



Local Union No. 9 IBEW and Outside Contractors  
Supplemental Unemployment Benefit Fund  
Application for Benefits



<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b> Whether you're 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 <b>2019</b>
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 filing separately, check "Married, but withhold at higher Single rate."		
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 800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here				
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.)				
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				Date 9 First date of employment 10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 4.

Cat. No. 10220Q

Form W-4 (2019)



Illinois Department of Revenue

**IL-W-4 Employee's Illinois Withholding Allowance Certificate**

This form is authorized under the Illinois Income Tax Act. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Social Security number

Name

Street address

City State ZIP

Check the box if you are exempt from federal and Illinois Income Tax withholding and sign and date the certificate. ☐

- 1 Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1
- 2 Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2
- 3 Write the additional amount you want withheld (deducted) from each pay. 3

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature

Date

Last employer		Last day worked date		Date of Birth	
Signature		Phone		Email (required for paystub)	
Your signature on this application confirms that you have read and understand the SUB Plan provisions and requirements In order for your application to be approved, <b>you must provide the UI Finding issued by IDES</b> and the Payment Detail Record. Thereafter you can supply a UI pay stub or the Payment Detail Record printout from the IDES website in order to continue payments under this application.					
Fund Office Use Only					
Eligibility verified by		Date verified		IDES Date of Claim	
IDES Week Ending	No. of days	Date Paid and by Whom	IDES Week Ending	No. of days	Date Paid and by Whom
1			6		11
2			7		12
3			8		13
4			9		
5			10		
				Total days:	Not to exceed 65

Your form of payment must be Direct Deposit into your own bank account. You must provide all banking account information listed below and a voided check.

DIRECT DEPOSIT OF SUB PAYMENTS	
<p>You may use a checking or savings account for direct deposit. Fill in your name and social security number and attach a voided check. If you are using a savings account, <b>your bank must complete the rest of the information.</b></p>	
Name	<p><u>Checking Account:</u> Please attach a voided check in this space. If you do not attach a voided check, your benefit payment will be delayed until a voided check is provided.</p> <p><u>Savings Account:</u> your bank personnel must verify your account number and the bank's ABA number (to the left).</p>
Last Four Digits of SSN	
Bank name	
Bank address	
Bank routing number	
Bank account number	
Type of account (check one) <input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings (bank must verify account info by signing below)	
Bank personnel signature to confirm account and ABA number:	Date
Member signature for payment option authorization	Date

**Personal Allowances Worksheet** (Keep for your records.)

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	<input type="text"/>
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	<input type="text"/>
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	<input type="text"/>
<b>D</b>	Enter "1" if: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </div>	<b>D</b>	<input type="text"/>
<b>E</b>	<b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>		
<b>F</b>	<b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>		
<b>G</b>	<b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .		
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	<input type="text"/>

For accuracy, complete all worksheets that apply.

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ <input type="text"/>
<b>2</b>	Enter: <div style="display: inline-block; vertical-align: middle;"> <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul> </div>	<b>2</b>	\$ <input type="text"/>
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ <input type="text"/>
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ <input type="text"/>
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ <input type="text"/>
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ <input type="text"/>
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ <input type="text"/>
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	<input type="text"/>
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b>	<input type="text"/>
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	<input type="text"/>



This sheet is to help you figure out your allowances, if you do not already know them. We do not need this form returned.

### Two-Earners/Multiple Jobs Worksheet

**Note:** Use this worksheet only if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

<b>1</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 3 (or, if you used the <b>Deductions, Adjustments, and Additional Income Worksheet</b> on page 3, the number from line 10 of that worksheet) . . . . .	<b>1</b>	<input type="text"/>
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" . . . . .	<b>2</b>	<input type="text"/>
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	<input type="text"/>
<b>Note:</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	<input type="text"/>
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	<input type="text"/>
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	<input type="text"/>
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ <input type="text"/>
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ <input type="text"/>
<b>9</b>	<b>Divide</b> line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ <input type="text"/>

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 38,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	38,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**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 aren't required to provide the information requested on a form that's 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.

## Illinois Withholding Allowance Worksheet

### General Information

Complete this worksheet to figure your total withholding allowances.

Complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

### Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- ☐ No one else can claim me as a dependent.  
☐ I can claim my spouse as a dependent.

- 1 Enter the total number of boxes you checked. **1** \_\_\_\_\_
- 2 Enter the number of dependents (other than you or your spouse) you will claim on your tax return. **2** \_\_\_\_\_
- 3 Add Lines 1 and 2. Enter the result. This is the total number of basic personal allowances to which you are **entitled**. You are not required to claim these allowances. The number of basic personal allowances that you choose to claim will determine how much money is withheld from your pay. See Line 4 for more information. **3** \_\_\_\_\_
- 4 Enter the total number of basic personal allowances you choose to claim on this line and Line 1 of Form IL-W-4 below. This number may not exceed the amount on Line 3 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. **4** \_\_\_\_\_

### Step 2: Figure your additional allowances

Check all that apply:

- ☐ I am 65 or older. ☐ I am legally blind.  
☐ My spouse is 65 or older. ☐ My spouse is legally blind.

- 5 Enter the total number of boxes you checked. **5** \_\_\_\_\_
- 6 Enter any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4 plus any additional Illinois subtractions or deductions. **6** \_\_\_\_\_
- 7 Divide Line 6 by 1,000. Round to the nearest whole number. Enter the result on Line 7. **7** \_\_\_\_\_
- 8 Add Lines 5 and 7. Enter the result. This is the total number of additional allowances to which you are **entitled**. You are not required to claim these allowances. The number of additional allowances that you choose to claim will determine how much money is withheld from your pay. **8** \_\_\_\_\_
- 9 Enter the total number of additional allowances you elect to claim on Line 2 of Form IL-W-4, below. This number may not exceed the amount on Line 8 above, however you can claim as few as zero. Entering lower numbers here will result in more money being withheld(deducted) from your pay. **9** \_\_\_\_\_

**IMPORTANT:** If you want to have additional amounts withheld from your pay, you may enter a dollar amount on Line 3 of Form IL-W-4 below. This amount will be deducted from your pay in addition to the amounts that are withheld as a result of the allowances you have claimed.

**Your completed application should be returned to:**

**IBEW9-MSECA SUB Fund  
18670 Graphics Drive, Suite 201  
Tinley Park, IL 60477-6257**

**Fax: 866-870-5987**



**Your Funds. Your Foundation. Your Future.**



## Example of UI Finding

Illinois Department of Employment Security  
P.O. Box 19509  
Springfield, IL 62794  
Phone: (800) 244-5631 • TTY: (800) 244-5631  
Fax (217) 557-4913  
www.ides.illinois.gov



██████████  
██████████ ST  
██████████ 8241

Date Mailed: 0 ██████████ 16  
Claimant ID: 2 ██████████

### UI Finding

(Este es un documento importante. Si usted necesita un intérprete, póngase en contacto con el Centro de Servicio al Reclamante al (800) 244-5631)

Dependent Type: Dependent Under 18

Payment Method: Direct Deposit

Last Employer: PRYSMIAN CONSTRUCTION SERVICES, INC ✓

Unemployed Reason: Laid-Off (Lack of Work) ✓

Filing Type: Telephone

Last Day Worked: 06/03/2016

Your bi-weekly certification day is: Tuesday

Your first certification date is: 06/21/2016

The best way to certify for benefits is the internet. You can certify for benefits online at [www.ides.illinois.gov/certify](http://www.ides.illinois.gov/certify). You also can certify by telephone by calling (312) 338-4337. These services are available Monday - Friday from 5 a.m. to 7:30 p.m.

You elected to have federal income tax deducted from your unemployment benefits; 10.00% will be withheld and sent to the Internal Revenue Service.

You elected to have state income tax deducted from your unemployment benefits, 3.75% will be withheld and sent to the Illinois Revenue Department.

You previously elected to have your unemployment benefit checks payments deposited directly into your checking account. Our records indicate the last four numbers of your checking account are 8030 at FIFTH THIRD BANK. Any unemployment benefits made payable will be electronically deposited into this account. If this information is not correct, you can update your bank account number and routing number via the internet at [www.ides.illinois.gov](http://www.ides.illinois.gov) or contact the Agency at the phone number listed above.

Benefit Year Begin Date: 01/24/2016

Date of Claim: 06/05/2016

Benefit Year End Date: 01/23/2017

Program Type: Regular

#### Qualifying Period Quarters and Wages Paid

Employer Name	Q4/2014 (\$)	Q1/2015 (\$)	Q2/2015 (\$)	Q3/2015 (\$)
MEADE ELECTRIC CO INC	21,420.67	20,468.40	25,280.98	26,196.25

\*If any of the wages shown above are not yours, or if there are no wages shown above, contact the Agency at the phone number listed above.

#### UI Monetary Determination

Weekly Benefit Amount: 437.00

Dependent Allowance: 158.00

Benefit Amount Per Week: \$595.00

Maximum Benefit Balance (Does not include dependency allowance): \$5,244.00

If you think this information is incorrect or require additional information, contact the Agency at the phone number listed above.

## Example of Payment Detail needed every two weeks within 14 days of issue date



### Unemployment Insurance Application

JUN 28 2016

| Language **English** | Home | Logout

Unemployment  
Services

[Individual Home](#)

[Illinois Job Link](#)

[IDES Website](#)

### Payment Detail

Name: [REDACTED]

Claimant ID: [REDACTED]

Below is the Payment Detail for the selected Payment. Please be advised about the following payment calculation rules:

- The Net Weekly Benefit Amount value is rounded down to the nearest dollar
- If the Maximum Benefit Amount balance was less than the New Weekly Benefit Amount when the payment was calculated, the Net Weekly Benefit Amount was set to the Maximum Benefit Amount balance
- State Taxes are withheld at 3.75 percent of the Benefits Payable amount
- Federal Taxes are withheld at 10 percent of the Benefits Payable amount
- The Sum of the Net Benefits Paid amounts for each week is your payment amount
- FAC - Week includes \$25 Federal Additional Compensation Supplement

To view another Payment detail, click << BACK to return to the Payments screen and select another payment.

#### Claim Information

Benefit Year Ending: 01/23/2017

Current Maximum Benefit Amount Balance: \$ 5,244.00

#### Payment Information

Payment ID: [REDACTED]

Payment Method: Direct Deposit Payment Status: Deposited

Issued Date: 06/22/2016

Bank Account Number: [REDACTED]

Bank Name: [REDACTED]  
BANK

#### Weeks Paid

Week 1 End Date: 06/11/2016 Net Benefits Paid: \$ 513.00 Benefit Explanation: Regular

Week 2 End Date: 06/18/2016 Net Benefits Paid: \$ 513.00 Benefit Explanation: Regular

Payment Amount \$ 1,026.00

#### Weekly Detail

Week 1 End Date: 06/11/2016

Program: Regular

Weekly Benefit Amount: \$ 437.00

Wages Reported:

\$ 0.00

Wage Deductions: \$ (0.00)

Vacation Pay Deduction: \$ (0.00)

Holiday Pay Deduction: \$ (0.00)

Social Security Deduction: \$ (0.00)

Pension Deduction: \$ (0.00)

Unavailable Days:

0

Worker's Comp Deduction: \$ (0.00)

Unavailable Deduction: \$ (0.00)

Total Deduction: \$ (0.00)

Net Weekly Benefit Amount: \$ 437.00

Dependency Allowance: \$ 158.00

Benefits Payable: \$ 595.00

Overpayment Type:

Recoupment Amount: \$ (0.00)

Child Support Deduction: \$ (0.00)