



P. O. BOX 20787, ATLANTA, GA 30320

TELEPHONE (800) 241-6103

(404) 767-7501

FAX (404) 761-8326

<http://www.harveywatt.com>

[DATE]

Mr. Joe Pilot
12345 Street Rd.
Anyplace, US 54321

**Re: Alaska Airlines, Inc. Pilots Long Term Disability Plan
LTD Application Packet**

Dear Mr. Pilot:

Harvey Watt and Company (Harvey Watt) is the Third-Party Administrator for the Alaska Airlines, Inc. Pilots Long Term Disability Plan (the Plan). We are writing because you are currently receiving short-term disability benefits, and you may be eligible for long-term disability (LTD) benefits under the Plan. To be eligible, you must have a Disability, and meet the Plan's other requirements. A copy of the Plan is enclosed for your reference.

Under the Plan, Disability means you are: (1) under the care of a Qualified Health Care Professional, and (2) ineligible to exercise the privileges of the class of Airman Medical Certificate, First or Second Class, that you held immediately prior to such inability as the result of an injury or medical condition (including natural deterioration, but excluding injuries or illness resulting from any of the following: (i) addiction to narcotics; (ii) your criminal enterprise; (iii) a self-inflicted injury; or (iv) war or service in the armed forces of any country).

If you are eligible for LTD benefits under the Plan, your benefits would commence as of your Disability Benefit Date, which is the later of the first day after a six-month waiting period measured from your Date of Disability or the first day following the usage of sick leave and/or vacation, as elected. Both of these terms are defined in the Plan. We have established your Date of Disability as [DATE], which means, if you are eligible, your Disability Benefit Date would be [DATE]. The enclosed Plan explains how the Disability benefit is calculated, as well as any offsets.

If you expect your disability to extend beyond the six-month waiting period, we recommend you complete and submit the application and forms **as soon as possible**. Prompt completion of your application and forms will aid in a smooth transition from short term disability to LTD (if you meet the Plan's criteria), and avoid a disruption in benefits. Enclosed is a copy of the LTD claim application packet which includes:

1. Alaska Airlines Pilot LTD Application
2. Long Term Disability Plan Direct Deposit Form
3. Initial Physician's Statement
4. Authorization to Obtain/Release Information
5. W-4 Employee's Withholding Certificate
6. Alaska Airlines, Inc. Pilots LTD Plan

In addition:

- If you have written medical evidence from your physician(s) demonstrating your Disability, please submit this documentation with your application.
- If you do not have written medical evidence, Harvey Watt will request this information from your physician(s) after you authorize its release in writing.

Upon receipt of your application and the completed forms, we will send you an acknowledgement letter and advise what additional information we will be requesting to evaluate your claim for benefits.

After benefits are initially approved, it must be shown that a pilot remains ineligible to exercise the privileges of their class of Airman Medical Certificate, First or Second Class. Proof of continued Disability may be requested no more than once every six months.

Please notify Harvey Watt immediately should you return to work prior to the end of the six-month waiting period.

If additional information is required, we will notify you directly and perhaps we can assist or better coordinate our efforts.

Please be advised that depending on your state of residency, additional information may be requested in order to process your LTD benefit payment.

If you have any questions or encounter a problem with gathering this information, please feel free to contact our office at alaskapilot@harveywatt.com or 1-800-241-6103.

Sincerely,

Harvey Watt & Company

Cc: File

Enclosure



Pilots Long Term Disability

Claim Application

Plan Effective January 1, 2010

LTD Claim Application Released January 1, 2023

Harvey Watt & Company
Third Party Administrator

Alaska Airlines, Inc.
Pilots Long Term Disability Plan
CLAIM APPLICATION INSTRUCTIONS

GENERAL INSTRUCTIONS:

In preparation for your potential transition to long term disability, please review this document carefully and keep it for future reference for benefit questions that may arise during your absence. To ensure you receive your disability benefits in a timely manner, please follow the checklist below and submit all forms to Harvey Watt & Company as early as possible during your absence.

Important Note: Incomplete, altered, or missing forms or lack of medical information substantiating your claim may be returned to you for completion and may delay the processing of your claim and the receipt of your disability benefits. As part of your application for disability benefits, every space on every form must be completed. Sign and date forms as requested.

If for some reason a particular section does not apply to you, or information is not applicable, "N/A" should be written in the space to indicate that you have not overlooked that particular question.

Please remit the forms including all supporting documentation and medical records to initiate processing of your disability claim to Harvey Watt & Company.

Harvey Watt & Company – Claims Department
P.O. Box 20787 Atlanta Airport
Atlanta, GA 30320

Phone number: 800-241-6103
Fax number: 404-761-8326
Email: Alaskapilot@harveywatt.com

If you do not hear from Harvey Watt within 7 days of mailing or 3 business days of emailing your application, you should contact Harvey Watt to confirm that your application was received.

FORMS – OVERVIEW (Return ALL completed forms to Harvey Watt & Company):

LTD DIRECT DEPOSIT AND TAX SELECTION FORMS

The LTD Direct Deposit and Tax Selection forms are required to ensure your benefit payments are issued in accordance with State and Federal Tax laws, certain preferences afforded to you under the Alaska Pilots Collective Bargaining Agreement and the requirements of the Pilots LTD Plan. To pay you appropriately, please complete your elections on the attached Sick Leave and Vacation Balance form and indicate your tax selections on the accompanying IRS Form W4 (at the end of this document). Depending on your residency state, additional information may be requested. This information must be received in order to make any benefit payments.

Sick Leave and Vacation Balance Election Form

This form is required to report your elections for use of unused sick leave and/or vacation days during your absence.

EMPLOYEE'S APPLICATION FOR Pilot LTD Benefits

This form provides the required information to apply for Pilot Long Term Disability benefits. This information is necessary to assure proper documentation and administration of your claim.

AUTHORIZATION TO OBTAIN INFORMATION:

Your signature on this form enables Harvey Watt & Company to obtain necessary information about you to determine your eligibility for benefits. This authorization also allows Harvey Watt to release this information to other people or organization(s) for specific purposes concerning your Disability. You will receive a copy of this authorization upon request. This form *cannot be altered* in any manner and will be updated annually during your period of Disability.

INITIAL PHYSICIAN'S STATEMENT: (TWO-PART FORM)

Section I - applicant completes. **Section II** - physician completes, including signature. This statement should be completed by each physician (if more than one) who has examined you for your disability and include the appropriate supporting medical documentation*. You may copy this form or obtain additional copies from Harvey Watt & Company. This form must be completed without cost to either Harvey Watt & Company or Alaska Airlines.

FORM REQUIRED FOR ONGOING PILOT LTD BENEFIT PAYMENTS

UPDATED PHYSICIAN'S STATEMENT

As your claim is reviewed throughout your absence, you may be required to provide additional or updated medical information as proof to support your continued Disability claim. This proof will not be required more frequently than once every six (6) months. A separate form must be completed by each one of your treating physicians. You are responsible for ensuring that these forms are completed and submitted by your treating physicians along with the appropriate supporting documentation, including but not limited to: office notes and summaries of all surgical or medical services rendered on each date, including laboratory test results and results/reports of any other tests, such as X-RAYS, EKG's, EEG'S, etc.

RETURNING TO WORK

Alaska Airlines hopes that you recover from your disability and return to active employment. The following information may help you return to work after your absence.

Prior to your return to work, you must provide Harvey Watt with a valid FAA Medical Certificate permitting you to return to work. Harvey Watt will advise Alaska Airlines when they are in receipt of your valid FAA Medical Certificate so the return to work process can begin. You will be reinstated on the Alaska Airlines payroll as soon as administratively possible effective on the day you submitted your valid FAA Medical Certificate to Harvey Watt.

*** FAILURE TO PROVIDE COMPLETE AND ACCURATE SUPPORTING INFORMATION MAY DELAY OR JEOPARDIZE THE DETERMINATION OF YOUR CLAIM. (See Physician's Statement for examples of supporting documentation.)**

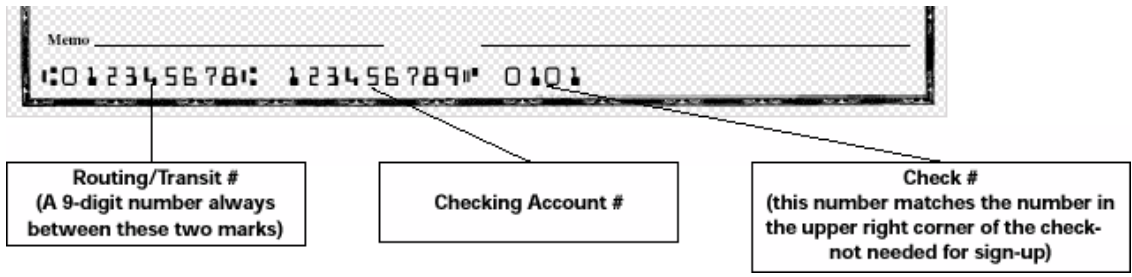


P.O. Box 20787
 Atlanta, GA 30320
 Phone: (800) 241-6103
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LONG TERM DISABILITY PLAN DIRECT DEPOSIT FORM

If depositing into a checking account, fill out this form and return it to your claims examiner as indicated in the attached letter.

Below is a sample check, detailing where the information necessary to complete this form can be found.



If depositing into a savings account, ask your bank to give you the Routing/Transit Number for your account. This Routing/Transit number is not always the same as the number on your savings deposit slip. This will help to ensure your deposits are made correctly.

Important! Please read and sign before completing and submitting.

I hereby authorize Harvey Watt & Company (HWW) to deposit any amounts owed to me, as instructed by the **Alaska Airlines Pilots Long Term Disability Plan**, by initiating credit entries to my account at the financial institution ("Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by HWW to my account. If HWW deposits funds erroneously into my account, I authorize HWW to debit my account for any amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until HWW and Bank have received written notice from me of its termination in such time and manner to enable HWW and Bank reasonable time to process the termination.

Employee Name: _____ Social Security # _____ - _____ - _____

Employee Signature: _____ Date: _____

Account Information:

Make sure to indicate the kind of account

Bank Name/City/State: _____ / _____ / _____

Account Type: Checking Savings

Routing/Transit # _____ Account # _____



Sick Leave and Vacation Balance Election Form

A Pilot who qualifies as Disabled will receive a monthly LTD benefit payment in the amount of fifty percent (50%) of the monthly average of your last twelve (12) months compensation immediately preceding the start of sick leave benefits, vacation pay, and/or other disability payments.

For purposes of determining the last full twelve months of Eligible Compensation, months during which a Pilot does not have earnings or has less than seventy-five (75) compensated hours per month, for whatever reason, are dropped. Without disrupting the consecutivity of adjoining months, the Company will then look backwards in time until the Pilot has twelve months with seventy-five (75) compensated hours per month. If LTD is approved, payments will begin after a waiting period of six (6) months from the date of disability.

You will be permitted to use sick leave and/or vacation during the waiting period and may elect to extend the use of any remaining sick leave and/or vacation beyond the waiting period. LTD benefits for a Member who elects to use available sick leave and/or vacation benefits beyond the six (6) month waiting period will commence the first day following the usage of sick leave and/or vacation.

If you have a sick leave or vacation balance prior to receiving LTD benefit payments, your balance will be preserved and available to use when you return to active service from LTD, or paid to you when you retire or separate service pursuant to the pilots' collective bargaining agreement, unless you elect otherwise.

Prior to returning to work from a medical leave of absence, you must provide Harvey Watt & Company and Alaska Airlines Absence Management (ASPilotLeave@alaskaair.com) a copy of your valid First Class Medical Certificate or – in the event you are unable to qualify for a First Class Medical Certificate – a copy of your valid Second Class Medical Certificate, including in either case all required supporting documentation (e.g., special issuance letters).

The requirement to provide a valid medical certificate and supporting documentation is not applicable if you return to work under the same FAA Medical Certificate that was in effect on the date of disability.

Please indicate your understanding of your obligation to provide a valid medical certificate and any required supporting documentation prior to return to work by initialing this box:

Please provide the following information:

Printed Name: _____ Date: _____ Home

Phone: _____ Cell Phone: _____

Email (non-Company): _____

As noted at the top of this form, accrued but unused sick leave and/or vacation days may be used during the LTD Waiting Period, and you may elect to extend the use of any remaining sick leave and/or vacation beyond the waiting period, or it can be preserved and available to use when you return to active service from LTD or paid to you when you retire or separate service pursuant to the pilots' collective bargaining agreement.

This election must be made prior to the start of LTD benefits.

Sick Leave and Vacation Balance Election Form – Continued

Please elect how you would like to handle your sick leave and/or vacation benefits below (choose one):

- I wish to use my accrued sick leave and/or vacation benefits as indicated below prior to commencement of LTD benefits:
 - Use sick leave only through _____
Month / Day / Year
 - Use vacation only through _____
Month / Day / Year
 - Use sick leave and vacation through _____
Month / Day / Year
- I do not wish to use my accrued sick leave and vacation benefits prior to commencement of LTD benefits.

I understand that any of my unused accrued sick leave hours and vacation days will remain in my Company record for use should I return to work. If I do not return to work, my unused accrued sick leave and vacation benefits will be paid to me in accordance with the pilots' collective bargaining agreement upon termination of employment or retirement.

Employee Signature _____ Date _____



EMPLOYEE'S APPLICATION FOR PILOT LONG TERM DISABILITY

Alaska Airlines, Inc.
Pilots Long Term
Disability Plan
800-241-6103

Return Completed form to:

Harvey W. Watt & Co.
P. O. Box 20787
Atlanta, GA 30320
FAX (404)761-8326

THIS APPLICATION IS FOR **LONG TERM DISABILITY**

CLAIMANT:

Full Name: _____ Employee ID PeopleSoft Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Secondary Telephone Number: _____

Date of Birth: _____ Email Address: _____

Date of Hire: ____ / ____ / ____ Last Date Flown: ____ / ____ / ____ Date you became unable to fly: ____ / ____ / ____

Date first absent from work due to Disability: ____ / ____ / ____

Current status of your FAA Medical Certificate. (Check only one and fill in date certificate is current through or date that action was taken by the FAA. You have the option to attach a copy of an FAA Revocation or Denial letter, if it is available. Communication with the FAA or your AME can be provided but it is not required.

Current () Date ____ / ____ / ____

Lapsed () Date ____ / ____ / ____

Revoked () Date ____ / ____ / ____

Denied () Date ____ / ____ / ____

Medical Condition / Injury that this Disability claim is for: _____

Attending Physician Information

Name of Physician: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone Number: _____ Fax Number: _____

Date(s) of Treatment: From: ____ / ____ / ____ Through: ____ / ____ / ____



List all periods of hospital admission **for the listed Disability** (Please attach additional pages if more space is needed.):

Name of Hospital: _____ Address: _____

Telephone Number: _____

Date(s) of Admission: From: ____ / ____ / ____ Through: ____ / ____ / ____

Reason for Admission: _____

Name of Hospital: _____ Address: _____

Telephone Number: _____

Date(s) of Admission: From: ____ / ____ / ____ Through: ____ / ____ / ____

Reason for Admission: _____

Reimbursement Agreement: If I receive a disability benefit payment(s) greater than that which should have been paid, I understand that the Plan has the right to recover such overpayment in accordance with the provisions of the Plan, including the right to reduce future payments from the Plan and I hereby authorize the deduction of any such overpayment from my payroll check with 60 days advance notice.

Certification: I certify that the information provided by me in support of this claim is true and correct.

I understand that I may be required to furnish evidence of my continued disability and such proof may include furnishing medical records from any or all providers of medical treatment related to this or any other disability for this claim.

Notification: If applying and approved for Long Term Disability benefits, these benefits will begin after a six (month) waiting period, measured from the date of disability, in accordance with Section 27.G.5 of the CBA or use of sick leave and/or vacation as elected.

Printed Name: _____

Signature: _____

Date: ____ / ____ / ____



INITIAL PHYSICIAN'S STATEMENT

Alaska Airlines, Inc.
Pilots Long Term
Disability Plan
800-241-6103

Return Completed form to:

Harvey W. Watt & Co.
P. O. Box 20787
Atlanta, GA 30320
FAX (404)761-8326

The patient is ultimately responsible for submitting the completed forms and necessary documentation without any expense to either the Pilots Long Term Disability Plan or to Harvey Watt & Company. Necessary medical documentation may be requested for the LISTED DISABILITY ONLY. Medical documentation may include office notes and summaries of all surgical or medical services rendered on each date, including laboratory test results and results/reports of any other tests, such as X-RAYS, EKG's, EEG'S, etc.

A separate form must be completed by each treating physician.

If a section is not applicable, N/A MUST be entered. Any incomplete form may be returned for completion.

TO BE COMPLETED BY PATIENT:

Patient:
Address:
Phone Number:
Date of Birth:

Doctor:
Address:
Phone Number:
Fax Number:
Specialty:

TO BE COMPLETED BY PHYSICIAN:

DIAGNOSIS:

Primary Diagnosis:
Primary ICD-9/10 Code:
Primary CPT-4 Code (if applicable):
Date Patient first consulted for this disability:

Secondary Diagnosis:
Secondary ICD-9/10 Code:
Secondary CPT-4 Code (if applicable):
Date symptoms first appeared for this disability:

LIST ALL DATES OF SERVICE related to the listed disability:

DATE OF NEXT SCHEDULED VISIT for the listed disability: / /

LIST ALL LOCATIONS OF SERVICE for the listed disability:



INITIAL PHYSICIAN STATEMENT

Detailed description/history ***INCLUDING*** the office notes and summaries of all surgical or medical services for the listed disability rendered on each date, including laboratory test results and results/reports of any other tests, such as X-RAYS, EKG's, EEG'S, etc. (Please attach additional pages if more space is needed.):

Recommended/Prescribed treatment for the listed disability, including any therapy (Please attach additional pages if more space is needed.):

List all medications for the listed disability including name, dose, frequency and start date:

Detail all of the patient's restrictions and activity limitations for the listed disability (Please attach additional pages if more space is needed):

Detail all dates of hospital confinement that pertain to the listed disability. (Include admittance and discharge dates as well as the reason for the confinement.):

List the names and address of ALL consulting physicians for the listed disability:



INITIAL PHYSICIAN STATEMENT

Detailed Prognosis for Recovery:

If you are an FAA designated Aviation Medical Examiner, do you believe the patient is now able to exercise the privileges of a Federal Aviation Administration First Class Medical Certificate, first or second class? () Yes () No

NOTE: If duration of disability exceeds a six-month period for Long Term Disability, continuing medical documentation for the listed disability may be requested for each subsequent six-month period.

Physician completing form:

Printed Name:

Signature:

Date:



AUTHORIZATION TO OBTAIN / RELEASE INFORMATION

Alaska Airlines, Inc.
Pilots Long Term
Disability Plan
800-241-6103

Return Completed form to:

Harvey W. Watt & Co.
P. O. Box 20787
Atlanta, GA 30320
FAX (404)761-8326

FOR THE LISTED DISABILITY ONLY. Your signature on this form enables Harvey Watt & Company to obtain necessary information to determine your eligibility for Long Term Disability benefits. This authorization also allows Harvey Watt & Company to release claim and other information to other parties or organization(s) for specific purposes.

I authorize the following persons having any records or knowledge of my health for the listed disability:

- Any physician, medical practitioner or health care provider.
- Any hospital, clinic, pharmacy, pharmacy benefit manager or other medically-related facility or association.
- Any insurance company, employer or plan sponsor.
- Any organization or entity administering a benefit program.
- Any educational, vocational or rehabilitation organization or program.

To give the following information:

- **FOR THE LISTED DISABILITY ONLY.** Charts, notes, x-ray reports, operative reports, lab and pharmaceutical or medication records and all other medical information about me, including medical history, diagnosis, testing and test results. Also, information regarding prognosis and treatment of any physical or mental condition relating to my request for disability leave.

To Harvey W. Watt & Company, Inc., the Retirement Board and/or Alaska Airlines, Inc.:

- I understand that Harvey W. Watt & Co., Inc. (Harvey Watt), the Alaska Airlines Pilots LTD Plan Retirement Board, and Alaska Airlines, Inc., will use the information only to evaluate my eligibility for Long Term Disability benefits.
- I understand and agree that this authorization shall remain in force throughout the duration of my claim for Long Term Disability benefits. I understand that I have the right to refuse to sign this authorization and a right to revoke this authorization at any time by sending a written statement to Harvey Watt, except to the extent that it has been relied upon to disclose requested records. A revocation of the authorization or the failure to sign the authorization:
 - May be a basis for denying benefits under the Plans
 - May impair Harvey Watt’s ability to evaluate or process my claim for benefits and result in a denial of my claim for benefits.
- I understand that Harvey Watt and the Pilots Long Term Disability Plan may disclose medical, financial and other information contained in my disability file to Alaska Airlines, its employees or persons performing business or legal services for Harvey Watt, Alaska Airlines or the Pilots LTD Plan strictly as it pertains to the administering of my claim for disability benefits. Pursuant to the provisions of the LTD Plan, this information may also be disclosed to the Retirement Board members.
- I understand that the information disclosed to Harvey Watt, the Retirement Board and/or Alaska Airlines pursuant to this authorization may legally be subject to re-disclosure if required under federal or state law by the recipient and no longer be protected by the federal privacy regulations or as otherwise permitted or required by law. I understand that Harvey Watt will notify me and the Retirement Board of any such legally required re-disclosure.

_____ Initial

_____ Date



Authorization to Release Information (Page 2)

- I acknowledge that I have read this authorization and understand that a photocopy or facsimile of this authorization is as valid as the original and will be provided to me upon request.
- I understand that this authorization may not be altered in any way.
- I understand that this authorization supersedes any authorization that was submitted prior to the date of this form.
- I have read both pages of this authorization and understand that by my signature I agree to both pages of this authorization.

Printed Name of Claimant

Employee PeopleSoft Number

Date of Birth

Signature of Claimant /Guardian/Representative

Date

Printed Name of Guardian/Representative (*if applicable*)

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____ Multiply the number of other dependents by \$500..... ▶ \$ _____ Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	▶ _____ ▶ Employee's signature (This form is not valid unless you sign it.)	▶ _____ ▶	Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following

conditions: you had no federal income tax liability in 2021 **and** you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1)

your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

Nonresident alien. If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Aliens, before completing this form.

Step 3 (This) step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter { \$25,900 if you're married filing jointly or qualifying widow(er) \$19,400 if you're head of household \$12,950 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730