

Mount Zion Baptist Church of Greensboro, Inc. Solomon's World

New Employee Packet:

- Resume
- Employment Application
- Tax Forms
- Tb Test
- Physical
- First/Aid & CPR certification
- DMV information
- Local & National background check, log onto to www.ncchildcare.net, go under online registration, enter in information, pay \$26.50 and print off confirmation to turn in with your paperwork.
- Copy of a valid driver's license
- Copy of your social security card
- Purple bubble sheet (to be filled out on site with Mrs. Bridgette)

Once all of your paperwork is turned in, you will be called to set up an interview time. If you have any questions or concerns please feel free to contact Mrs. Bridgette at 336.373.4251 or cannonb@mtzbc.com.

We thank you for your interest in our program!



Application for Employment

All applicants for employment are required to complete and submit this Employment Application.

The Company does not discriminate on the basis of sex, age, color, race, religion, marital status, national origin, ancestry, sexual orientation, physical & mental disability, medical condition, genetic information, veteran status, or any other basis protected by federal, state or local law.

Applicant Information

LEGAL NAME				
Last	First	Middle		
HAVE YOU EVER WORKED UNDER ANOTHER NAME?		IF YES, UNDER WHAT NAME(S):		
<input type="checkbox"/> Yes <input type="checkbox"/> No				
COMPLETE HOME ADDRESS include PO Box, Apt #, etc.				
Street	City	County	State	Zip Code
HOME PHONE () -		BUSINESS OR OTHER PHONE () -		E-MAIL ADDRESS

Position Applying For

JOB TITLE/TYPE OF WORK		DESIRED SALARY \$	AVAILABLE START DATE
If necessary, are you available to work any of the following? Overtime Holidays Work schedule other than M-F <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No <input type="checkbox"/> No		HOW DID YOU LEARN ABOUT THIS OPENING?	
DESIRED EMPLOYMENT: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary		HAVE YOU WORKED FOR OR APPLIED FOR A POSITION AT THE COMPANY BEFORE? <input type="checkbox"/> Yes If yes, what position(s)? <input type="checkbox"/> No	DO YOU HAVE ANY RELATIVES WORKING HERE? <input type="checkbox"/> Yes If yes, who: <input type="checkbox"/> No
IF HIRED, CAN YOU SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		ARE YOU OVER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF UNDER 18, DO YOU HAVE A WORK PERMIT? <input type="checkbox"/> YES <input type="checkbox"/> NO

Education Begin with most recent college/university/technical school

NAME OF EDUCATIONAL INSTITUTION/LOCATION	MAJOR	NO. OF YEARS	GRADUATE Yes/No	DIPLOMA/DEGREE Yes/No
ANY PROFESSIONAL DESIGNATIONS, TRAINING, PATENTS, PUBLICATIONS, COMPUTER SKILLS RELATED TO THE JOB SOUGHT:				

Application for Employment

Security

(a) ****This Security Section must be completed by all applicants, EXCEPT FOR THOSE APPLICANTS IN HAWAII, MASSACHUSETTS, AND THE CITY OF PHILADELPHIA, PA:** Under Hawaii and Massachusetts state law and Philadelphia Bill 110111-A, an employer is prohibited from making written, pre-employment inquiries of an applicant about his or her criminal history. **HAWAII, MASSACHUSETTS, AND PHILADELPHIA, PA APPLICANTS SHOULD NOT, AND MUST NOT, ANSWER ANY OF THE QUESTIONS IN THIS SECURITY SECTION. RATHER, HAWAII, MASSACHUSETTS, AND PHILADELPHIA, PA APPLICANTS SHOULD SKIP THIS SECTION ENTIRELY AND PROCEED DIRECTLY TO THE EMPLOYMENT HISTORY SECTION IN THIS APPLICATION.**

Florida applicants should complete this Security Section (a) AND section (b) below.

HAVE YOU EVER BEEN CONVICTED OF A FELONY OR MISDEMEANOR PUNISHABLE BY 6 MONTHS OR MORE OF INCARCERATION WITHIN THE LAST 7 YEARS? (You do not need to disclose: convictions for misdemeanor marijuana-related offenses more than two years old; convictions that have been sealed, expunged, or legally eradicated (such as juvenile offenses); participation in a pre- or post-trial diversion program; a discharge under the Georgia First Offenders Program; or misdemeanor convictions for which probation was completed successfully or otherwise discharged and the case was dismissed.) Yes No

If **yes**, please describe the nature of the offense(s), the date and place of conviction, and the legal disposition of the case. The Company will not deny employment to any applicant solely because the person has been convicted of a crime. The Company, however, may consider the nature, date and circumstances of the offense as well as whether the offense is relevant to the duties of the position for which you are applying.

(b) For Florida applicants ONLY:

(1) Have you ever been a defendant in a civil action for intentional tort? (An intentional tort is a civil wrong resulting from an intentional act. Examples of an intentional tort include assault, battery, false imprisonment, and intentional infliction of emotional distress.)

Yes No

(2) If **yes**, please describe the nature of the intentional tort and the disposition of the action.

COMPLETE ALL JOB HISTORY REGARDLESS OF RESUME ATTACHMENT

Employment History List current/most recent position first (attach additional sheets if necessary).

NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED	
		From	To
TYPE OF BUSINESS	POSITION/TITLE	SALARY	
		Starting	Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE	
		() -	
REASON FOR LEAVING:			
NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED	

Revised 06/07/2011

Application for Employment

		From	To
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting	Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE ()	-
REASON FOR LEAVING:			
NAME OF EMPLOYER	ADDRESS/LOCATION	DATES EMPLOYED From	To
TYPE OF BUSINESS	POSITION/TITLE	SALARY Starting	Final
MANAGER'S NAME	MANAGER'S TITLE	PHONE ()	-
REASON FOR LEAVING:			

References List three people (other than relatives) who are in a position to evaluate your previous employment performance, preferably former supervisors or people with whom you have worked. (If applying for a supervisory position, please include one subordinate.)

You agree that we may contact each reference below:

NAME:	TITLE:	COMPANY:	PHONE () ()	Home Work
NAME:	TITLE:	COMPANY:	PHONE () ()	Home Work
NAME:	TITLE:	COMPANY:	PHONE () ()	Home Work

PLEASE PROCEED TO PAGE 4

Application for Employment

Please read the below carefully and then initial next to each paragraph.
Please sign and date in the space provided at the bottom of this page.

APPLICANT'S INITIALS

CERTIFICATION AND RELEASE

_____ I authorize the Company to verify, in any manner, all statements made by me. The Company may, for example, interview former employers, co-workers, schools, references, or others and request information and supporting documentation such as transcripts and evaluations.

_____ I authorize any and all former employers, references, or educational institutions to release all information relevant to my employment or education to the Company, without giving me prior notice.

_____ I release from any liability or responsibility all persons, companies and corporations supplying any information in verifying my statements above, as well as the Company in connection with its obtaining such information for use in verifying my statements above.

_____ I shall preserve in strictest confidence all information regarding the business or customers of the Company that may be disclosed to me or come to my attention in the process of applying for a position with the Company.

_____ If employed by the Company, I agree to comply with the Company's policies and procedures, safety rules, and cooperate in any reasonable security investigation. I understand that I am not employed by or entitled to employment by the Company unless and until I have received and accepted a written offer of employment from a Company representative. I also understand that no other act of the Company, including the acceptance of my application for employment, the scheduling of interviews with me, or any oral or written statements of interest or encouragement, creates an employment relationship with me, and I will not rely on any such act of the Company. I understand that if I am employed by the Company, such employment is "at-will," which means that my employment and related compensation may be terminated at any time, with or without cause, and with or without advance notice by me or by the Company.

_____ I understand that any misrepresentation or omission of fact on this application, my resume, any supplementary materials submitted by me, and interview responses, may be cause for a refusal to hire me or the termination of employment at any time during the period of my employment.

_____ I have reviewed this application personally, and I agree that all statements I have made on this application, in my resume, and other supplementary materials submitted by me are true and correct. I have not knowingly withheld any information that might adversely affect my chance for employment.

APPLICANT SIGNATURE	DATE
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EMERGENCY INFORMATION ON STAFF

NAME: _____	
ADDRESS: _____	
NAME OF DOCTOR: _____	PHONE: _____
HOSPITAL PREFERENCE: _____	PHONE: _____
NAME OF DENTIST: _____	PHONE: _____
To avoid any adverse drug reaction during an emergency, please list medications you are taking: _____	
ALLERGIES: _____	
BLOOD TYPE (if known.) _____	
LIST OPERATIONS OR HOSPITALIZATIONS WITHIN THE PAST YEAR: _____	
LIST CHRONIC MEDICAL PROBLEMS REQUIRING A DOCTOR'S CARE: _____	
EMERGENCY CONTACT PERSONS:	
NAME: _____	RELATIONSHIP _____
ADDRESS: _____	
HOME PHONE: _____	BUSINESS PHONE: _____
NAME: _____	RELATIONSHIP _____
ADDRESS: _____	
HOME PHONE: _____	BUSINESS PHONE: _____

STAFF HEALTH QUESTIONNAIRE

IMPORTANT — Current health information must be completed annually by:
All staff (including the director). (2) All volunteers* and substitutes* prior to their coming into contact with the children.

NAME: _____	
HOME ADDRESS: _____	
TELEPHONE NUMBER: _____	
HEALTH STATUS:	
1. I am in excellent mental and physical health and am free of communicable disease. (if no, please explain.) _____	
2. I take the following medications regularly (please explain): _____	
This health statement is accurate to the best of my knowledge. I will advise the director if my health status changes.	
Signature: _____	Date: _____
*Any substitute or volunteer who is counted in the mandatory staff-child ratio must comply with the health standards for staff.	

Staff Medical Report

(To be completed by all staff and placed on file within 60 days of initial employment)

NAME		
Last	First	Middle
HOME ADDRESS		
TELEPHONE NUMBER		

TO BE COMPLETED BY THE PHYSICIAN:

Some lifting of young children and some picking up and moving of furniture and equipment may be required. Since we are vitally involved with the wholesome emotional growth of the child, we require good mental and physical health of our employees.

Does this applicant have any physical condition which would limit their work with children? If yes, please describe: _____

Is this applicant currently under treatment which would preclude their work with children? If yes, please describe: _____

Is this applicant currently under treatment for any specific condition? If yes, please describe: _____

Is this applicant currently taking any medication that would affect his/her work with children? If yes, please describe: _____

In your opinion, is this applicant emotionally and physically capable to care for children on a daily basis? _____

Date of Examination

Signature of Physician

Phone Number

Address

Tuberculin (TB) Test

All staff members are required to have a negative test result before coming in to contact with children. Volunteers and Substitutes present more than once per week must also have evidence of a negative test.

NAME

Last

First

Middle

HOME ADDRESS

TELEPHONE NUMBER

Evidence of tuberculin test:

Type of test _____ Date given _____

Results Negative Positive

Comments:

Signature of Authorized Health Professional

Address

Phone Number



NORTH CAROLINA
DIVISION OF MOTOR VEHICLES
DRIVER LICENSE SECTION



Driver Privacy Protection Act Authorization
To Disclose Personal Information Form DL-DPPA-2

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)

Your N.C. driver license number, SSN or ITIN & date of birth

Date signed

Person to receive information: Ronald Vieno on behalf of Mount Zion Baptist Church of Greensboro

Mailing address: 1301 Alamance Church Rd, Greensboro, NC 27406

Fees: Certified Complete History - \$11

Uncertified Complete History -\$8

Uncertified Limited History - \$8

Circle one of the above to indicate the type of MVR to be released. Make checks payable to "NCDMV".
Mail this form and fees to: NCDMV, Driver License Records, 3113 Mail Service Center, Raleigh, NC 27699, please allow 10 business days processing time, this does not include US Postal service delivery time to or from the DMV.

Form DL-DPPA-2, Revised Oct 2005
Previous editions are obsolete, DO NOT USE

Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

Important: You must complete a new Form NC-4 EZ or NC-4 for tax year 2014. As a result of recent law changes, how you determine the number of allowances for tax year 2014 will differ from previous years. Most taxpayers will not be entitled to as many allowances, and as a result, more taxpayers should claim zero (0) allowances. Additionally, you are no longer allowed to claim a N.C. withholding exemption for yourself, your spouse, your children, or any other qualifying dependents.

PURPOSE - Complete Form NC-4, **Employee's Withholding Allowance Certificate**, so that your employer can withhold the correct amount of State income tax from your pay. If you do not provide a new NC-4 to your employer, your employer is required to withhold based on single with zero allowances.

FORM NC-4 EZ - A new form was created for tax year 2014 for taxpayers who intend to claim either: exempt status, or the N.C. standard deduction and no tax credits or only the credit for children.

FORM NC-4 BASIC INSTRUCTIONS - Complete the **Allowance Worksheet**. The worksheet will help you figure the number of withholding allowances you are entitled to claim. The worksheet is provided for employees to adjust their withholding allowances based on N.C. itemized deductions, federal adjustments to income, N.C. additions to federal adjusted gross income, N.C. deductions from federal adjusted gross income, or N.C. tax credits. 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 another NC-4 with your employer within 10 days after the change occurs. Exception: When an individual ceases to be head of household after maintaining the household for the major portion of the year, a new NC-4 is not required until the next year.

TWO OR MORE JOBS - If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using one Form NC-4 Allowance Worksheet. 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. You should also refer to the Multiple Jobs Table to determine the additional amount to be withheld on line 2 of Form NC-4 (See Allowance Worksheet).

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 to avoid underpayment of estimated tax interest. Form NC-40 is available on our website at www.dornc.com under individual income tax forms.

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 a federal exemption; and
2. You were entitled to file a joint return with your spouse in the year of your spouse's death.

MARRIED TAXPAYERS - For married taxpayers, both spouses must agree as to whether they will each complete the Allowance Worksheet based on married filing jointly or married filing separately.

- For married taxpayers completing the Allowance Worksheet based on married filing jointly, you will consider the sum of both spouses incomes, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.
- For married taxpayers completing the worksheet on the basis of married filing separately, each spouse will consider only his or her portion of income, adjustments, additions, deductions, and credits on the Allowance Worksheet to determine the number of allowances.

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.

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.

Cut here and give this certificate to your employer. Keep the top portion for your records.

Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

1. Total number of allowances you are claiming for 2014
(Enter zero (0), or the number of allowances from Page 2, line 16 of the NC-4 Allowance Worksheet)
2. Additional amount, if any, withheld from each pay period (Enter whole dollars)

Social Security Number _____

Marital Status Single Head of Household Married or Qualifying Widow(er)

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) _____ M.I. _____ Last Name _____

Address _____ County (Enter first five letters) _____

City _____ State _____ Zip Code (5 Digit) _____ Country (If not U.S.) _____

Employee's Signature _____

Date _____

I certify, under penalties provided by law, that I am entitled to the number of withholding allowances claimed on line 1 above.

NC-4 Allowance Worksheet

Part I

Important: You must complete a new Form NC-4 EZ or NC-4 for tax year 2014. As a result of recent law changes, how you determine the number of allowances for tax year 2014 will differ from previous years. Most taxpayers will not be entitled to as many allowances, and as a result, more taxpayers should claim zero (0) allowances. Additionally, you are no longer allowed to claim a N.C. withholding exemption for yourself, your spouse, your children, or any other qualifying dependents.

For tax year 2014, answer all of the following questions for **your filing status**. Because N.C. does not recognize same-sex marriages, same-sex couples who file married for federal purposes must complete this worksheet as single, or if qualified, head of household or qualifying widow(er).

Single -

1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$10,000? Yes No
2. Will you have adjustments or deductions from income from Page 3, Schedule 2? Yes No
3. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 4? Yes No

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.

Married Filing Jointly -

1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$17,500? Yes No
2. Will you have adjustments or deductions from income from Page 3, Schedule 2? Yes No
3. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 4? Yes No
4. Will your spouse receive combined wages and taxable pensions of less than \$5,000 or only retirement benefits not subject to N.C. income tax? Yes No

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.

Married Filing Separately -

1. Will your portion of N.C. itemized deductions from Page 3, Schedule 1 exceed \$10,000? Yes No
2. Will you have adjustments or deductions from income from Page 3, Schedule 2? Yes No
3. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 4? Yes No

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.

Head of Household-

1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$14,500? Yes No
2. Will you have adjustments or deductions from income from Page 3, Schedule 2? Yes No
3. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 4? Yes No

If you answered "No" to all of the above, **STOP HERE** and enter **ZERO (0)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Page 2, Part II to determine if you qualify for additional allowances. Otherwise, enter **ZERO (0)** on Form NC-4, Line 1.

NC-4 Allowance Worksheet

Qualifying Widow(er) -

- | | | |
|---|---------------------------|--------------------------|
| 1. Will your N.C. itemized deductions from Page 3, Schedule 1 exceed \$17,500? | Yes <input type="radio"/> | No <input type="radio"/> |
| 2. Will you have adjustments or deductions from income from Page 3, Schedule 2? | Yes <input type="radio"/> | No <input type="radio"/> |
| 3. Will you be able to claim any N.C. tax credits or tax credit carryovers from Page 4, Schedule 4? | Yes <input type="radio"/> | No <input type="radio"/> |

If you answered "No" to all of the above, **STOP HERE** and enter **THREE (3)** as total allowances on Form NC-4, Line 1. If you answered "Yes" to any of the above, you may choose to go to Part II to determine if you qualify for additional allowances. Otherwise, enter **THREE (3)** on Form NC-4, Line 1.

NC-4 Part II

- | | | |
|--|-------|--|
| 1. Enter your total estimated 2014 N.C. itemized deductions from Page 3, Schedule 1 | 1. \$ | |
| 2. Enter the applicable N.C. standard deduction based on your filing status. | } | \$ 7,500 if single
\$15,000 if married filing jointly or qualifying widow(er)
\$ 7,500 if married filing separately
\$12,000 if head of household |
| 2. \$ | | |
| 3. Subtract line 2 from line 1. If line 1 is less than line 2, enter ZERO (0) | 3. \$ | |
| 4. Enter an estimate of your total 2014 federal adjustments to income and State deductions from federal adjusted gross income from Page 3, Schedule 2 | 4. \$ | |
| 5. Add lines 3 and 4 | 5. \$ | |
| 6. Enter an estimate of your 2014 nonwage income (such as dividends or interest) ... 6. | \$ | |
| 7. Enter an estimate of your 2014 State additions to federal adjusted gross income from Page 3, Schedule 3 | 7. \$ | |
| 8. Add lines 6 and 7 | 8. \$ | |
| 9. Subtract line 8 from line 5 (Do not enter less than zero) | 9. \$ | |
| 10. Divide the amount on line 9 by \$2,500. Round down to whole number | 10. | |
| Ex. $\$3,900 \div \$2,500 = 1.56$ rounds down to 1 | | |
| 11. Enter the amount of your estimated N.C. tax credits from Page 4, Schedule 4 .. 11. | \$ | |
| 12. Divide the amount on line 11 by \$145. Round down to whole number | 12. | |
| Ex. $\$200 \div \$145 = 1.38$ rounds down to 1 | | |
| 13. If filing as single, head of household, or married filing separately, enter zero (0) on this line.
If filing as qualifying widow(er), enter 3.
If filing as married filing jointly, enter the appropriate number from either (a), (b), (c), or (d) below. | | |
| (a) Your spouse expects to have zero wages and expects to receive retirement benefits that will all be nontaxable for N.C. purposes, enter 3. (Nontaxable retirement benefits include: <i>Bailey</i> , Social Security, and Railroad retirement) | | |
| (b) Your spouse expects to have combined wages and taxable pensions of more than \$1, but less than \$2,500, enter 2. | | |
| (c) Your spouse expects to have combined wages and taxable pensions of more than \$2,500 but less than \$5,000, enter 1. | | |
| (d) Your spouse expects to have combined wages and taxable pensions of more than \$5,000, enter 0 | 13. | |
| 14. Add lines 10, 12, and 13, and enter the total here | 14. | |
| 15. If you completed this worksheet on the basis of married filing jointly, the total number of allowances determined on line 14 may be split between both spouses, however, they so choose. Enter the number of allowances from line 14 that your spouse plans to claim | 15. | |
| 16. Subtract line 15 from line 14 and enter the total number of allowances here and on line 1 of your Form NC-4, Employee's Withholding Allowance Certificate | 16. | |

NC-4 Allowance Worksheet Schedules

Important: If you cannot reasonably estimate the amount to enter in the schedules below, you should enter ZERO (0) on line 1, NC-4.

Schedule 1

Estimated 2014 N.C. Itemized Deductions

Qualifying mortgage interest	\$	_____	
Real estate property taxes	\$	_____	
Total qualifying mortgage interest and real estate property taxes*		_____	\$ _____
Charitable Contributions (Same as allowed for federal purposes)		_____	\$ _____
Total estimated N.C. itemized deductions. Enter on Page 2, Part II, Line 1		_____	\$ _____

*The sum of your qualified mortgage interest and real estate property taxes may not exceed \$20,000. For married taxpayers, the \$20,000 limitation applies to the combined total of qualified mortgage interest and real estate property taxes claimed by both spouses, rather than to each spouse separately.

Schedule 2

Estimated 2014 Federal Adjustments to Income

Federal adjustments to income are the amounts that are deducted from total income claimed on your federal return. Adjustments to income may include:

Health savings account deduction	\$	_____	
Moving expenses	\$	_____	
Alimony paid	\$	_____	
IRA deduction	\$	_____	
Student loan interest deduction	\$	_____	
Certain business expenses of reservists, performing artist, and fee-basis governmental officials	\$	_____	
Total Federal Adjustments to Income		_____	\$ _____

Estimated 2014 State Deductions from Federal Adjusted Gross Income to Consider for NC-4 Purposes

20% of prior bonus depreciation addback	\$	_____	
20% of prior section 179 addback	\$	_____	
Amount by which North Carolina basis of property exceeds federal basis of property - in year taxpayer disposes of property	\$	_____	
Total State Deductions from Federal Adjusted Gross Income		_____	\$ _____

(Do not consider any amount of the portion of Bailey Retirement Benefits, Social Security Benefits, or Railroad Retirement Benefits included in Adjusted Gross Income.)

Total Federal Adjustments to Income and State Deductions from Federal Adjusted Gross Income. Enter on Page 2, Part II, Line 4 \$ _____

Schedule 3

Estimated 2014 State Additions to Federal Adjusted Gross Income to Consider for NC-4 Purposes

Shareholder's share of built-in gains tax that the S corporation paid for federal income tax purposes	\$	_____	
Amount by which federal basis of property exceeds NC basis of property - in year taxpayer disposes of property	\$	_____	
Amount of gross income from domestic production activities that a taxpayer excludes from gross income under section 199 of the Internal Revenue Code	\$	_____	
Total State Additions to Federal Adjusted Gross Income. Enter on Page 2, Part II, Line 7	\$	_____	\$ _____

NC-4 Allowance Worksheet Schedules

Schedule 4

Estimated 2014 N.C. Tax Credits

Tax Credit for Income Taxes Paid to Other States by Individuals \$ _____.

Credit for Children

A taxpayer who is allowed a federal child tax credit under section 24 of the Internal Revenue Code is allowed a tax credit for each dependent child unless adjusted gross income exceeds the threshold amount shown below.

The credit can be claimed only for a child who is under 17 years of age on the last day of the year.

Filing Status	Adjusted Gross Income	No. of Children	Credit Amount per Qualifying Child	Estimated Credit
Single	Up to \$20,000	_____	\$125	\$ _____.
	Over \$20,000 and up to \$50,000	_____	\$100	\$ _____.
	Over \$50,000	_____	\$0	\$ _____.
Married Filing Jointly or Qualifying Widow(er)	Up to \$40,000	_____	\$125	\$ _____.
	Over \$40,000 and up to \$100,000	_____	\$100	\$ _____.
	Over \$100,000	_____	\$0	\$ _____.
Head of Household	Up to \$32,000	_____	\$125	\$ _____.
	Over \$32,000 and up to \$80,000	_____	\$100	\$ _____.
	Over \$80,000	_____	\$0	\$ _____.
Married Filing Separately	Up to \$20,000	_____	\$125	\$ _____.
	Over \$20,000 and up to \$50,000	_____	\$100	\$ _____.
	Over \$50,000	_____	\$0	\$ _____.

Additional Tax Credits and Carryovers

G.S. 105-129.16A, Credit for Investing in Renewable Energy Property	\$ _____.
G.S. 105-129.16H, Credit for Donating Funds to a Nonprofit Organization or Unit of State or Local Government to Enable the Nonprofit or Government Unit to Acquire Renewable Energy Property	\$ _____.
G.S. 105-151.29, Credit for Qualifying Expenses of a Production Company	\$ _____.
G.S. 105-129.35, Credit for Rehabilitating Income-Producing Historic Structure	\$ _____.
G.S. 105-129.36, Credit for Rehabilitating Nonincome Producing Historic Structure	\$ _____.
G.S. 105-129.42, Credit for Low-Income Housing Awarded a Federal Credit Allocated on or after January 1, 2003	\$ _____.
G.S. 105-129.55, Credit for North Carolina Research & Development	\$ _____.
G.S. 105-129.71, Credit for Income Producing Rehabilitated Mill Property	\$ _____.
G.S. 105-129.72, Credit for Non-income Producing Rehabilitated Mill Property	\$ _____.
G.S. 105-129.96, Credit for Constructing a Railroad Intermodal Facility	\$ _____.
G.S. 105-163.011, Tax Credits for Qualifying Business Investments	\$ _____.
Tax Credit Carryover from previous years	\$ _____.
Total Tax Credits and Carryovers. Enter on Page 2, Part II, Line 11	\$ _____.

Multiple Jobs Table

Find the amount of your estimated annual wages from your lowest paying job(s) in the left hand column. Follow across to find the amount of additional tax to be withheld for each pay period. Enter the additional amount to be withheld on line 2 of your Form NC-4 EZ/NC-4.

Additional Withholding for Single, Married, or Qualifying Widow(er) with Multiple Jobs

Estimated Annual Wages		Payroll Period			
At Least	But Less Than	Monthly	Semimonthly	Biweekly	Weekly
0	1000	2.00	1.00	1.00	1.00
1000	2000	7.00	4.00	3.00	2.00
2000	3000	12.00	6.00	6.00	3.00
3000	4000	17.00	8.00	8.00	4.00
4000	5000	22.00	11.00	10.00	5.00
5000	6000	27.00	13.00	12.00	6.00
6000	7000	31.00	16.00	15.00	7.00
7000	Unlimited	36.00	18.00	17.00	8.00

Additional Withholding for Head of Household Filers with Multiple Jobs

Estimated Annual Wages		Payroll Period			
At Least	But Less Than	Monthly	Semimonthly	Biweekly	Weekly
0	1000	2.00	1.00	1.00	1.00
1000	2000	7.00	4.00	3.00	2.00
2000	3000	12.00	6.00	6.00	3.00
3000	4000	17.00	8.00	8.00	4.00
4000	5000	22.00	11.00	10.00	5.00
5000	6000	27.00	13.00	12.00	6.00
6000	7000	31.00	16.00	15.00	7.00
7000	8000	36.00	18.00	17.00	8.00
8000	9000	41.00	21.00	19.00	9.00
9000	10000	46.00	23.00	21.00	11.00
10000	11000	51.00	25.00	23.00	12.00
11000	12000	56.00	28.00	26.00	13.00
12000	Unlimited	58.00	29.00	27.00	13.00

Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

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: <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B _____
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 \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child 	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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2>Employee's Withholding Allowance Certificate</h2> <p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <h1 style="font-size: 2em;">2014</h1>
1 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 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. 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 (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)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$3,950 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$6,000	0	\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
6,001 - 13,000	1	6,001 - 16,000	1	74,001 - 130,000	990	37,001 - 80,000	990
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,110	80,001 - 175,000	1,110
24,001 - 26,000	3	25,001 - 34,000	3	200,001 - 355,000	1,300	175,001 - 385,000	1,300
26,001 - 33,000	4	34,001 - 43,000	4	355,001 - 400,000	1,380	385,001 and over	1,560
33,001 - 43,000	5	43,001 - 70,000	5	400,001 and over	1,560		
43,001 - 49,000	6	70,001 - 85,000	6				
49,001 - 60,000	7	85,001 - 110,000	7				
60,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



One In Christ

Mount Zion Baptist Church of Greensboro, Inc.

1301 Alamance Church Rd
Greensboro, NC 27406
(336) 273-7930

Transportation Ministry Application

Date: _____ Date of Birth: _____

Driver License #: _____ State: _____ Expiration Date: _____

Name (Print): _____

Current Street Address: _____

State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

1. Are you a member of Mount Zion Baptist Church of Greensboro? Yes No
2. Have you completed New Members Orientation? Yes No
3. Are you at least 25 years of age? Yes No
4. Do you have any points on your driving record? Yes No
5. Have you had any criminal convictions within the last seven (7) years? Yes No
6. Have you had any traffic violations within the last three years? Yes No
If you answered yes, please provide details

Why do you desire to become a part of the Transportation Ministry?

Are you willing to abide by the Transportation Ministry Policy and Procedures, and policies of the church? Yes No

By my signature below, I consent to a national background check. **Please complete and sign attached DMV Release of Driving Record Authorization Form. Attach a copy of your Driver's License.**

Signature	Date
-----------	------

Driver Requirements:

All drivers (Solomon's World, Special Events, Sunday Worship, Ministries Events, etc.) must...

1. Be 25 years of age
2. Complete Volunteer Application for Mount Zion Transportation Ministry
3. Present valid Driver's License
4. Provide authorization for Background Check (signature above)
5. Complete DMV Release of Driving Record Authorization Form
6. Complete Driver's Assessment at www.safechurch.com (Free online training provided by GuideOne Insurance).