

EMPLOYEE DATA COLLECTION FORM

This is notice that your employer is participating in the Voluntary Shared Work Program (VSW) and that the employer has informed you of the benefits of participating. So your employer can file a complete application for you, you will need to complete this form with information your employer may not have about your dependents, voluntary tax withholding preference, deductible pension or county of residence.

NAME (LAST, FIRST, MI)	SOCIAL SECURITY NUMBER
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VOLUNTARY TAX WITHHOLDING

Do you want to have 10% of your gross weekly unemployment benefit withheld for Federal income tax purposes? _____ YES _____ NO

Do you want to have 5% of your gross weekly unemployment benefit withheld for Iowa income taxes? _____ YES _____ NO

DEPENDENTS FOR UNEMPLOYMENT PURPOSES

To qualify as a dependent you must have claimed the person on your federal tax return last year. To claim a spouse as a dependent, your spouse can only earn \$120.00 or less in the week prior to when your claim is filed. Dependents cannot be claimed by both spouses during the same year. You cannot claim yourself as a dependent. You can only claim a maximum of four dependents.

Based on the information above:

Are you able to claim any dependents? _____ YES _____ NO

Are you able to claim your spouse as a dependent? _____ YES _____ NO

Has your spouse filed a claim within the last 12 months? _____ YES _____ NO

If you claim your spouse, did your spouse earn more than \$120 last week? _____ YES _____ NO

DEPENDENTS FOR UNEMPLOYMENT PURPOSES

SPOUSE	QUALIFYING DEPENDENT	QUALIFYING DEPENDENT	QUALIFYING DEPENDENT	QUALIFYING DEPENDENT
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DEDUCTIBLE PENSION

Social Security benefits are not reportable on your unemployment insurance claim. Federal, Military or private employer pensions need to be reported.

Are you receiving a pension that needs to be reported? _____ YES _____ NO

If you are receiving a reportable pension, select the type(s) of pension(s) you receive.

_____ FEDERAL GOVERNMENT PENSION _____ MILITARY PENSION _____ PRIVATE EMPLOYER PENSION

****Note: If at any time during your claim year you start to receive a pension, this needs to be reported to IWD****

CITIZENSHIP

Are you a citizen of the United States? _____ YES _____ NO

COUNTY OF RESIDENCE (County where you live)

SIGNATURE	DATE (MM/DD/YYYY)
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