please see the charts and examples listed below.

## Tax Withholdings (effective August 1, 2009)

As required by the IRS, the Vacation and Holiday Fund will be deducting FICA, Federal, State and City Taxes from all taxable benefit payments. Any taxable benefit payment made to you by the Vacation and Holiday Fund will therefore be net of the following taxes:

*Note: To override the fixed NYS withholding tax percentage Out-of-State residents must file a W-4 Form with the Fund Office.*

Benefit	FICA	Federal	State	City
Automatic Vacation Benefit Payments	7.65%	25%	7.35%	4%
Automatic Vacation Benefit Payments/W-4 <sup>(1)</sup>	7.65%	Varies	Varies	Varies
Supplemental Vacation Benefit	7.65%	25%	7.35%	4%
Supplemental Vacation Benefit Payments/W-4 <sup>(1)</sup>	7.65%	Varies	Varies	Varies
Death Benefit <sup>(2)</sup>	0.00%	0.00%	0.00%	0.00%

**Note 1:** Semi-Annual tax withholding tables can be used for Automatic Vacation Benefits and Supplemental Vacation Benefits/W-4 Option only if you provide the Fund with a valid Form W-4. If a valid Form W-4 is not provided, withholdings will be as stated above.

**Note 2:** Death Benefits are Taxable to the Beneficiaries and withholdings are not required by the Plan.

### Special Rule on Automatic Vacation Benefit Payments and Supplemental Vacation Benefits/W-4 Option Tax Withholdings

The tax withholdings for Automatic Vacation Benefits and Supplemental Vacation Benefits depend on whether benefits are paid under the Form W-4 option (See chart above). In addition, the special (often lower) income tax withholdings for Automatic Vacation Benefit and Supplemental Vacation Benefit payments/W-4 require that you submit a valid Form W-4 with your application.

The following examples summarize the tax withholdings available by electing Automatic Vacation Benefit Payments and Supplemental Vacation Benefits/W-4 Option and providing the Fund with a valid Form W-4. If a valid Form W-4 is not provided, withholdings will be as stated above. These examples which are based on the 2009 tax rates, illustrate withholdings for an unmarried individual, married individual and married individual with two children who does not itemize deductions and whose only source of income is wages from employment. Please note that if you are married and have additional income from a working spouse or from other types of investments, your tax bracket may be higher and your withholdings may be that much greater. These examples include FICA, Federal, State and City income tax rates based on semi-annual Federal, monthly State and City tax tables issued by the respective taxing authorities and are merely for illustrative purposes.

Remember to check with your tax advisor to see how electing Automatic Vacation Benefits and Supplemental Vacation Benefit W-4 can affect your projected total tax. Additional Federal income tax amount, if any, you want withheld from each payment will be based on the last Form W-4 on file with the Fund.

## New Supplemental Vacation Benefit Payment/W-4 Option

**Example 1** – Assume you elect Supplemental Vacation Benefit Payment/W-4 Option and have a gross Benefit payment of **\$3,000.00** and provide the Fund with a valid Form W-4.

2009	FICA	Federal	State	City	Payment
Single w/Zero	\$229.50	\$0.00	\$132.57	\$80.84	<b>\$2,557.09</b>
Married w/Zero	\$229.50	\$0.00	\$129.72	\$79.22	<b>\$2,561.56</b>
Married w/2	\$229.50	\$0.00	\$118.31	\$72.72	<b>\$2,579.47</b>

**Example 2** – Assume you elect Supplemental Vacation Benefit Payment/W-4 and have a gross Benefit payment of **\$1,500.00** and provide the Fund with a valid Form W-4.

2009	FICA	Federal	State	City	Payment
Single w/Zero	\$114.75	\$0.00	\$38.01	\$25.36	<b>\$1,321.88</b>
Married w/Zero	\$114.75	\$0.00	\$36.12	\$24.07	<b>\$1,325.06</b>
Married w/2	\$114.75	\$0.00	\$28.63	\$18.18	<b>\$1,338.44</b>

## Current Supplemental Vacation Benefit Payment Flat Tax

**Example 1** – Assume you elect Supplemental Vacation Benefit Payment and have a gross Benefit payment of **\$3,000.00** and do not provide the Fund with a valid Form W-4.

2009	FICA 7.65%	Federal 25%	State 7.35%	City 4%	Payment 44%
Flat Tax	\$229.50	\$750.00	\$220.50	\$120.00	<b>\$1,680.00</b>

**Example 2** – Assume you elect Supplemental Vacation Benefit Payment and have a gross Benefit payment of **\$1,500.00** and do not provide the Fund with a valid Form W-4.

2009	FICA 7.65%	Federal 25%	State 7.35%	City 4%	Payment 44%
Flat Tax	\$114.75	\$375.00	\$110.25	\$60.00	<b>\$840.00</b>

## Automatic Vacation Benefit Payment/W-4 Option

**Example 1** – Assume you elect Automatic Vacation Benefit Payment/W-4 and have a gross Benefit payment of **\$4,943.75** and provide the Fund with a valid Form W-4.

2009	FICA	Federal	State	City	Payment
Single w/Zero	\$378.20	\$361.88	\$265.72	\$156.55	<b>\$3,781.40</b>
Married w/Zero	\$378.20	\$94.38	\$262.87	\$155.03	<b>\$4,053.27</b>
Married w/2	\$378.20	\$0.00	\$251.41	\$148.53	<b>\$4,165.61</b>

**Example 2** – Assume you elect Automatic Vacation Benefit Payment/W-4 and have a gross Benefit payment of **\$2,025.00** and provide the Fund with a valid Form W-4.

2009	FICA	Federal	State	City	Payment
Single w/Zero	\$154.91	\$70.00	\$67.95	\$43.76	<b>\$1,688.38</b>
Married w/Zero	\$154.91	\$0.00	\$65.60	\$42.22	<b>\$1,762.27</b>
Married w/2	\$154.91	\$0.00	\$0.00	\$36.05	<b>\$1,834.04</b>

\* \* \*

As always, if you have any questions regarding these benefit improvements, please contact the Fund Office (Vacation and Holiday Fund).

Sincerely,  
Plumbers Local Union No. 1 Vacation and Holiday Fund

**THE BOARD OF TRUSTEES**

# Plumbers Local Union No. 1 Vacation and Holiday Fund

158-29 George Meany Boulevard, Howard Beach, New York 11414 Tel. (718) 835-2700 [www.ualocal1funds.org](http://www.ualocal1funds.org)

Date Received

Date Complete

V&H-7/09

**FOR OFFICE USE ONLY**

## Application for Benefit Form

### (A) Member Information

Use a ballpoint pen to complete form

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(1) Social Security Number	(2) Last	(3) First	(4) Init.						
(5) Street			(6) City			(7) State		(8) Zip	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(9) Date of Birth	(10) Sex	M	F	(11) Home Phone Number					
(12) E-mail Address									
<input type="checkbox"/>	<input type="checkbox"/>	(15) Current or Last Employer			<input type="text"/>		<input type="text"/>		
(13) Retired	(14) Active				(16) Last date of Employment				

### (B) Supplemental Vacation Benefit Payment (Complete this section for Supplemental Vacation Benefits)

The undersigned hereby makes application to the Vacation and Holiday Fund for the **TOTAL** payment of \$ , .  (less any applicable FICA, Federal, State and City taxes) for Supplemental Vacation Benefits.

**The facts herein stated are true and correct in every respect and are made for the purpose of enabling the Vacation and Holiday Fund to make payments to the undersigned in accordance with the Fund rules.**

\_\_\_\_\_  
(ORIGINAL SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(DATE)

**NOTE:** For a complete description of Benefits and Tax-Table, see the Summary Plan Document or call the Fund Office.

In addition to the two automatic benefit payments in June and November, Supplemental Vacation Benefits are available four times each year. You may apply for benefits four times a year, twice in the period from the third Tuesday in July through the first Tuesday in October and twice in the period from the third Tuesday in December through the first Tuesday in May. Each Supplemental Vacation Benefit has a limit of the greater of \$3,000 plus any delinquent amounts received by the Fund at the time of withdrawal. Supplemental Vacation Benefits not used in a year may not be carried over to a subsequent year.

### (C) Automatic and Supplemental Vacation Benefit Payment Form W-4 Option (Complete this section for Form W-4 Option Only)

If you are electing Form W-4 Withholding Option, please return with valid Form W-4 with your Supplemental Benefit payment application. For Automatic Benefit payments no later than the last Tuesday in the month of May and October.

The undersigned hereby makes application to the Vacation and Holiday Fund for Vacation Benefit Payment with Form W-4. Withholdings will be based on Federal semi-annual tax tables, State and City monthly tax tables issued by the respective taxing authority. The facts herein stated are true and correct in every respect and are made for the purpose of enabling the Vacation and Holiday Fund to make payments to the undersigned in accordance with the Fund rules.

\_\_\_\_\_  
(ORIGINAL SIGNATURE OF APPLICANT)

\_\_\_\_\_  
(DATE)

**NOTE:** For a complete description of Benefits and Tax-Table, see the Summary Plan Document or call the Fund Office.

Vacation and Holiday Benefits will be paid to employees automatically two times each calendar year in **June and November**. The benefits paid in June each year consist of the balance in the employee's Vacation and Holiday Account as of March 31<sup>st</sup> of that year. The benefits paid in November each year consist of the balance in the employee's Vacation and Holiday Account as of September 30<sup>th</sup> of that year. Contributions due before March 31<sup>st</sup> and September 30<sup>th</sup> but received by the Fund after that date will be included in the next automatic payment or are available as Supplemental Vacation Benefits. Please note that if you are married and/or have additional income from a working spouse or other Employers, your tax bracket may be higher and your withholdings may be that much greater. Check with your tax advisor to see how electing Vacation Benefit Payment with Form W-4 can affect you.

CLAIM DATE

**FOR OFFICE USE ONLY**  
PERIOD END DATE

GROSS AMOUNT

PYMTS.

TYPE

TAXES

**INSTRUCTIONS:** For Supplemental Vacation Benefits or for Automatic Vacation Benefit Payment Form W-4 Option from your Vacation and Holiday Fund account, fill out this form and sign it. Supplemental Vacation Benefit checks will only be made payable to you. **Please submit the form to:** Plumbers Local Union No.1/Vacation and Holiday Fund 158-29 George Meany Boulevard, Howard Beach, NY 11414. **For questions:** please call the Fund Office Vacation & Holiday Department at (718) 835 - 2700.

# Form W-4 (2009)

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

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) 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 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

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

**Head of household.** Generally, you 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 Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 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. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____		
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	_____
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>				
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b>	_____		
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____		
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____		
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____		
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)					
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul>	<b>G</b>	_____		
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____		
For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> </tr> </table>				{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>
{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>				

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

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2009</span>
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 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) <b>Plumbers Local Union No.1 Vacation and Holiday Fund</b>		9 Office code (optional) 10 Employer identification number (EIN) _____ <b>11</b> _____ <b>1852585</b>

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

**1** Enter an estimate of your 2009 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 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ \_\_\_\_\_

**2** Enter:  $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$ 8,350 \text{ if head of household} \\ \$ 5,700 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . **2** \$ \_\_\_\_\_

**3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_

**4** Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . **4** \$ \_\_\_\_\_

**5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) . . . . . **5** \$ \_\_\_\_\_

**6** Enter an estimate of your 2009 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_

**7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . **7** \$ \_\_\_\_\_

**8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_

**9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_

**10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** \_\_\_\_\_

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

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

**1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** \_\_\_\_\_

**2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” . . . . . **2** \_\_\_\_\_

**3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_

**Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 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 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. 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**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

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