



Forms

Please complete, print and sign the following documents and bring with you to your new hire meeting on your first day:

- **Employee Handbook and Company Policy Acknowledgement**
- **New Hire Information**
- **Emergency Contact Information**
- **Voluntary Information Form for New Hires**

Please *review* the following forms and bring the appropriate documentation.

These forms will be completed on your first day:

- **W-4** – A *sample* with worksheet is attached for your review.
- **I-9** – Please review the documentation list and bring either a document from column A (for example a US passport) OR a document from column B AND a document from column C (for example a Driver's License and Social Security Card) with you on your first day.

The below forms are optional:

- **United Way Pledge Form**
- **Payroll Direct Deposit Form**
- **W-4MN** (if you want your Minnesota state tax exemptions to be different from your Federal tax exemptions or if you want to claim more than 10 exemptions)



Employee Handbook and Company Policy Acknowledgement

By signing this form, I acknowledge that I have received a copy of the following company documents:

- **Attendance, Business Ethics Policy**
- **Computer Usage Policy**
- **Dress and Grooming Policy**
- **Employee Discount Policy**
- **Gifts & Gratuities Policy**
- **Hand Washing Policy**
- **Social Media Policy**
- **Non Harassment & Retaliation Policy**
- **Sale of Alcohol & Tobacco Policy**
- **Employee Handbook and Your Key to Personal Safety and Loss Prevention**

Employee Signature _____ Date _____

Print Name _____

Business Ethics Policy Reporting of Business Affiliations

I have no ownership, either personally or by an immediate family member or significant other, in any business nor do I hold any board assignments for any business or trade organization.

I or my immediate family member or significant other have the following business ownership and/or I hold a board assignment with the following business or trade organization:

Employee Signature _____ Date _____

Print Name _____



NEW HIRE INFORMATION

(Please print all information)

Last Name: _____ First Name: _____ MI: _____

Preferred Name: _____ Former Name (if applicable): _____

Home Address – Street: _____

City: _____ State: _____ Zip: _____

Mobile Phone: _____ Home Phone: _____

Email address: _____

Birth Date Month: _____ Birth Date Day: _____

Marital Status: Single Married Is a family discount card needed? Yes No

For Administrative Use Only

Effective (Hire) Date: _____ Check if Rehire

Location: _____ Dept: _____

Union: 22 653 1189 Non Status: Part-Time Full-Time Waiver: Yes No

Union Classification (if applicable):

Retail Specialist Classified Assistant/Universal Prime-Time Part-Time (only 1189)

Job Title: _____

Rate of Pay: _____ Start Hours for Progression Increases at: _____

Completed by: _____ Date: _____



EMERGENCY CONTACT INFORMATION

(Please print all information)

Last Name: _____ First Name: _____ MI: _____

Your Hospital or Clinic of Choice: _____

Date this form was completed: _____

Primary Emergency Contact:

First Name: _____ Last Name: _____

Phone: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip: _____

Alternate Emergency Contact:

First Name: _____ Last Name: _____

Phone: _____ Alternate Phone: _____

Address: _____

City: _____ State: _____ Zip: _____



VOLUNTARY INFORMATION FORM FOR NEW HIRES

Lund Food Holdings, Inc. considers all Employees for positions without regard to race, religion, color, sex, sexual orientation, national origin, ancestry, veteran status, marital status, pregnancy, age, medical condition, physical or mental disability or any other legally protected status. We also comply with all applicable laws governing employment practices and do not discriminate based on any unlawful criteria.

This form is to be completed by the Employee on a voluntary basis.

Lund Food Holdings, Inc. is subject to certain government recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to self-identify your race or ethnicity. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. In the instance of missing information, we will attempt to identify your race and ethnicity by visual observation.

Your cooperation is appreciated. Thank you.

Please be advised that this survey is not part of your official employment file.

The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Please Print

Employee Information

Name: _____ Hire Date: _____
(Last) (First) (Middle)

Location: _____ Department: _____

Gender: Male Female Veteran: Yes No Branch of Service: _____

Honorable Discharge: Yes No

Please check one of the following Equal Employment Opportunity Race/ Ethnic Data Groups below:

- Hispanic or Latino
- White (not Hispanic or Latino)
- Black or African American (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- American Indian / Alaskan Native (not Hispanic or Latino)
- Two or more Races (not Hispanic or Latino)

I do not wish to provide the information requested.

Employee Signature: _____ Date: _____

For Administrative Use Only

Method of Identification: Visual Self

Completed by: _____ Date: _____

***** Please file form separate from employee personnel file*****

FEDERAL FORM W-4 ***SAMPLE FOR REVIEW ONLY***

Form W-4 (2012)

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 2012 expires February 16, 2013. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$900 of unearned income (for example, interest and dividends).

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2012. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. The IRS has created a page on IRS.gov for information about Form W-4, at www.irs.gov/w4. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted on that page.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<input type="text"/>
B	Enter "1" if: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<input type="text"/>
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	<input type="text"/>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<input type="text"/>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<input type="text"/>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit	F	<input type="text"/>
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 \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three to seven eligible children or less "2" if you have eight or more eligible children. • 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 	G	<input type="text"/>
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	<input type="text"/>

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 \$40,000 (\$10,000 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.

<p>Form W-4 Department of the Treasury Internal Revenue Service</p>	<p>Employee's Withholding Allowance Certificate</p> <p>▶ 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>	<p>OMB No. 1545-0074</p> <p style="font-size: 2em; font-weight: bold;">2012</p>
<p>1 Your first name and middle initial</p>		<p>2 Your social security number</p>
<p>Home address (number and street or rural route)</p>		<p>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.</p>
<p>City or town, state, and ZIP code</p>		<p>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"/></p>
<p>5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)</p>		<p>5 <input type="text"/></p>
<p>6 Additional amount, if any, you want withheld from each paycheck</p>		<p>6 \$ <input type="text"/></p>
<p>7 I claim exemption from withholding for 2012, and I certify that I meet both of the following conditions for exemption.</p> <ul style="list-style-type: none"> • 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. <p>If you meet both conditions, write "Exempt" here ▶ 7</p>		
<p>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.</p>		
<p>Employee's signature (This form is not valid unless you sign it.) ▶</p>		<p>Date ▶</p>
<p>8 Employer's name and address (Employer. Complete lines 8 and 10 only if sending to the IRS.)</p>		<p>9 Office code (optional) 10 Employer identification number (EIN)</p>

FEDERAL FORM W-4 **SAMPLE** CONTINUED

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 2012 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$	
2	Enter: $\left\{ \begin{array}{l} \$11,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,700 \text{ if head of household} \\ \$5,950 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	
4	Enter an estimate of your 2012 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 2012 Form W-4</i> worksheet in Pub. 505.)	5	\$	
6	Enter an estimate of your 2012 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 \$3,800 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 2012. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2011. 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 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$70,000	\$570	\$0 - \$35,000	\$570
5,001 - 12,000	1	8,001 - 15,000	1	70,001 - 125,000	950	35,001 - 90,000	950
12,001 - 22,000	2	15,001 - 25,000	2	125,001 - 190,000	1,060	90,001 - 170,000	1,060
22,001 - 25,000	3	25,001 - 30,000	3	190,001 - 340,000	1,250	170,001 - 375,000	1,250
25,001 - 30,000	4	30,001 - 40,000	4	340,001 and over	1,330	375,001 and over	1,330
30,001 - 40,000	5	40,001 - 50,000	5				
40,001 - 48,000	6	50,001 - 65,000	6				
48,001 - 55,000	7	65,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 72,000	9	95,001 - 120,000	9				
72,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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.

FEDERAL I-9 FORM

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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, gender, height, eye color, and address		1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)				2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		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, gender, height, eye color, and address		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		3. School ID card with a photograph		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		4. Voter's registration card		5. Native American tribal document
		5. U.S. Military card or draft record		
		6. Military dependent's ID card		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card		
		8. Native American tribal document		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		9. Driver's license issued by a Canadian government authority		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		8. Employment authorization document issued by the Department of Homeland Security
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		



GREATER TWIN CITIES UNITED WAY PLEDGE FORM

Today's Date: _____ Employee Number: _____

Employee Name: _____

Location Name: _____ Department Name: _____

1. MY PLEDGE/GIFT FOR CALENDAR YEAR: _____

I would like to contribute each pay period \$ _____ x

Pay Periods per Year _____ =

My Total Annual Gift \$ _____

OR

A One-Time Gift of \$ _____

EMPLOYEE SIGNATURE: _____

DATE: _____

2. DISCONTINUING MY PLEDGE/GIFT

If you would like to discontinue your current United Way deduction, please sign and date below. The deduction will be stopped after the form is received by the Payroll Department.

EMPLOYEE SIGNATURE: _____

DATE: _____

Retail Locations: Please have employee complete the top of the form and section 1 or 2 and forward the signed copy to the Payroll Department.



PAYROLL DIRECT DEPOSIT PROGRAM

Lunds/Byerly's direct deposit program is a convenient and safe way to have your pay deposited directly to your checking or savings account, eliminating the need to go to the bank. The money is credited to your account each payday and is immediately available even when you are away from work due to vacation, illness or business travel.

Eligibility

This program is available to all employees. Employees may enroll at the start of their employment.

Authorization

Please enroll me in the Lunds/Byerly's Payroll Direct Deposit Program. I authorize the company to make payment of my net pay by initiating credit entries or correcting entries to the checking or savings account shown on the attached voided check or letter from my financial institution. I understand that this authorization will continue in force unless discontinued by my written request.

Select One Action:

- Start Direct Deposit
 End Direct Deposit
 Change Direct Deposit

Select Only One Primary & One Secondary Account Type and include a voided check or letter from your financial institution confirming your account information:

- Primary Checking Account No. _____ 100% of net pay
 Primary Savings Account No. _____ 100% of net pay
 Secondary Checking Account No. _____ \$ _____ Flat Amount
 Secondary Savings Account No. _____ \$ _____ Flat Amount

****If you elect to have your pay deposited into two accounts, the secondary account will be processed first then the rest of your net pay will go into the primary account****

Print Name:		Location:	
Empl. No:			
Signature:		Date:	

Attach voided
check/deposit
slip here

Note: Direct deposit is not effective until after verification of your bank routing and account information

Instructions for Form W-4MN

If you are claiming the same number of Minnesota allowances as federal and the number claimed is 10 or less, there is no need for you to complete this form.

Employee instructions

When to complete

After you determine the number of federal withholding allowances to claim on federal Form W-4, you must decide the number of Minnesota withholding allowances to claim.

If you claim the same number of Minnesota withholding allowances as federal and the number of allowances are 10 or less, you do not need to complete Form W-4MN. Your employer will use the same number as on your federal Form W-4 to determine the amount of Minnesota income tax to withhold from your pay.

You must complete Form W-4MN and provide it to your employer, if you:

- choose to claim fewer Minnesota withholding allowances than for federal purposes (Minnesota allowances cannot exceed the number of federal allowances),
- request additional Minnesota withholding be deducted each pay period,
- claim more than 10 Minnesota withholding allowances, or
- claim to be exempt from Minnesota income tax withholding and you reasonably expect your wages to exceed \$200 per week. (For criteria, see the instructions for Section 2.)

Note: If you claim more than 10 Minnesota allowances, or claim exempt from Minnesota withholding and you expect your wages to exceed \$200 per week, your employer is required to provide copies of your completed Form W-4MN to the department.

Due dates

Consider completing a new Form W-4MN whenever your personal or financial situation changes. If you have not had sufficient income tax withheld from your pay, interest and/or penalty charges may be assessed when you file your individual income tax return.

If you claim exempt from Minnesota withholding tax (Section 2), you must provide your employer with a new Form W-4MN by February 15 of each year.

Section 1 — Minnesota allowances

Do not claim more than the correct number of allowances. If you claim every allowance to which you are entitled and you still expect to owe more income tax for the year than will be withheld, you may:

- increase your withholding by claiming fewer allowances, or

- enter into an agreement with your employer to have additional amounts withheld (see line 3 instructions).

Line 3. If you claim no Minnesota allowances on line 2, and you still expect to have a balance due on your tax return for the year, you may ask your employer to withhold an additional amount of tax each pay period. If your employer agrees, enter the additional amount you want withheld from each paycheck on line 3.

Section 2 — Minnesota exemption

If you are exempt from Minnesota withholding, your employer will not withhold Minnesota income tax from your pay. To claim exemption, you must meet one of the following requirements:

- You meet the federal requirements, you claim exempt from federal withholding on Form W-4, and you also want to claim exempt from Minnesota withholding.
- You had no Minnesota income tax liability in the prior year, you received a full refund of Minnesota tax withheld, and you expect to have no Minnesota income tax liability for the current year.
- You qualify as exempt from Minnesota withholding under the Soldiers and Sailors Civil Relief Act. To qualify, you must be the spouse of a military member assigned to duty in Minnesota, be domiciled in another state and be present in Minnesota solely to be with your active duty military member spouse.

If you claim exempt and your wages are expected to exceed \$200 per week, your employer is required to furnish a copy of Form W-4MN to the department. We may contact you if we need additional information.

Signature

You are required sign this form. Minnesota law imposes a penalty of \$500 for filing a false withholding allowance/exemption certificate.

Use of information

All information on Form W-4MN is private by state law. It cannot be given to others without your consent, except to the Internal Revenue Service and to other states that guarantee the same privacy. Your name, address and Social Security number are required for identification. Information about your withholding allowances is required to determine your correct tax. We ask for your phone number so we can call you if we have a question.

Employer instructions

All new employees must complete federal Form W-4 when they first begin work for you. If the employee claims the same number of Minnesota allowances as federal and does not request additional or claim exempt from Minnesota withholding, there is no need for the employee to complete Form W-4MN. Use the same number of allowances when determining Minnesota withholding.

If the employee does not give you a completed Form W-4 or Form W-4MN before the first wage payment, withhold Minnesota tax as if the employee is single with zero withholding allowances. You are not required to verify the number of withholding allowances claimed by each employee.

You should honor each Form W-4MN you receive unless we notify you otherwise or if the employee claims more Minnesota than federal withholding allowances. If the employee claims more Minnesota than federal withholding allowances, use the number of federal withholding allowances to determine the Minnesota withholding.

For more complete information, see *When to complete* and *Due dates* under *Employee instructions*. Keep all forms in your records.

When to send copies of Form W-4MN to the department

You must send copies of Form W-4MN to the department if the employee:

- claims more than 10 Minnesota withholding allowances; or
- claims to be exempt from Minnesota withholding and you reasonably expect the employee's wages to exceed \$200 per week (*Exception:* if the employee is a resident of a reciprocity state and has completed Form MWR); or
- you believe the employee is not entitled to the number of allowances claimed.

Mail to: Minnesota Revenue, Mail Station 6501, St. Paul, MN 55146-6501.

A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.

Minnesota Employee Withholding Allowance/Exemption Certificate

Employees

If you are claiming the same number of Minnesota allowances as federal and the number claimed is 10 or less, do not complete this form.

However, you must complete and provide your employer with Form W-4MN if you:

- claim fewer Minnesota withholding allowances than your federal allowances (your Minnesota allowances cannot exceed the number of your federal allowances),
- claim more than 10 Minnesota withholding allowances,
- want additional Minnesota withholding deducted from your pay each pay period, or
- claim to be exempt from federal withholding or claim to be exempt from Minnesota withholding.

Employee information	Employee's first name and initial _____ Last name _____	Employee's Social Security number _____
	Permanent address _____	Marital status (check one box) <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but with hold at higher Single rate
	City _____ State _____ Zip code _____	

Employees: Read instructions on back, complete Section 1 or Section 2, sign and give the completed form to your employer.

Minnesota allowances	<input type="checkbox"/> Section 1 – Determining Minnesota allowances
	Complete Section 1 if you claim fewer Minnesota allowances than your federal allowances, AND/OR if you want additional Minnesota withholding deducted each pay period.
	1 Total number of federal allowances claimed on federal Form W-4 1 _____
	2 Total number of Minnesota allowances (line 2 cannot be more than line 1) 2 _____
	3 Additional Minnesota withholding you want deducted each pay period 3 \$ _____

Exempt from Minnesota withholding	<input type="checkbox"/> Section 2 – Exemption from Minnesota withholding for calendar year: _____
	Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate the reason why you believe you are exempt:
	<input type="checkbox"/> I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.
	<input type="checkbox"/> Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding because I had no Minnesota income tax liability last year, I received a refund of all Minnesota income tax withheld, AND I expect to have no Minnesota income tax liability this year.
	<input type="checkbox"/> My spouse is a military service member assigned to a military location in Minnesota, my domicile (legal residence) is in another state, AND I am in Minnesota solely to be with my spouse. My state of domicile is _____

Sign here	<i>I certify that all information provided in Section 1 or Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.</i>		
	Employee's signature _____	Date _____	Daytime phone _____

Employees: Give the completed form to your employer.

Employers

If you are required to send a copy of this form to the Department of Revenue (see instructions), enter the employer information below and mail this form to: Minnesota Revenue, Mail Station 6501, St. Paul, MN 55146-6501. A \$50 penalty may be assessed for each required Form W-4MN not filed with the department.

Keep a copy for your records.

Employer information	Name of employer _____	Federal employer ID number (FEIN) _____	Minnesota tax ID number _____
	Address _____	City _____	State _____ Zip code _____

Questions? Website: www.taxes.state.mn.us. Email: withholding.tax@state.mn.us. Phone: 651-282-9999 or 1-800-657-3594. TTY users: Call 711 for Minnesota Relay