

Specialty Care Services

8555 16th Street ♦ Suite 101 ♦ Silver Spring, MD 20910

Telephone: (301) 585-6300 ♦ Fax: (301) 585-0300

EMAIL ADDRESS:

EMPLOYMENT APPLICATION / FIELD STAFF

Personal Information

Name	<small>Last</small>	<small>First</small>	<small>Middle</small>	Today's Date
Address	<small>Street</small>	<small>Apt.</small>	<small>City</small>	<small>State</small> <small>Zip</small>
Social Security No.	Home #			Cell #
Have you been convicted of a crime other than a minor traffic violation in the last 5 years?				<input type="checkbox"/> YES <input type="checkbox"/> NO
If "YES," give date, place, charge, disposition and rehabilitation program:				
Emergency Contact:	Phone:			<input type="checkbox"/> H <input type="checkbox"/> W <input type="checkbox"/> Cell
Resident Status:	US Citizen <input type="checkbox"/> YES <input type="checkbox"/> NO		EMAIL:	

Job Information

Position Applying For: _____

Date Available: _____

Availability	SUN	MON	TUES	WED	THURS	FRI	SAT
Morning							
Evening							
Night							

Employment History

List your last 4 employers beginning with the most recent.

Employer Name	Position/ Title	<input type="checkbox"/> Part-time <input type="checkbox"/> Full Time	Dates Employed	
Address	City	State	From:	To:
Supervisor's Name	Telephone Number	Ext.	Salary	
Reason for Leaving:			Begin	End

Employer Name	Position/ Title	<input type="checkbox"/> Part-time <input type="checkbox"/> Full Time	Dates Employed	
Address	City	State	From:	To:
Supervisor's Name	Telephone Number	Ext.	Salary	
Reason for Leaving:			Begin	End

Continued on next page...

Employer Name	Position/ Title	<input type="checkbox"/> Part-time <input type="checkbox"/> Full Time	Dates Employed	
			From:	To:
Address	City	State	Zip	
Supervisor's Name	Telephone Number	Ext.	Salary	
			Begin	End
Reason for Leaving:				

Employer Name	Position/ Title	<input type="checkbox"/> Part-time <input type="checkbox"/> Full Time	Dates Employed	
			From:	To:
Address	City	State	Zip	
Supervisor's Name	Telephone Number	Ext.	Salary	
			Begin	End
Reason for Leaving:				

If you have worked at any of these positions under a different name, please give the name, and state which employer(s):

Education

Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

	Name	Location (City, State, Country)	Years Attended		Graduation Date
			From:	To:	
High School					
Vocational Tech					
College(s)					
Degree(s) Held:					
Are You in School Now? <input type="checkbox"/> Y <input type="checkbox"/> N		Field/Area of Study:			

List all licenses, certificates, etc. you hold:

License Type	Issuing State	License #	Renewal/ Expiration Date

Health

Do you have any physical condition which may limit your ability to do the job you are seeking? Y N
 (If Yes, please explain.)

Acknowledgement Statement

I understand that any omission or misrepresentation of material fact in this application may result in separation of employment with Specialty Care Services. I hereby authorize the agency to make any reference checks of my employment background and hereby waive any right to see the references obtained. I understand that, if offered employment and I accept, I will be bound by all agency policies which may be changed without notification to me. I further understand that my employment with Specialty Care Services is not made for a definite period of time or maximum or minimum amount of hours. All terms and conditions of employment are subject to change without notice. All applications which are not accompanied by required certificate, health reports, etc. will be held for three months and then will be disposed of. In addition if inadequate or negative evaluations are received, Specialty Care Services is not required to notify me and may simply not contact me for work assignments.

Date Signature

Specialty Care Services

8555 16th Street ♦ Suite 101 ♦ Silver Spring, MD 20910
 1-800-880-2184 ♦ (301) 585-6300 ♦ www.specialtycareservices.com

TO:	Human Resources	FROM:	
COMPANY:		SPECIALTY CARE SERVICES	
FAX:		FAX:	(301) 585-0300
PAGES:	plus cover		
RE:	Verification of Previous Employment		

RELEASE

I, _____ hereby request and authorize the release of information requested below to Specialty Care Services (SCS). This request is made in connection with my application for employment with SCS. I hereby release my former employer from any and all liability of whatever kind and nature, which, at any time may result from providing the requested information.

Applicant's Signature _____ Date _____

Applicant Information

Applicant Name: Last _____ First _____ M.I. _____ Date: _____

Position Applied for: _____ Social Security Number: _____ Previous Employment

Name of Contact: _____

Title: _____ Phone: () _____

Company: _____

Address: _____ Suite # _____

City _____ State _____ ZIP Code _____

Was the applicant an employee of your company? YES NO

What was the period of employment? START DATE: _____ END DATE: _____

What was the applicant's position on the last day of employment? _____

What was the applicant's salary? STARTING: _____ ENDING: _____

What were the applicant's job responsibilities? _____

What was the applicant's reason for leaving? _____

	Excellent	Above Average	Satisfactory	Less Than Satisfactory	Unacceptable
Punctuality & Attendance					
Quality of Work					
Productivity					
Compatibility with Others					
Follows Directions					
Ability to Supervise Others					

Would you rehire this applicant? YES NO

Verified by: _____ Title _____
Please print your name and title.

Signature _____ Date: _____

Specialty Care Services

8555 16th Street ♦ Suite 101 ♦ Silver Spring, MD 20910
 1-800-880-2184 ♦ (301) 585-6300 ♦ www.specialtycareservices.com

TO:	Human Resources	FROM:	
COMPANY:		SPECIALTY CARE SERVICES	
FAX:		FAX:	(301) 585-0300
PAGES:	plus cover		
RE:	Verification of Previous Employment		

RELEASE

I, _____ hereby request and authorize the release of information requested below to Specialty Care Services (SCS). This request is made in connection with my application for employment with SCS. I hereby release my former employer from any and all liability of whatever kind and nature, which, at any time may result from providing the requested information.

Applicant's Signature _____ Date _____

Applicant Information

Applicant Name: Last _____ First _____ M.I. _____ Date: _____

Position Applied for: _____ Social Security Number: _____

Previous Employment

Name of Contact: _____

Title: _____ Phone: () _____

Company: _____

Address: _____ Suite # _____

City _____ State _____ ZIP Code _____

Was the applicant an employee of your company? YES NO

What was the period of employment? START DATE: _____ END DATE: _____

What was the applicant's position on the last day of employment? _____

What was the applicant's salary? STARTING: _____ ENDING: _____

What were the applicant's job responsibilities? _____

What was the applicant's reason for leaving?

	Excellent	Above Average	Satisfactory	Less Than Satisfactory	Unacceptable
Punctuality & Attendance					
Quality of Work					
Productivity					
Compatibility with Others					
Follows Directions					
Ability to Supervise Others					

Would you rehire this applicant? YES NO

Verified by: _____ Title _____
 Please print your name and title.

Signature _____ Date: _____



First _____ Middle _____ Last Name _____

Other Names/Alias _____

Social Security* # _____ Date of Birth* _____

Driver's License # _____ State of Driver's License _____

Present Address _____ Phone Number _____

City/State/Zip _____

Previous Address _____ Phone Number _____

City/State/Zip _____

Current Employer _____ Position _____

Dates of Employment _____ City/State/Zip _____

May We Contact _____ Phone Number _____

Former Employer _____ Position _____

Dates of Employment _____ City/State/Zip _____

May We Contact _____ Phone Number _____

School Name _____

Major _____ Degree _____ Date of Graduation _____

City/State/Zip _____ Telephone Number _____

Professional Reference _____ Title _____

Phone Number _____ Email _____

Personal Reference _____ How many years known _____

Phone Number _____ Email _____

For Specialty Care Services Internal Use Only: Please check off the service(s) you would like processed -

Motor Vehicle Record	<input type="checkbox"/>	County Criminal	<input type="checkbox"/>
State Dept of Law Enforcement	<input type="checkbox"/>	Credit Report	<input type="checkbox"/>
Social Security Trace	<input type="checkbox"/>	Employment Verification	<input type="checkbox"/>
MD Statewide	<input type="checkbox"/>		

(Pass thru fees may apply and vary by state) Please fax or e-mail both pages of the Authorization/Release form to PES.Support@Pinkerton.com or 443-281-5691 with services selected to initiate the background screening. It is a \$3 admin fee per profile for Pinkerton to enter the request.*This information will be used for background screening purposes only and will not be used as hiring criteria.

[Note: If you do business in Utah, you cannot ask for DOB, driver's license, or SSN until either a confidential offer of employment or at the time the background report will be run.]

Rev. 05/2013

Form W-4 (2017)

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 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
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	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. 	G	<u> </u>
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	<u> </u>

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 and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: 0.8em; margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2017
1 Your first name and middle initial Last name		2 Your social security number
Home address (number and street or rural route), City or town, state, and ZIP code		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. 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 <u> </u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u> </u>
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had 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 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details.	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2017 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 \$4,050 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

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

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

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

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

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. 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 LOWEST paying job are--	Enter on line 2 above	If wages from LOWEST paying job are--	Enter on line 2 above	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 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 35,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 95,000	6				
55,001 - 65,000	7	95,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

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

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

**MARYLAND
FORM
MW507**

Purpose. Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

Basic Instructions. Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

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.

Exemption from withholding. 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, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Certification of nonresidence in the State of Maryland. Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 5. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.

Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from

their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**

Duties and responsibilities of employer. Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments 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 10 exemptions;
- 3. The employee claims an exemption 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;
- 4. The employee claims an exemption from withholding on the basis of nonresidence; or
- 5. The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), 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 that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

**FORM
MW507 Employee's Maryland Withholding Exemption Certificate**

Print full name	Social Security Number
Street Address, City, State, ZIP	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)
<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. 1. _____
2. Additional withholding per pay period under agreement with employer. 2. _____
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above 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 requirements). If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3. _____
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
 - District of Columbia Virginia West Virginia
 I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. 4. _____
5. I claim exemption from Maryland state withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. 5. _____
6. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. 6. _____
7. I claim exemption from Maryland local tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. 7. _____
8. I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here. 8. _____

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 whichever line(s) I completed.

Employee's signature	Date
Employer's name and address including ZIP code (For employer use only)	Federal Employer Identification Number

MW507

Personal Exemptions Worksheet

Line 1

- a. Multiply the number of your personal exemptions by the value of each exemption from the table below. (Generally the value of your exemption will be \$3,200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced. **Do not claim any personal exemptions you currently claim at another job, or any exemptions being claimed by your spouse.** To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. **NOTE:** Dependent taxpayers may not claim themselves as an exemption. a. _____
- b. Multiply the number of additional exemptions you are claiming for dependents 65 years old or older by the value of each exemption from the table below. b. _____
- c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you currently claim at another job or any amounts being claimed by your spouse. **NOTE:** Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,500 and a maximum of \$2,000. c. _____
- d. Enter \$1,000 for additional exemptions for taxpayer and/or spouse at least 65 years old and/or blind. d. _____
- e. Add total of lines a through d. e. _____
- f. Divide the amount on line e by \$3,200. **Drop any fraction. Do not round up.** This is the maximum number of exemptions you may claim for withholding tax purposes. f. _____

If Your federal AGI is		If you will file your tax return	
		Single or Married Filing Separately Your Exemption is	Joint, Head of Household or Qualifying Widow(er) Your Exemption is
\$100,000 or less		\$3,200	\$3,200
Over	But not over		
\$100,000	\$125,000	\$1,600	\$3,200
\$125,000	\$150,000	\$800	\$3,200
\$150,000	\$175,000	\$0	\$1,600
\$175,000	\$200,000	\$0	\$800
In excess of \$200,000		\$0	\$0

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.

Specialty Care Services
8555 16th Street, Suite 101
Silver Spring, Maryland 20910

Terms of Employment:

Specialty Care Services hires all its employees on a temporary, PRN or as needed basis. Although they are employees of Specialty Care Services, they are free and encouraged to also sign up with other agencies. Because Specialty Care Services operates as a Nurse Staffing Agency, we cannot guarantee any set number of hours of work from week to week. The nursing facilities and patients that we service inform us of their staffing needs and at that point, we contact the appropriate nursing staff to fill those needs. For this reason, we cannot guarantee any set number of hours to our employees.

All employees are notified upon hire that at the end of each temporary assignment, it is their responsibility to contact Specialty Care Services to let us know that they are ready to take on another assignment.

As long as the employee's credentials are to date and current, they are allowed to stay active on our employee roster. Specialty Care Services notifies all employees thirty days prior to any of their credentials being expired. These credentials include: CPR, PPD, Chest X-ray, Physical and Professional License. The employee is sent a letter letting them know the exact documents that need to be updated in their file and given ten days to have this info sent to us. If we have not received this information by the tenth day, we would place a phone call to the employee requesting this information and would also send out a second written notice requesting the needed document. Lastly, at the point when the document becomes invalid, we would remove the employee from our roster. At this point, we would send the employee a third letter letting him/her know that we removed them from our roster and giving the reason why. We also inform the employee what must be done in order for him/her to become active with Specialty Care Services again.

All employees are hired on a ninety day probationary basis. At the end of the ninety days probationary, the employee is evaluated yearly thereafter.