## PLUMBERS AND PIPEFITTERS LOCAL UNION NO.333

#### 16180 NATIONAL PKWY LANSING, MI 48906

(STD & Sub Fund Office)

(517) 323-0333 • Fax (517) 323-0338

Or

(Lansing Local 333 Hall)

(517) 393-5480 • Fax (517) 393-0798

# APPLICATION FORM SUPPLEMENTAL UNEMPLOYMENT BENEFITS

Name: First		Last		
Address:				
Social Security Number:	UA 1	UA BOOK/CARD#		
City:	State:	Zip:		
Phone:	Date of Birth:			
Most Recent Employer's Name:_				
Last Day Worked:				
Last Day Worked: Mon	th Day Year			
Please Indicate The Reason For Yo	our Unemployment:			
Disability Due to Workers I am eligible to receive weekly we reverse side of this form for the reverse side of this form for the reduced by the serving as a juror in the Standocumentation).  On the reverse side of this form is an explesse be advised that Supplemental Uner	nt or Sickness sick pay benefits from the Plum de of this form for the required s Compensation Benefits workers compensation benefits required supporting documenta te of Michigan. (Please see the lanation of the requirements to	s because of an occupational injury. (Please see the		
for a W-4 Form to be completed for tax w By signing this form, I acknowledge that	vithholding.			
Signature		Current Date		

# Form **W-4**

Department of the Treasury Internal Revenue Service

### **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.

2024

OMB No. 1545-0074

Step 1:	(a) First name and middle initial	Last name		(b) Social security number		
Enter Personal Information	Address  City or town, state, and ZIP code			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		
	cc) Single or Married filing separately  Married filing jointly or Qualifying surviving spouse  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 Ste	ps 2–4 ONLY if they apply to you; otherwison from withholding, and when to use the est	se, skip to Step 5. See page timator at www.irs.gov/W4Ap	2 for more information p.	n on each step, who can		
Step 2: Multiple Job or Spouse Works	Complete this step if you (1) hold mor also works. The correct amount of with Do only one of the following.  (a) Use the estimator at www.irs.gov/or your spouse have self-employing (b) Use the Multiple Jobs Worksheet (c) If there are only two jobs total, you option is generally more accurate higher paying job. Otherwise, (b) is	thholding depends on income (W4App for most accurate winent income, use this option; on page 3 and enter the resulul may check this box. Do the than (b) if pay at the lower page the second of the s	e earned from all of the thholding for this step or It in Step 4(c) below; of same on Form W-4 for sying job is more than	ese jobs.  (and Steps 3–4). If you  or  or the other job. This		
be most accur	ps 3–4(b) on Form W-4 for only ONE of the ate if you complete Steps 3–4(b) on the Form	ese jobs. Leave those steps to a W-4 for the highest paying j	plank for the other job ob.)	s. (Your withholding will		
Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 of Multiply the number of qualifying of Multiply the number of other dependent of the amounts above for qualifying	children under age 17 by \$2,00 endents by \$500 endents by \$500 endents by \$500 endents by \$500 endents dependents	00 \$ sents. You may add to			
Step 4 (optional): Other Adjustments	this the amount of any other credits. E  (a) Other income (not from jobs).  expect this year that won't have w This may include interest, dividence  (b) Deductions. If you expect to claim want to reduce your withholding, u the result here	If you want tax withheld for ithholding, enter the amount ds, and retirement income.  In deductions other than the states the Deductions Workshee	of other income here	4(a) \$		
Step 5: Sign Here	Under penalties of perjury, I declare that this certi		dge and belief, is true, co	rrect, and complete.		
Employers Only	Employee's signature (This form is not va	ılid unless you sign it.)		Employer identification number (EIN)		