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.

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<th>NAME (LAST, FIRST, MI)</th>
<th>SOCIAL SECURITY NUMBER</th>
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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**

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<th>SPOUSE</th>
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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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Iowa Workforce Development is an Equal Opportunity Employer/Program
Auxiliary aids and services are available upon request to individuals with disabilities
For deaf, and hard of hearing, call 800-735-2942

70-5032 (10/18)