

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax

for individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/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.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for yourself if no one else can claim you as a dependent. A _____

B Enter "1" if:
 • 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 \$1,000 or less. B _____

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 _____

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return D _____

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) E _____

F Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit F _____
 (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G Child Tax Credit (including additional child tax credit). See Pub 972, Child Tax Credit, for more information.
 • If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children. G _____

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 _____

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 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 (\$25,000 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.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> ▶ 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.	OMB No. 1545-0074 <h1 style="font-size: 2em;">2007</h1>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
6 Additional amount, if any, you want withheld from each paycheck		
7 I claim exemption from withholding for 2007, and I certify that I meet both of the following conditions for exemption. • 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. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2007 tax return. 1 Enter an estimate of your 2007 itemized deductions... 2 Enter: \$10,700 if married filing jointly or qualifying widow(er) \$7,850 if head of household \$5,350 if single or married filing separately 3 Subtract line 2 from line 1... 4 Enter an estimate of your 2007 adjustments to income... 5 Add lines 3 and 4... 6 Enter an estimate of your 2007 nonwage income... 7 Subtract line 6 from line 5... 8 Divide the amount on line 7 by \$3,400... 9 Enter the number from the Personal Allowances Worksheet... 10 Add lines 8 and 9...

Two-Earners/Multiple Jobs Worksheet (See Two earners/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... 2 Find the number in Table 1 below that applies to the LOWEST paying job... 3 If line 1 is more than or equal to line 2, subtract line 2 from line 1... Note. If line 1 is less than line 2, enter "-0-" on Form W-4... 4 Enter the number from line 2 of this worksheet... 5 Enter the number from line 1 of this worksheet... 6 Subtract line 5 from line 4... 7 Find the amount in Table 2 below that applies to the HIGHEST paying job... 8 Multiply line 7 by line 6... 9 Divide line 8 by the number of pay periods remaining in 2007...

Table 1

Table 2

Table with 8 columns: Married Filing Jointly, All Others, Married Filing Jointly, All Others. Rows show wage brackets and corresponding withholding amounts.

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. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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, and the District of Columbia for use in administering their tax laws, and using it 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.

Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

PURPOSE. Complete Form NC-4 so that your employer can withhold the correct amount of State income tax from your pay.

BASIC INSTRUCTIONS. Complete the Personal Allowances Worksheet on Page 2. An additional worksheet is provided on Page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or tax credits. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs except that a new NC-4 is not required until the next year in the following cases:

1. When a dependent dies during the year.
2. When an individual ceases to be a dependent during the year and the support furnished will be the chief support for the year.
3. When an individual ceases to be head of household after maintaining the household for the major portion of the year.

Note: Read line 3 of the certificate below to see if you can claim exempt status. If exempt, only complete the certificate; but do not complete lines 1 and 2. No State

Income tax will be withheld from your pay. If claiming exempt, the statement is effective for one calendar year only and a new statement must be completed and given to your employer by next February 15.

HEAD OF HOUSEHOLD. Generally you may claim head of household 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. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

QUALIFYING WIDOW(ER). You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

1. Your home is maintained as the main household of a child or stepchild for whom you can claim an exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

Note: "Qualifying Widow(er)" for State tax purposes is the same as for federal tax purposes. Because the standard deduction used in the tax tables for married and qualifying widow(er) is \$3,000 and you are entitled to a standard deduction of \$6,000, you may elect to

claim an additional personal withholding allowance on line C of the Personal Allowances Worksheet to avoid having too much tax withheld.

MARRIED AND SPOUSE DOES NOT WORK OR HAS WAGE INCOME OF LESS THAN \$3,500. The withholding tax tables are based on both spouses earning wages during the year. If your spouse does not work or will earn wages of less than \$3,500 during the year, you may elect to complete line B of the Personal Allowances Worksheet to avoid having too much tax withheld.

TWO JOBS. If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using only one form NC-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other.

NONWAGE INCOME. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

Social Security Number

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS)

Marital Status

- Single Head of Household Married or Qualifying Widow(er)

M.I. Last Name

Address

County (Enter first five letters)

City

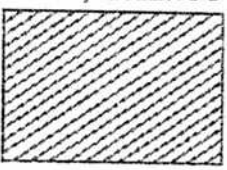
State

Zip Code (5 Digit)

Country (If not U.S.)

1. Total number of allowances you are claiming (From Line F of the Personal Allowances Worksheet on Page 2)
2. Additional amount, if any, you want deducted from each pay period (Enter whole dollars)
3. I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:
 - Last year I was entitled to a refund of ALL State income tax withheld because I had NO tax liability; and
 - This year I expect a refund of ALL State income tax withheld because I expect to have NO tax liability.

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If you meet all of the above conditions, enter the year effective 20 and write "EXEMPT" here →

CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Signature _____ Date _____
I certify, under penalties provided by law, that the withholding allowances claimed on this certificate do not exceed the amount to which I am entitled.

(Employer: Complete below only if sending to the North Carolina Department of Revenue. Submit the original and keep a copy for your records.)

Employer's Name (USE CAPITAL LETTERS)

FEIN

Employer's Address

County (Enter first five letters)

City

State

Zip Code (5 Digit)

Country (If not U.S.)



Personal Allowances Worksheet

- A. Enter "1" for yourself if no one else can claim you as a dependentA. _____
- IN ADDITION TO A. ABOVE:**
- B. Enter "1" if you are married and you expect your spouse's wages to be from \$1,000 to \$3,500.
Enter "2" if you are married and your spouse has no income or expects to earn less than \$1,000 B. _____
- C. Enter "1" if you are a qualifying widow(er)..... C. _____
- D. Enter the number of dependents (other than your spouse or yourself) you will claim on
your tax return D. _____
- E. If you plan to itemize, claim adjustments to income, or have allowable tax credits and want to
reduce your withholding, complete the **Deductions, Adjustments, and Tax Credits Worksheet**
below and enter number from line 14..... E. _____
- F. Add lines A through E and enter total here and on line 1 of your **Employee's Withholding
Allowance Certificate**..... F. _____

Deductions, Adjustments, and Tax Credits Worksheet

- 1. Additional withholding allowances may be claimed if you expect to have allowable itemized
deductions exceeding the standard deduction. Enter an estimate of the total itemized
deductions to be claimed on your federal tax return less the amount of any State income tax
included in your federal deductions..... 1. _____
- 2. Enter

{	\$4,400 if head of household
	\$3,000 if single
	\$3,000 if married filing separately
	\$6,000 if married filing jointly or qualifying widow(er).....

 2. _____
- 3. Subtract line 2 from line 1, enter the result here 3. _____
- 4. Enter an estimate of your federal adjustments to income and your State deductions from
federal taxable income 4. _____
- 5. Add lines 3 and 4 5. _____
- 6. Enter an estimate of your nonwage income (such as dividends or interest)..... 6. _____
- 7. Enter an estimate of your State additions to federal taxable income (do not enter the
addition for state income tax or the additions for the standard deduction and personal exemption
inflation adjustment) 7. _____
- 8. Add lines 6 and 7..... 8. _____
- 9. Subtract line 8 from line 5..... 9. _____
- 10. Divide the amount on line 9 by \$2,500 (\$2,000 if you expect your income from all sources for
the year to equal or exceed the following amounts for your filing status: \$60,000 - single;
\$80,000 - head of household; \$50,000 - married or qualifying widow(er)) and enter the result
here. Drop any fraction..... 10. _____
- 11. If you are entitled to tax credits, for each \$175 (\$140 if you expect your income from all
sources for the year to equal or exceed the following amounts for your filing status: \$60,000 - single;
\$80,000 - head of household; \$50,000 - married or qualifying widow(er)) of tax credit, enter "1"
additional allowance..... 11. _____
- 12. Add lines 10 and 11 and enter total here..... 12. _____
- 13. If you completed this worksheet on the basis of married filing jointly, enter the number from line
12 that your spouse will claim 13. _____
- 14. Subtract line 13 from line 12 and enter the total here and on line E of the **Personal Allowances
Worksheet**..... 14. _____

Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

A citizen or national of the United States

A Lawful Permanent Resident (Alien #) A _____

An alien authorized to work until _____
(Alien # or Admission #) _____

Employee's Signature	Date (month/day/year)
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Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name		Date (month/day/year)
Address (Street Name and Number, City, State, Zip Code)		

Section 3. Updating and Reverification. To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____	Document #: _____
Expiration Date (if any): _____	

I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

LIST A

Documents that Establish Both Identity and Employment Eligibility

1. U.S. Passport (unexpired or expired)
2. Certificate of U.S. Citizenship
(Form N-560 or N-561)
3. Certificate of Naturalization
(Form N-550 or N-570)
4. Unexpired foreign passport, with I-551 stamp or attached Form I-94 indicating unexpired employment authorization
5. Permanent Resident Card or Alien Registration Receipt Card with photograph
(Form I-151 or I-551)
6. Unexpired Temporary Resident Card (Form I-688)
7. Unexpired Employment Authorization Card
(Form I-688A)
8. Unexpired Reentry Permit
(Form I-327)
9. Unexpired Refugee Travel Document (Form I-571)
10. Unexpired Employment Authorization Document issued by DHS that contains a photograph
(Form I-688B)

OR

LIST B

Documents that Establish Identity

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
 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. School ID card with a photograph
 4. Voter's registration card
 5. U.S. Military card or draft record
 6. Military dependent's ID card
 7. U.S. Coast Guard Merchant Mariner Card
 8. Native American tribal document
 9. Driver's license issued by a Canadian government authority
- For persons under age 18 who are unable to present a document listed above:**
10. School record or report card
 11. Clinic, doctor or hospital record
 12. Day-care or nursery school record

AND

LIST C

Documents that Establish Employment Eligibility

1. U.S. social security card issued by the Social Security Administration (other than a card stating it is not valid for employment)
2. Certification of Birth Abroad issued by the Department of State (Form FS-545 or Form DS-1350)
3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. Native American tribal document
5. U.S. Citizen ID Card (Form I-197)
6. ID Card for use of Resident Citizen in the United States
(Form I-179)
7. Unexpired employment authorization document issued by DHS (other than those listed under List A)

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Please turn in a copy of the following:

1. Current Car Insurance Card
2. Name and Address of Emergency Contact Person
3. Copy of Drivers License
4. Documentation Required for I-9 as Listed on the List of Acceptable Documents.

DIRECT DEPOSIT OF PAYROLL

Direct deposit is a service in which your payroll funds are sent electronically to the financial institution of your choice. The funds will be credited to your account on your scheduled payday. Since payroll direct deposit is considered a cash deposit by the bank, there will be no hold on your funds. This means that you can cash a check, write checks or make a withdrawal at your bank's automatic teller machine (ATM) on payday. We will continue to provide you with information on the amount of your net pay, along with any deductions and provide you with information on the amount of your net pay, along with any deductions and withholdings made from your pay. In addition, you will see the deposit amount and date of deposit reflected on your next bank statement.

To receive the many benefits of this service, you will need to sign an authorization for us to automatically credit your personal **CHECKING OR SAVINGS ACCOUNT** each payday. We will transmit your payroll information to CARING's bank (First Citizens) for processing. The information will then be transmitted to your bank or saving's institution for credit to your account. Because virtually all financial institutions participate in the direct deposit program, there should be no need to alter your current banking arrangement.

Consider the following benefits:

- ❖ You will receive your pay on your exact pay date, even if you're out of town.
- ❖ There is no need to rush to the bank to make a deposit.
- ❖ Your deposit is secure, so you don't have to worry about lost or stolen checks.
- ❖ Payment information is strictly confidential.
- ❖ There is no cost for you to participate in the program.
- ❖ Your deposit can be split between checking and savings.

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSITS (ACH CREDITS)

Company Name	CARING for Children, Inc.	Company ID Number	56-1182686
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I (we) hereby authorize **CARING for Children, Inc.**, hereinafter called COMPANY, to initiate credit entries to my (our) Checking Account / Savings Account (select one) indicated below at the depository financial institution named below, hereafter called DEPOSITORY, and to credit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Depository Name _____	Branch _____
City _____	State _____ Zip _____
Routing Number _____	Account Number _____

This authorization is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name(s) _____ ID Number _____
 (Please Print)

Date _____ Signature _____

**Authorization to Obtain
Motor Vehicle Record**

I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act and N.C. General Statute 20-43.1. I hereby authorize the release of my personal information to the person named below.

Print your full name as it appears on your driver license: Your Signature: (MUST BE SIGNED)

Driver License Number and State

Date Signed:

Date of Birth (Not Required for N.C. Drivers)

Person to receive information: Hutton Vincent Williamson McLean Insurance Group

Mailing Address: PO Box 20, Asheville NC 28802; fax #828/252-4174