



Showpay, LLC

Local 22

LOCAL 22, I.A.T.S.E.

REFERRAL FEE CHECKOFF AUTHORIZATION



To: _____ (Employer) Date: _____

You are hereby authorized and directed to deduct three and one-half percent (3.5%) from my gross earnings as required by the collective bargaining agreement between the Employer and Local 22, International Alliance of Theatrical Stage Employees and Moving Picture Machine Operators of the United States and Canada, for Union referral services.

In addition, I authorize the Employer to remit such deduction to the Union on the date provided in the collective bargaining agreement for such deduction. This authorization is made consistent with all terms of the National Labor Relations Act, As Amended. This referral fee does not constitute the payment of Union Initiation fees or Union dues.

SIGNATURE: _____

Please Print the Following Information

FIRST NAME: _____ M.I. _____ LAST NAME: _____

STREET: _____ APT. # _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL: _____ OTHER: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT: _____

HOME PHONE: _____ CELL: _____ OTHER: _____

W-4

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2013

Form Department of the Treasury Internal Revenue Service

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.

Form W-4 fields: 1 Your first name and middle initial, Last name, 2 Your social security number, Home address, City or town, state, and ZIP code, 3 Single, Married, Married, but withhold at higher Single rate, 4 If your last name differs from that shown on your social security card, check here, 5 Total number of allowances you are claiming, 6 Additional amount, if any, you want withheld from each paycheck, 7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption.

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)

Handwritten notes: Laurel, MD 20723, Showpay, LLC Local 22

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 that you will be claiming 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 upon 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, Pennsylvania, 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.

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 5; enter "EXEMPT" in the box to the right on Line 5; 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 MW 507), the Compliance Division will make a determination and notify you if a change is required.

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

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

Duties and responsibilities of employee. If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee shall file a new withholding exemption certificate with the employer within 10 days after the change occurs.

FORM
MW507

Employee's Maryland Withholding Exemption Certificate

Print full name	Social Security number
Street Address City, State, Zip	County of residence (or Baltimore City)
<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. <input style="width: 50px;" type="text"/>
2. Additional withholding per pay period under agreement with employer	2. \$ <input style="width: 50px;" type="text"/>
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply. <input type="checkbox"/> 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 <input type="checkbox"/> 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. <input style="width: 50px;" type="text"/>
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies. <input type="checkbox"/> District of Columbia <input type="checkbox"/> Pennsylvania <input type="checkbox"/> Virginia <input type="checkbox"/> 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. <input style="width: 50px;" type="text"/>
5. 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	5. <input style="width: 50px;" type="text"/>

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on line 3, 4 or 5, whichever applies.

Employee's signature	Date
Employer's Name and address including zip code (For employer use only) Showpay, LLC 9590 Lynn Buford COM/RAD-036 #49 #16 Laurel, MD. 20723	Federal employer identification number

D-4 DC Withholding Allowance Certificate

Social security number

First name MI Last name

Home address (number and street)

City State Zip code +4

1. Tax filing status. Fill in only one: Single Married/domestic partners filing jointly Married filing separately Head of household Married/domestic partners filing separately on same return

2. Total number of withholding allowances from worksheet below.
Enter total from Sec. A, Line i Enter total from Sec. B, Line o Total number of withholding allowances

3. Additional amount, if any, you want withheld from each paycheck

4. Before claiming exemption from withholding, read below. If qualified, write "EXEMPT" in this box

5. My domicile is a state other than the District of Columbia: Yes No. If yes, give name of state of domicile _____

I am exempt because last year I did not owe any DC income tax and had a right to a full refund of all DC income tax withheld from me; and this year I do not expect to owe any DC income tax and expect a full refund of all DC income tax withheld from me; and I qualify for exempt status on federal Form W-4. If claiming exemption from withholding, are you a full-time student? Yes No

Signature Under penalties of law, I declare that the information provided on this certificate is, to the best of my knowledge, correct.

Employee's signature Date

Employer Keep this certificate with your records. If 10 or more exemptions are claimed or if you suspect this certificate contains false information please send a copy to: Office of Tax and Revenue, 1101 4th St., SW, Washington, DC 20024 Attn: Compliance Administration
Detach and give the top portion to your employer. Keep the bottom portion for your records.

D-4 DC Withholding Allowance Worksheet

Section A Number of withholding allowances

a Enter 1 for yourself

b Enter 1 if you are filing as a head of household

c Enter 1 if you are 65 or over

d Enter 1 if you are blind

e Enter number of dependents

f Enter 1 for your spouse/registered domestic partner if filing jointly

g Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is 65 or over

h Enter 1 if married/registered domestic partners filing jointly and your spouse/registered domestic partner is blind

i Number of allowances. Add Lines a through h and enter on Line 2 above. If you want to claim additional withholding allowances, complete section B below.

Section B Additional withholding allowances

j Enter estimate of your itemized deductions

k Enter \$2,000 if married/registered domestic partners filing separately, all others enter \$4,000

l Subtract Line k from Line j

m Multiply \$1,675 by the number of allowances on Line i

n Divide Line l by Line m. Round to the nearest whole number.

o Add Lines n and i and enter on Line 2 above.

