



Please Indicate What Shift and Department You Are In:

Name: Chris Dawood

Shifts:

Day Shift _____

Night Shift _____

Departments:

Finishing _____

Nose Cones _____

Material Prep _____

Stores _____

Prefab _____

Mould _____

Maintenance _____

Project Crew _____

Resin Mixing _____

CMG Consultant Signature

Date



SUMMARY

This associate handbook is intended to facilitate communication between you, CMG, and **SUZLON ROTOR CORPORATION**. It is not to be considered an employment contract obligating you, CMG, or **SUZLON ROTOR CORPORATION** to any indefinite employment relationship.

Reading the entire handbook at least one time will give you a good idea of its general content. Then, you will be able to use it easily as a quick reference manual. Revisions and updates are made to this information from time to time and will be communicated to you. It is your responsibility to stay informed of all updates to this handbook.



ACKNOWLEDGMENT

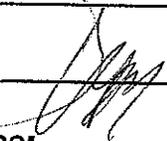
The associate handbook was reviewed with me, and I have received my personal copy. I also acknowledge that I have been given the opportunity to ask questions and express concerns during my orientation. Additionally, I understand and support the following:

1. This handbook is intended as a guide and **not** an employment agreement that creates a contractual relationship, and that the employment relationship may be terminated at the will of either party at any time.
2. The changing needs of the business will require alteration in method, practices and policies, and the company will unilaterally revise, as necessary, to meet these changing needs.
3. I agree to **notify** my CMG Consultant **immediately** of any change in my personal data such as phone number, address, emergency notification, etc.
4. I am responsible for the information provided herein and will, upon my separation, return this handbook to my CMG Consultant.

Date:

3-7-08

Associate's Signature:

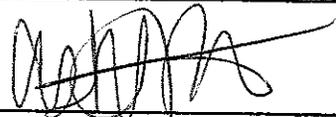


Associate's Printed Name:

Social Security #:

667-09-7924

Orientation provided by:





EMPLOYEE CONFIDENTIALITY AGREEMENT

In consideration of my employment at Corporate Management Group, Inc. (CMG), I understand and agree that it is my duty not to disclose confidential information as specified in this agreement.

CMG employs people on a temporary basis, assigning them to work for client companies. CMG is dependent upon client companies for continued business success. Any information pertaining to client companies is the property of CMG and is necessary for its growth.

Realizing the importance of this material, and as a condition of my temporary assignment with CMG, I agree that:

I will guarantee to safeguard CMG's client information received during my temporary assignment with CMG. I will not disclose any information gained through the performance of my job without authorization by CMG. I agree to keep all confidential matters of CMG secret during my temporary assignment with them and at the end of my temporary assignment shall not disclose any such information without specific written authorization from CMG. Upon the request of CMG, I agree to deliver to CMG upon termination of my temporary assignment, for whatever reason, all memorandums, notes, records, reports, manuals or other documents of confidential nature. It is understood that while on Suzlon Rotor Corporation premises, CMG employees will conduct themselves in accordance to the expectations of the Suzlon Rotor Corporation employees. CMG agrees that terms and conditions of Suzlon Rotor Corporation's contracts with their clients extend to CMG.

3-7-08
Date

[Signature]
Signature

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, 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 the documents have 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 <u>Dawood</u>	First <u>Chris</u>	Middle Initial	Maiden Name
Address (Street Name and Number) <u>320 10th St</u>		Apt. # <u>3</u>	Date of Birth (month/day/year) <u>1-1-68</u>
City <u>Worthington</u>	State <u>MIN</u>	Zip Code <u>56188</u>	Social Security # <u>667-09-7924</u>

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 787196

An alien authorized to work until _____

(Alien # or Admission #)

Employee's Signature [Signature] Date (month/day/year) 3-7-08

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: _____	OR	<u>ID Card</u>	AND	<u>SS Card</u>
Issuing authority: _____		<u>SD</u>		<u>US GOVT</u>
Document #: _____		<u>01234743</u>		<u>667-09-7924</u>
Expiration Date (if any): _____		<u>1-1-2013</u>		
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) 3/7/08 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 <u>[Signature]</u>	Print Name <u>Ashley Postma</u>	Title <u>Admin Assistant</u>
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code) <u>CMG Tower Washington St #240 Thornton CO 80241</u>		Date (month/day/year) <u>3/7/08</u>

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)
--	-----------------------

أحمد المديني
أحمد المديني

2788

54 jours accordés

20 APR 2000



Sans travail
Jusqu'au

13 APR 2000



مجلس دائرة العموم والأعمال
العميلة غير طمسة



مجلس دائرة العموم والأعمال
العميلة غير طمسة

مجلس دائرة العموم والأعمال
العميلة غير طمسة



العميلة غير طمسة

مجلس دائرة العموم والأعمال

South Dakota M. Michael Rounds, Governor
IDENTIFICATION CARD

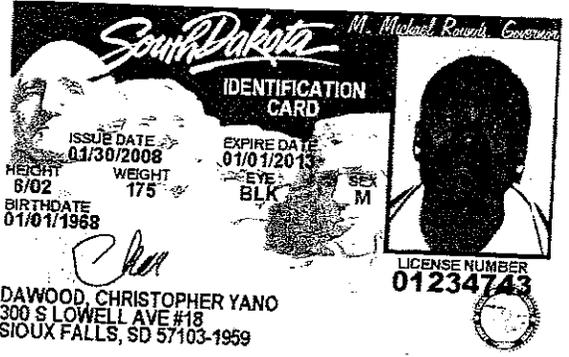
ISSUE DATE 01/30/2008 EXPIRE DATE 01/01/2013
HEIGHT 6/02 WEIGHT 175 EYE BLK SEX M

BIRTHDATE 01/01/1968

Chris

LICENSE NUMBER 01234743

DAWOOD, CHRISTOPHER YANO
300 S LOWELL AVE #18
SIOUX FALLS, SD 57103-1959

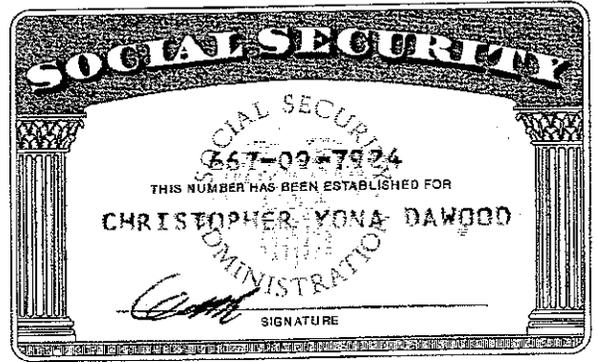


SOCIAL SECURITY

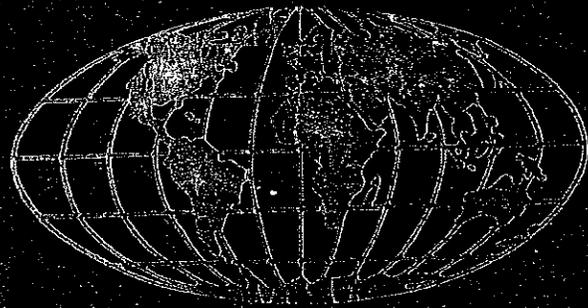
SOCIAL SECURITY
657-09-7924

THIS NUMBER HAS BEEN ESTABLISHED FOR
CHRISTOPHER YONA DAWOOD

Chris
ADMINISTRATIVE
SIGNATURE



WORLD SERVICE
AUTHORITY



護照

PASSPORT
PASSPORT
ПАСПОРТ
جواز سفر

10

Visas / Visas / Vistos buenos / Bnash / انشيرات
** / Vizoi

INTERNATIONAL EXIT VISA • VISA INTERNATIONALE DE SORTIE
• VISA INTERNACIONAL DE SALIDA • MEKJIVHAPOTHAЯ
BΠEZHHAЯ BИЗA • 國際出境簽證
• INTERNACIJA ELIRA VIZO

No. №: 81092

Date of Issue • Date d'emission • Fecha de emision • Дата выдачи
: 04.05.94

Place of Issue • Lieu d'emission • Lugar de emision • Место выдачи
: Washington, DC

Certifying WSA Official and Seal • Signature d'un officiel du WSA et Sceau • Oficial
Certificador de la WSA y Sello • Потврда, аутентичносто амуа и печато, VCO,
Пунктило кај Сигло • 國際人權保障基金會印字及印章 • Агентице WSA

Fee: Frais: Cuota: Порунина: \$5



(This visa authorized by Article 13(2), Universal Declaration of Human Rights.
• Ce visa est autorisé par l'article 13(2) de la Déclaration Universelle des Droits de
l'Homme. • Esta visa está autorizada por el Artículo 13(2), Declaración Universal de
Derechos Humanos. • Наврстувања апаа вадана на околности чл.13(2)
Becodinef rekrapanum nraa ченонера. • 國際人權保障基金會印字及印章
(本簽證係根據「世界人權宣言」第十五條第二款之規定而頒發。)
• Ciu vizo aprobata laa Artiholo 13(2), Universalna Deklaran de Homaj Rajtoj.)

11

Visas / Visas / Vistos buenos / Bnash / انشيرات
** / Vizoi

INTERNATIONAL RESIDENCE PERMIT • PERMIS INTERNACIONAL DE
RESIDENCE • PERMISO INTERNACIONAL DE RESIDENCIA •
МЕСТОЖИТЕЛСТВО • 國際居留證 • INTERNACIJA
PERMISLO POR ENLOGADO

Permit No./No. du permis: 170254
№ Угоствореници:
第 5 號 : Permisa numero:

Present residence: 170254
Residence actuelle: Residencia actual: 170254
Местожилиште: 目前住址: Numa logdo:

JOJNIEH / LEBANON

World Citizen Reg. No.: No. d'enregistrement Citoyen(a) du Monde. Ndm. de registre
Ciudadano Mundial: № регистрацион Мекживапорторо
Гражданин: 世界公民登記號: Registro número de monden
Дата регистрацион: 登記日期: Дата регистрацион: 25.03.92
Дата регистрацион: 25.03.92

Date of Issue: Дата выдачи
Угоствореници: 04.05.94
Дата издања: 04.05.94

Printed Stamp and Seal: Тамбо Исцаи есцаи: Sello y Timbre Fiscal: Fiscal stamp and seal.
Општежителни уртамн и ресцето: 公印 年 度 印 號: Fisco stamp kaj signo:




WSA Official: • Oficial de la WSA: • Oficial de la WSA: (WISA) انشيرات
Mandated by Art. 13(1), Universal Declaration of Human Rights • Sous mandat de l'article 13(1),
Déclaration Universelle des Droits de l'Homme • Bajo mandato del Artículo 13(1), Declaración
Universal de Derechos Humanos • 國際人權保障基金會印字及印章 • Под
менгаторо Чл. 13(1), Беоодунаа Аекрпануна Ппаа Ченонера. • 根據「世界人權宣言」
第十三條之規定而頒發。 • Designa per Artiholo 13(1), Universalna Deklaran pri Homaj Rajtoj.

IMPORTANT

This document is valid for travel in all countries unless otherwise indicated. It is not transferable. It is the responsibility of the holder to verify the validity of the passport to whom it is issued must sign his or her name immediately upon receipt. This document is not valid unless it is signed. Expiretion date page 5.

IMPORTANT

Ce document de voyage est valable, sauf indication contraire, pour tous les pays. Il n'est pas transférable et il est de la responsabilité de son titulaire, qui, sur la présentation à l'appui de la date des réception, doit signer immédiatement son reçu. Ce document n'est valide que si le signataire a signé. Expiretion en page 5.

IMPORTANT

El presente documento es válido para viajar por todos los países salvo indicaciones contrarias. Es intransferible. Podrá utilizarse únicamente la persona para la cual haya sido otorgado. El titular debe firmar en el momento de recibirlo. Este documento no es válido sin la firma del titular. Vender, página 5.

Внимание

Паспорт действителен для поездки во все страны, если нет особых противопоказаний. Он может быть использован только лицом, которому он выдан. Паспорт должен быть подписан владельцем при выдаче. Срок действительности указан на стр. 5.

ملاحظات

تصيح هذه الوثيقة للسفر إلى كافة الدول ما عدا ما ذكر في صفحة 5. لا يجوز نقل الوثيقة إلى شخص آخر، ولا يجوز استخدامها إلا في الشخص الذي منحها له. لا يمكن استخدامها إلا في الشخص الذي منحها له. يجب على الوثيقة من حاملها التوقيع عليها عند تلقيها. هذا الوثيقة ليست صالحة إلا إذا وقع عليها حاملها. يوجد على الوثيقة من حاملها التوقيع عليها عند تلقيها.

注意事項

除非受到限制，持本證件前往各國旅行一律有效。本證不得轉讓，只准持證人使用。收到本證後，持證人須立即在本證簽上自己的名字。本證非經簽署不生效力。本證有效期參閱第五頁。

GRAVA

Tu si dokumento estas valido por tuj landi, se ne estas kontrara indigite. Gi ne estas transferibla, rielas uzigi ĝin nur la persono al kiu ĝi estas donita. Gi estas valida nur, se ĝi surhavas la subskribon de la posedanto, kiu devas subskribi ĝin tuj post ricevo. Indikato de valideco: v. d. pag. 5.

This passport contains 40 pages

(Le passeport contient 40 pages)

Este pasaporte contiene 40 páginas

Паспорт содержит 40 страниц

本證件共有四十頁

قاضي الجواز على 40 صفحة

Граби паспортот енавава 40 пагина.

No

Name

Nom

Apellido

Фамилия

نام

Nomo

DAUD

Forenames

Prénoms

Nombre

Имя (имена)

الأسماء الأولى

Antanonomi

Christo

Born at

Né à

Lugar de nacimiento

Место рождения

محل الميلاد

出生地點

Naskitgloko

Anzara
Sudan

The

Le

El

Dara

جنس

出生日期

Je la

060668

Sex
Sexe
Sexo
пол
جنس
性別
Sexo

Male

Occupation

Profession

Profesión

Профессия

المهنة

職業

Profesio

Student

000270

Description of bearer - Signement du titulaire
Descripción del titular - Titular
Aspekto de la posedanto

Height } 1.89m
Taille }
Estatura }
Poer }
الطول }
身長 }
Stature }
Eyes } Brown
Yeux }
Ojos }
Trazo }
اللون }
眼珠颜色 }
Okuloi }

Special marks
Signes particuliers
Signos particulares.
Oсобые примечания
特別記号
Specialoj signoj

The bearer is accompanied by _____ minor children
Le titulaire est accompagné de _____ enfants mineurs
El portador esta acompañado por su _____ hijos menores
Несовместнолетние дети _____ Совпозождающие лица
下列同行未成年子女共 _____
La posedanton akompanas _____ neplenagaj geknaboj

Photograph of bearer
Photographie du titulaire
Fotografía del titular
Fotografija titulara
الفوترة الملتقطة لملك التاجر
持證人相片
Foto de la posedanto



CHRISTO YOHAN WMAAD
Signature of bearer - Signature du titulaire
Firma del titular - Titular
توقيع حامل التاجر - 持證人簽名
Subskribo de la posedanto

Departure Number

265126126 07

ADMITTED INDEFINITELY AS A REFUGEE PURSUANT TO SEC. 207 OF THE I&N ACT. IF YOU DEPART THE U.S. YOU WILL NEED PRIOR PERMISSION FROM I&NS TO RETURN. EMPLOYMENT AUTHORIZED.



I-94
Departure Record

(Port) (Date) (Imm. Gr.)

Family Name DAWOOD		CHI-725 APR 18 2000
First (Given) Name CHRISTOPHER Y.	Birth Date (Day/Mo./Yr) 01/01/68	
Country of Citizenship SUDAN		

See Other Side

ENGLISH

STAPLE HERE

Warning - A nonimmigrant who accepts unauthorized employment is subject to deportation.

Important - Retain this permit in your possession; you must surrender it when you leave the U.S. Failure to do so may delay your entry into the U.S. in the future.

You are authorized to stay in the U.S. only until the date written on this form. To remain past this date, without permission from immigration authorities, is a violation of the law.

Surrender this permit when you leave the U.S.:

- By sea or air, to the transportation line;
- Across the Canadian border, to a Canadian Official;
- Across the Mexican border, to a U.S. Official.

Students planning to reenter the U.S. within 30 days to return to the same school, see "Arrival-Departure" on page 2 of Form I-20 prior to surrendering this permit.

Record of Changes

A 7877196

Port:

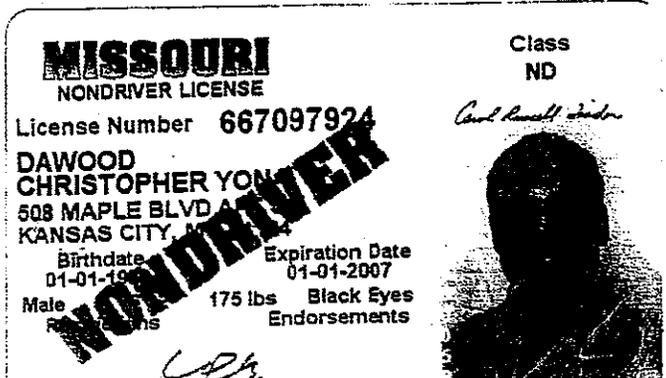
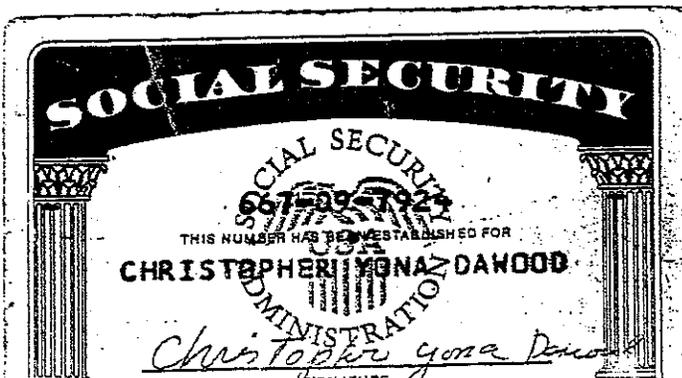
Departure Record

Date:

Carrier:

Flight #/Ship Name:

For sale by the Superintendent of Documents, U.S. Government Printing Office
Washington, D.C. 20402



**E-VERIFY
NOTICE TO EMPLOYEE OF TENTATIVE NONCONFIRMATION**

Employee Name: **Dawood, Christopher**
 SSN: **667-09-7924**
 Employee's A Number: **000787196**
 Employee's I-94 Number:
 Date of Tentative Nonconfirmation: **03/10/2008**
 Agency Providing Tentative Nonconfirmation: **Department of Homeland Security**

This employer is participating in a pilot project with the Social Security Administration (SSA) and the Department of Homeland Security to verify employment eligibility information you provided when you completed the Form I-9. **When your information was compared electronically to government records, the Department of Homeland Security could not confirm that you are eligible to work in the United States. This tentative nonconfirmation does not mean that you are not work authorized, or that the information you provided is incorrect. There are many reasons why a work authorized employee could be the subject of a tentative nonconfirmation. The tentative nonconfirmation means, however, that you must contact the Department of Homeland Security to resolve the situation if you wish to continue your employment.**

You have a voluntary choice. You may **Contest** the tentative nonconfirmation, or you may choose to **Not Contest** the tentative nonconfirmation.

If you **Contest** the tentative nonconfirmation, you must contact the Department of Homeland Security (DHS). By contesting, your employer will refer your case through E-Verify, and provide you with a referral notice that will tell you how to contact the DHS. You will be provided 8 Federal government work days from the date of that referral notice to resolve your situation with DHS. Upon contacting the DHS, you may have to provide additional information or documents that will permit the DHS to notify your employer that you are work authorized. During the 8 Federal government work days your employer may not terminate your employment or take adverse action against you based upon your employment eligibility status or because you have chosen to contest the tentative nonconfirmation.

If you do **Not Contest** the tentative nonconfirmation, you are making a choice voluntarily to give up your opportunity to correct the tentative nonconfirmation. If you do not contest the tentative nonconfirmation, it automatically becomes a final nonconfirmation. That means that your employer may terminate you immediately as an unauthorized employee. If you do not contest the tentative nonconfirmation, a legal presumption is created that your employer is in violation of the law if it continues your employment.

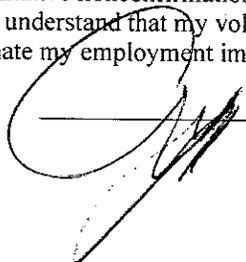
If you have questions or concerns about immigration-related unfair employment practices, you may call the Office of Special Counsel for Immigration-Related Unfair Employment Practices toll free at 1-800-255-7688 or 1-800-237-2515 (TDD) for the hearing impaired.

I choose to (check one):

Contest the tentative nonconfirmation. I understand that I must contact the Department of Homeland Security within 8 Federal Government work days from the date shown on the referral notice which is to be provided by my employer.

Not Contest the tentative nonconfirmation. I choose voluntarily to give up my opportunity to correct the tentative nonconfirmation. I understand that my voluntary choice not to contest the tentative nonconfirmation authorizes my employer to terminate my employment immediately.

Signature of Employee:



Date:

3/11/08

**E-VERIFY
NOTICE TO EMPLOYEE OF TENTATIVE NONCONFIRMATION**

Employer's Certification

I certify that this employer has received a tentative nonconfirmation relating to the employee whose name and signature appear above and that the employee has made the choice indicated. I also certify that the employee has executed and signed this document, that the employee's choice to the best of my knowledge was a knowing and voluntary choice, and that the employee has not been coerced or pressured in any way by this employer regarding his or her choice whether to contest the tentative nonconfirmation.

Name of Employer:

Corporate Management Group, INC.

Signature of Employer Representative:

Date:

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 03/17/2008
Page: 1 of 1

Case Verification Number: 2008070112059NA

Initial Verification:

Last Name:	Dawood	First Name:	Christopher
Middle Initial:		Maiden Name:	
Social Security Number:	667-09-7924	Date of Birth:	01/01/1968
Hire Date:	03/10/2008	Citizenship Status:	Lawful Permanent Resident (Alien # required)
Alien Number:	000787196	I-94 Number:	
Document Type:	List B, C Documents	Doc. Expiration Date:	01/01/2013
Initiated By:	APOS3210	Initiated On:	03/10/2008

Initial Verification Results:

Initial Eligibility: DHS Verification in Process

SSA Referral:

Referral By: Referral Date:

Verification Response:

Eligibility: Response Date:

SSA Resubmittal:

Last Name:		First Name:	
Middle Initial:		Maiden Name:	
Social Security Number:		Date of Birth:	
Initiated By:		Initiated On:	

Resubmittal Verification Results:

Eligibility:

Additional Verification:

Comments:
Initiated By: Initiated On:

Verification Response:

Eligibility: DHS Tentative Nonconfirmation Response Date: 03/10/2008

DHS Referral:

Referral By: APOS3210 Referral Date: 03/11/2008

DHS Referral Results:

Eligibility: Employment Authorized Response Date: 03/17/2008

Case Resolution:

Resolve Option: Resolved Authorized
Resolved By: APOS3210 Resolved On: 03/17/2008

SENSITIVE BUT UNCLASSIFIED

Form W-4 (2008)

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 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$900 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. 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. 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 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. 919 for details.

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 2008. 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 \$1,500 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 \$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 \$58,000 (\$86,000 if married), enter "2" for each eligible child.
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ 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.		2008
1 Type or print your first name and middle initial. Christopher		Last name Dawood		2 Your social security number 567 09 7924
Home address (number and street or rural route) 1009 3rd Ave Apt 207		3 <input type="checkbox"/> Single <input checked="" 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 Worthington, MN 56187		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)		6 Additional amount, if any, you want withheld from each paycheck		5 10 6 \$
7 I claim exemption from withholding for 2008, 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 ▶ 3-7-08		
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)