

**PLUMBERS AND PIPEFITTERS LOCAL UNION NO.333**  
 16180 NATIONAL PKWY  
 LANSING, MI 48906  
 (STD & Sub Fund Office)  
**(517) 323-0333 • Fax (517) 323-0338**  
 Or  
 (Lansing Local 333 Hall)  
**(517) 393-5480 • Fax (517) 393-0798**

**APPLICATION FORM**  
**SUPPLEMENTAL UNEMPLOYMENT BENEFITS**

Name: \_\_\_\_\_  
First Last

Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ UA BOOK/CARD# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Most Recent Employer's Name: \_\_\_\_\_

Last Day Worked: \_\_\_\_\_  
Month Day Year

Please Indicate The Reason For Your Unemployment:

\_\_\_\_\_ **Lay Off**  
 I have been laid off from work by a contributing employer. I am receiving unemployment benefits from the State, and I am available to perform work within the geographical and craft jurisdiction of the Union. (Please see the reverse side of this form for the required supporting documentation).

\_\_\_\_\_ **Non Occupational Accident or Sickness**  
 I am Eligible to receive weekly sick pay benefits from the Plumbers and Pipefitters Local 333 Health and Welfare Fund. (Please see the reverse side of this form for the required supporting documentation).

\_\_\_\_\_ **Disability Due to Workers Compensation Benefits**  
 I am eligible to receive weekly workers compensation benefits because of an occupational injury. (Please see the reverse side of this form for the required supporting documentation).

\_\_\_\_\_ **Jury Duty**  
 I am serving as a juror in the State of Michigan. (Please see the reverse side of this form for the required supporting documentation).

On the reverse side of this form is an explanation of the requirements to qualify for the benefits as described above.

Please be advised that Supplemental Unemployment Benefits is a taxable income. Contact the Union Office or the Fund Office for a W-4 Form to be completed for tax withholding.

By signing this form, I acknowledge that I am or will be receiving the above stated benefit.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Current Date

# Employee's Withholding Certificate

**2021**

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**  
▶ **Give Form W-4 to your employer.**  
▶ **Your withholding is subject to review by the IRS.**

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>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 <a href="http://www.ssa.gov">www.ssa.gov</a>.</b>
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <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, when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App), and privacy.

**Step 2:**  
**Multiple Jobs or Spouse Works**

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.

Do only one of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶

**TIP:** To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**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.)

<b>Step 3:</b> <b>Claim Dependents</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ _____		
	Multiply the number of other dependents by \$500 . . . . . ▶ \$ _____		
Add the amounts above and enter the total here . . . . .		<b>3</b>	\$ _____
<b>Step 4 (optional):</b> <b>Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

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

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)