

ENGINEERS AND SCIENTISTS OF CALIFORNIA LOCAL 20
IFPTE (AFL-CIO & CLC)
810 CLAY STREET
OAKLAND, CA 94607

EMPLOYER _____

LOCATION _____

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.

OMB No. 1545-0074

Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

2026

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

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

Step 2: Multiple Jobs or Spouse Works	<p>Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.</p> <p>Do only one of the following.</p> <p>(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; or</p> <p>(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; or</p> <p>(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate <input type="checkbox"/></p>
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Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

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

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

Employers Only	Employer's name and address ESC IFPTE Local 20, 810 Clay Street, Oakland, CA 94607	First date of employment	Employer identification number (EIN)
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For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat. No. 10220Q

Form **W-4** (2026)

DATE	TOTAL HOURS	HOURLY PAY RATE	DESCRIPTION	ACCOUNTING DISTRIBUTION CODE	AMOUNT

TOTAL \$ _____

IMPORTANT – All information requested **must be filled out completely**, otherwise, reimbursement could be delayed.

ADDITIONAL PERSONNEL INFORMATION

POSITION _____

BIRTH DATE _____

TELEPHONE # _____

HIRE DATE _____

PLEASE SIGN _____

APPROVED _____

IBT-856-www