

# CADET APPLICATION AND ENROLLMENT RECORD

For use of this form, see CC Pam 145-4, the proponent agency is ATCC-PAC

## DATA REQUIRED BY THE PRIVACY ACT OF 1974

**Authority** 10 USC 2101, 2103, 2104, 2107, 2111, and 5 USC 301  
**Principal Purpose(s)** To obtain personnel data in order to determine eligibility for enrollment and serve as a source document for cadet's service record throughout participation in the ROTC Program. Provides data for the administration of the ROTC student commencing with application for enrollment into the ROTC Program.  
**Routine Uses** To verify eligibility to participate in the ROTC Program; to provide information on addresses and telephone numbers for use in the event of death, injury, illness or unauthorized absence while participating in ROTC activities; to facilitate contact with complete information with a cadet during other than normal training periods; to make a matter of record the information provided by the cadet.  
**Disclosure** Disclosure is voluntary. However, failure to provide complete information and provide responses will suspend the enrollment process into the ROTC Program.

### PART I - GENERAL INFORMATION

1. NAME (Last, First, MI)		2. SSN		3. COLLEGE ID #		4. E-MAIL	
5. LOCAL ADDRESS		5a. CITY		5b. STATE		5c. ZIP CODE	
6. PHONE		7a. CITY		7b. STATE		7c. ZIP CODE	
7. PERMANENT ADDRESS		8. PHONE		11. RELIGIOUS PREF		12. BLOOD TYPE	
9. DOB		10. POB		13. ACT		14. SAT	
15. SEX		16. HEIGHT		17. WEIGHT		18. MARITAL STATUS	
19. DEPENDENTS		19a. NUMBER OF DEPENDENTS		20. RACE/ETHNICITY (Check One)	African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> If "other", Explain: _____		
21. CITIZENSHIP (Check One)	U.S. Citizen <input type="checkbox"/> U.S. Born <input type="checkbox"/> Non U.S. Citizen <input type="checkbox"/> Immigrant Alien <input type="checkbox"/>			Naturalized <input type="checkbox"/> Born Overseas With U.S. Parents <input type="checkbox"/> Nonimmigrant Alien <input type="checkbox"/> Refugee <input type="checkbox"/> Dual Citizenship (See CC PAM 145-4, 2-39) <input type="checkbox"/>			
22. Do you have any condition that could interfere with you participating in a normal college physical education course?		22a. If "yes" explain					
23. Have you ever received Medical Disability payments from any source?		23a. If "yes" explain					
24. NEXT OF KIN		24a. ADDRESS				24b. PHONE	

### PART II - ACADEMIC INFORMATION

25. ROTC HOST SCHOOL	New Mexico Military Institute	25a. FICE CODE	002656	26. SCHOOL OF ATTENDANCE	New Mexico Military Institute	26a. FICE CODE	002656
27. RESIDENCY STATUS		28. ACADEMIC CLASS	2	29. PROJECTED GRADUATION DATE	May 18, 2019	30. ACADEMIC MAJOR	
31. ACADEMIC MINOR		32. CREDITS TOWARD DEGREE	68	33. CREDITS REQUIRED FOR DEGREE	68	34. CGPA (COLLEGE)	
35. OTHER COLLEGES ATTENDED				35a. YEAR(S) ATTENDED		36. HIGH SCHOOL ATTENDED	
36a. GRADUATION DATE		37. ROTC SCHOLARSHIP RECIPIENT		37a. If "yes" what type?			
38. OTHER SCHOLARSHIPS				39. JROTC EXPERIENCE			

### PART III - CURRENT OR PRIOR MILITARY SERVICE (TO INCLUDE OFFICER PRODUCING PROGRAMS)

<input type="checkbox"/> NOT APPLICABLE (Go to PART IV)	40. CURRENT SERVICE: Are you currently in the Armed Forces?		40a. If "yes" which Branch?		
40b. SMP UNIT			40c. Is your spouse currently a member of the Armed Forces?		
41. PRIOR SERVICE: Have you ever been enrolled in an officer producing program?		41a. Were you ever disenrolled from the ROTC Program?		41b. Were you ever enrolled in a Service Academy?	
41c. Were you ever discharged from the Armed Forces?		41d. If "yes" what type of discharge?		41e. If "yes" what was the RE Code?	
41f. Months of Active Service		41g. Have you ever been discharged for medical reasons?		41 h. If "yes", explain:	

# CADET APPLICATION AND ENROLLMENT RECORD

Last Name

SSN

## PART IV - STUDENT STATEMENTS

### 42. RELEASE OF INFORMATION

The Privacy Act requires that we notify you of other routine uses of the information we collect from you. You should know that if you leave school, we might provide your name, address, and phone number to the U.S. Army Recruiting Recruiting Command. This is done because the Active Army, Army Reserve, and National Guard want and need intelligent young men and women. They also have programs which might help you return to college. The transfer of information to the Recruiting Command means that, if you drop from school, you may receive information in the mail or be called by an Army Recruiter. You are under no obligation to accept the mail or to talk to the recruiter.

I have read and understand the above statement concerning data required by the Privacy Act of 1974.

Verification of the following statements is required in order to assist in establishing eligibility to participate in the ROTC program. Failure to provide a response will preclude further processing as an enrolled cadet. Failure to provide an accurate or truthful response is grounds for barring entry into the SROTC program or for the initiation of disenrollment action. Your signature at the bottom of this page will attest to the accuracy of your responses on this form.

### 43. STATEMENT OF CRIMINAL PROCEEDINGS BY CIVIL OR MILITARY AUTHORITIES

I have not been indicted or summoned into court under civilian or military law as a defendant in a criminal proceeding, to include any and all proceedings involving juvenile or adult criminal offenses, but excluding minor traffic violations (Exception: alcohol-related driving offenses) which involved a fine or forfeiture, alone, of less than \$250. I have not had 6 or more minor traffic violations (excluding parking violations) in a 12-month period where the fine is \$100 or more per offense. I have not had 12 or more minor traffic violations (excluding parking violations) during the previous 3 years where the fine is \$100 or more per offense. I have never been convicted, fined, imprisoned, placed on probation, paroled, or pardoned (to include alcohol violations and misdemeanors), except for minor traffic violations as defined above. I will advise the Professor of Military Science of any future information pertaining to any changes of criminal conduct against myself and I shall do so as soon as practical under the circumstances. Records that are expunged, sealed, set aside, dismissed, or original findings or pleas changed **STILL** require a waiver.

Check One:

The above statement is true.

The above statement is not true - Explain:

### 44. SUBSTANCE ABUSE

Check One:

I have never used an illegal substance or drug.

I have used illegal substances or drugs only on an experimental or limited basis.

I have been a recent or frequent user of illegal substances or drugs.

When:

How Often:

When:

How Often:

NOTE: Any future drug use will be grounds for disenrollment from the ROTC Program.

### 45. RELIGIOUS ACCOMMODATION

The U.S. Army cannot guarantee that my religious practices will be accommodated. I acknowledge and understand that it is the Department of the Army's policy to accommodate religious practices as long as the practice will not have an adverse impact on military readiness, unit cohesion, standards, health, safety or discipline. I further acknowledge and understand that the U.S. Army has the right to amend or eliminate any such accommodation based on the needs of the Army.

I have read and understand the above statement concerning accommodation of my religious practices.

### 46. CONSCIENTIOUS OBJECTION

If you have moral convictions that preclude you from bearing firearms and/or participating in full military service with the U.S. Army, to include armed combat, then you are a conscientious objector. AR 600-43 defines conscientious objection as "A firm, fixed and sincere objection to participation in war in any form or the bearing of arms, because of religious training and belief."

Check One:

I am not a conscientious objector.

I am a conscientious objector.

Explain:

Intentionally Left Blank

"All information given on this form is correct to the best of my knowledge."

SIGNATURE OF CADET

### 47. LOYALTY OATH (OPTIONAL FOR NONCONTRACTED CADETS)

"I do solemnly swear (or affirm) that I will support and defend the Constitution of the United States of America against all enemies, both foreign and domestic; that I will bear true faith and allegiance to the same, and that I take this obligation freely, without any mental reservation or purpose of evasion, so help me God."

SIGNATURE OF CADET

DATE



# Cadet Mini-Registration

Please type your response in the provided fields.

Date \_\_\_\_\_

Cadets Last name \_\_\_\_\_ First name \_\_\_\_\_ Middle name \_\_\_\_\_

Social Security # \_\_\_\_\_

Gender

M

F

Date of Birth (DD/MM/YYYY) \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Host School \_\_\_\_\_ FICE CODE \_\_\_\_\_

School HRA Telephone \_\_\_\_\_

School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

SMP Unit Name \_\_\_\_\_ UIC \_\_\_\_\_

SMP Unit POC & Telephone \_\_\_\_\_

SMP Unit Street Address \_\_\_\_\_

SMP City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Are you a Service Member?  Yes  No If yes, Army  Regular  Reserves   
National Guard.

Are you a Dependent of a Service Member?  Yes  No

If yes: Sponsor's Social Security # \_\_\_\_\_

List known allergies and reaction:  None \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Cadet: \_\_\_\_\_  
Last Name, First Name Middle Name

Gender: \_\_\_\_\_ Female \_\_\_\_\_ Male

Race:

- \_\_\_\_\_ American Indian
- \_\_\_\_\_ Asian
- \_\_\_\_\_ Black or African American
- \_\_\_\_\_ Other
- \_\_\_\_\_ White

Ethnic Background:

- |                               |                                |
|-------------------------------|--------------------------------|
| _____ Aleut                   | _____ Micronesian              |
| _____ Chinese                 | _____ Other                    |
| _____ Cuban American          | _____ Other Asian Descent      |
| _____ Eskimo                  | _____ Other Hispanic Descent   |
| _____ Filipino                | _____ Other Pacific Is Descent |
| _____ Indian                  | _____ Polynesian               |
| _____ Japanese                | _____ Puerto Rican             |
| _____ Korean                  | _____ US / Canadian Indian     |
| _____ Latin Amer Hisp Descent | _____ Vietnamese               |
| _____ Melanesian              |                                |
| _____ Mexican                 |                                |

Blood Type: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

**SAL**

- \_\_\_\_\_ GPA >3.0 & SAT/ACT > 1100/21
- \_\_\_\_\_ Top 10% class & SAT/ACT > 1100/21
- \_\_\_\_\_ Honors/Advanced Placement Program Grad
- \_\_\_\_\_ Members in National Honors Society
- \_\_\_\_\_ Valedictorian/Salutatorian

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- \_\_\_\_\_ Varsity Letter
- \_\_\_\_\_ Member city/regional/competitive league
- \_\_\_\_\_ Member organized team/individual sport

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- \_\_\_\_\_ Elected member of student organization
- \_\_\_\_\_ Captain of athletic team
- \_\_\_\_\_ Eagle Scout/Gold Star
- \_\_\_\_\_ Position of responsibility in club/organization

Please include a copy of your birth certificate, copy of your SSN card and a full body photo.

# Army Physical Fitness Test Scorecard

For use of this form, see FM 7-22; the proponent agency is TRADOC.

NAME (Last, First, MI)

GENDER

UNIT

You only need to take one Physical Fitness Test.

- 2 Minutes of Pushups (10 minute break)
- 2 Minutes of Situps (10 minute break)
- 2 Mile Run

TEST ONE			TEST TWO			TEST THREE			TEST FOUR		
DATE	GRADE	AGE									
HEIGHT (IN INCHES)			HEIGHT (IN INCHES)			HEIGHT (IN INCHES)			HEIGHT (IN INCHES)		
BODY COMPOSITION		AGE									
WEIGHT: _____ lbs		BODY FAT: _____ %	WEIGHT: _____ lbs		BODY FAT: _____ %	WEIGHT: _____ lbs		BODY FAT: _____ %	WEIGHT: _____ lbs		BODY FAT: _____ %
GO / NO-GO		GO / NO-GO	GO / NO-GO		GO / NO-GO	GO / NO-GO		GO / NO-GO	GO / NO-GO		GO / NO-GO
PU RAW SCORE	INITIALS	POINTS									
SU RAW SCORE	INITIALS	POINTS									
2MR RAW SCORE	INITIALS	POINTS									
ALTERNATE AEROBIC EVENT		TOTAL POINTS									
EVENT _____		TOTAL POINTS									
TIME _____			TIME _____			TIME _____			TIME _____		
GO <input type="checkbox"/> NO-GO <input type="checkbox"/>			GO <input type="checkbox"/> NO-GO <input type="checkbox"/>			GO <input type="checkbox"/> NO-GO <input type="checkbox"/>			GO <input type="checkbox"/> NO-GO <input type="checkbox"/>		
NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE			NCOIC/OIC SIGNATURE		
COMMENTS			COMMENTS			COMMENTS			COMMENTS		

SPECIAL INSTRUCTION: USE INK

LEGEND: PU - PUSH UPS 2MR - 2 MILE RUN  
SU - SIT UPS APFT - ARMY PHYSICAL FITNESS TEST

# Form W-4 (2017)

**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 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

**Note:** If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you can 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. 505 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. 505 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. 505 for details.

**Nonresident alien.** If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

**Future developments.** Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at [www.irs.gov/w4](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
		▶ <b>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.</b>		<b>2017</b>
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> 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"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b> _____		
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ _____		
<b>7</b> I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____		
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> Employer identification number (EIN)	

### Deductions and Adjustments Worksheet

**Note:** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

<b>1</b>	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note:** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note:</b> If line 1 is <b>less than</b> line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

## RECORD OF EMERGENCY DATA

### PRIVACY ACT STATEMENT

**AUTHORITY:** 5 USC 552, 10 USC 655, 1475 to 1480 and 2771, 38 USC 1970, 44 USC 3101, and EO 9397 (SSN).

**PRINCIPAL PURPOSES:** This form is used by military personnel and Department of Defense civilian and contractor personnel, collectively referred to as civilians, when applicable. **For military personnel**, it is used to designate beneficiaries for certain benefits in the event of the Service member's death. It is also a guide for disposition of that member's pay and allowances if captured, missing or interned. It also shows names and addresses of the person(s) the Service member desires to be notified in case of emergency or death. **For civilian personnel**, it is used to expedite the notification process in the event of an emergency and/or the death of the member. The purpose of soliciting the SSN is to provide positive identification. All items may not be applicable.

**ROUTINE USES:** None.

**DISCLOSURE:** Voluntary; however, failure to provide accurate personal identifier information and other solicited information will delay notification and the processing of benefits to designated beneficiaries if applicable.

#### INSTRUCTIONS TO SERVICE MEMBER

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty (other family members or fiancé), and, to designate beneficiaries for certain benefits if you die. **IT IS YOUR RESPONSIBILITY** to keep your Record of Emergency Data up to date to show your desires as to beneficiaries to receive certain death payments, and to show changes in your family or other personnel listed, for example, as a result of marriage, civil court action, death, or address change.

#### INSTRUCTIONS TO CIVILIANS

This extremely important form is to be used by you to show the names and addresses of your spouse, children, parents, and any other person(s) you would like notified if you become a casualty. Not every item on this form is applicable to you. **This form is used by the Department of Defense (DoD) to expedite notification in the case of emergencies or death.** It does not have a legal impact on other forms you may have completed with the DoD or your employer.

**IMPORTANT: This form is divided into two sections: Section 1 - Emergency Contact Information and Section 2 - Benefits Related Information. READ THE INSTRUCTIONS ON PAGES 3 AND 4 BEFORE COMPLETING THIS FORM.**

### SECTION 1 - EMERGENCY CONTACT INFORMATION

1. <b>NAME</b> (Last, First, Middle Initial)		2. <b>SSN</b>	
3a. <b>SERVICE/CIVILIAN CATEGORY</b> <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> AIR FORCE <input type="checkbox"/> DoD <input type="checkbox"/> CIVILIAN <input type="checkbox"/> CONTRACTOR			b. <b>REPORTING UNIT CODE/DUTY STATION</b>
4a. <b>SPOUSE NAME</b> (If applicable) (Last, First, Middle Initial)  <input type="checkbox"/> SINGLE <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED		b. <b>ADDRESS</b> (Include ZIP Code) <b>AND TELEPHONE NUMBER</b>	
5. <b>CHILDREN</b> a. <b>NAME</b> (Last, First, Middle Initial)	b. <b>RELATIONSHIP</b>	c. <b>DATE OF BIRTH</b> (YYYYMMDD)	d. <b>ADDRESS</b> (Include ZIP Code) <b>AND TELEPHONE NUMBER</b>
6a. <b>FATHER NAME</b> (Last, First, Middle Initial)	b. <b>ADDRESS</b> (Include ZIP Code) <b>AND TELEPHONE NUMBER</b>		
7a. <b>MOTHER NAME</b> (Last, First, Middle Initial)	b. <b>ADDRESS</b> (Include ZIP Code) <b>AND TELEPHONE NUMBER</b>		
8a. <b>DO NOT NOTIFY DUE TO ILL HEALTH</b>	b. <b>NOTIFY INSTEAD</b>		
9a. <b>DESIGNATED PERSON(S)</b> (Military only)	b. <b>ADDRESS</b> (Include ZIP Code) <b>AND TELEPHONE NUMBER</b>		
10. <b>CONTRACTING AGENCY AND TELEPHONE NUMBER</b> (Contractors only)			



## INSTRUCTIONS FOR PREPARING DD FORM 93

(See appropriate Service Directives for supplemental instructions for completion of this form at other than MEPS)

All entries explained below are for electronic or typewriter completion, except those specifically noted. If a computer or typewriter is not available, print in black or blue-black ink insuring a legible image on all copies. Include "Jr.," "Sr.," "III" or similar designation for each name, if applicable. When an address is entered, include the appropriate ZIP Code. If the member cannot provide a current address, indicate "unknown" in the appropriate item. Addresses shown as P.O. Box Numbers or RFD numbers should indicate in Item 14, "Continuations/Remarks", a street address or general guidance to reach the place of residence. In addition, the notation "See Item 14" should be included in the item pertaining to the particular next of kin or when the space for a particular item is insufficient. If the address for the person in the item has been shown in a preceding item, it is unnecessary to repeat the address; however, the name must be entered. Those items that are considered not applicable to civilians will be left blank.

ITEM 1. Enter full last name, first name, and middle initial.

ITEM 2. Enter social security number (SSN).

ITEM 3a. Service. **Military:** Mark X in appropriate block. **Civilian:** Mark two blocks as appropriate. Examples: an Army civilian would mark Army and either Civilian or Contractor; a DoD civilian, without affiliation to one of the Military Services, would mark DoD and then either Civilian or Contractor as appropriate.

ITEM 3b. Reporting Unit Code/Duty Station. See Service Directives.

ITEM 4a. Spouse Name. Enter last name (if different from Item 1), first name and middle initial on the line provided. If single, divorced, or widowed, mark appropriate block.

ITEM 4b. Address and Telephone Number. Enter the "actual" address and telephone number, not the mailing address. Include civilian title or military rank and service if applicable. If one of the blocks in 4a is marked, leave blank.

ITEM 5a-d. Children. Enter last name (only if different from Item 1) first name and middle initial, relationship, and date of birth of all children. If none, so state. Include illegitimate children if acknowledged by member or paternity/maternity has been judicially decreed. Relationship examples: son, daughter, stepson or daughter, adopted son or daughter or ward. Date of birth example: 19950704. For children not living with the member's current spouse, include address and name and relationship of person with whom residing in item 5d.

ITEM 6a. Father Name. Last name, first name and middle initial.

ITEM 6b. Address and Telephone Number of Father. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural father is listed, indicate relationship.

ITEM 7a. Mother Name. Last name, first name and middle initial.

ITEM 7b. Address and Telephone Number of Mother. If unknown or deceased, so state. Include civilian title or military rank and service if applicable. If other than natural mother is listed, indicate relationship.

ITEM 8. Persons Not to be Notified Due to Ill Health.

- a. List relationship, e.g., "Mother," of person(s) listed in Items 4, 5, 6, or 7 who are not to be notified of a casualty due to ill health. If more than one child, specify, e.g., "daughter Susan." Otherwise, enter "None".
- b. List relationship, e.g., "Father" or name and address of person(s) to be notified in lieu of person(s) listed in item 8a. If "None" is entered in Item 8a, leave blank.

ITEM 9a. This item will be used to record the name of the person or persons, if any, other than the member's primary next of kin or immediate family, to whom information on the whereabouts and status of the member shall be provided if the member is placed in a missing status. Reference 10 USC, Section 655. **NOT APPLICABLE to civilians.**

ITEM 9b. Address and telephone number of Designated Person(s). **NOT APPLICABLE to civilians.**

ITEM 10. Contracting Agency and Telephone Number (**Contractors only**). **NOT APPLICABLE to military personnel.** Civilian contractors will provide the name of their contracting agency and its telephone number. Example: XYZ Electric, (703) 555-5689. The telephone number should be to the company or corporation's personnel or human resources office.

ITEM 11a. Beneficiary(ies) for Death Gratuity (**Military only**). Enter first name(s), middle initial, and last name(s) of the person(s) to receive death gratuity pay. A member may designate one or more persons to receive all or a portion of the death gratuity pay. The designation of a person to receive a portion of the amount shall indicate the percentage of the amount, to be specified only in 10 percent increments, that the person may receive. If the member does not wish to designate a beneficiary for the payment of death gratuity, enter "None," or if the full amount is not designated, the payment or balance will be paid as follows:

- (1) To the surviving spouse of the person, if any;
- (2) To any surviving children of the person and the descendants of any deceased children by representation;
- (3) To the surviving parents or the survivor of them;
- (4) To the duly appointed executor or administrator of the estate of the person;
- (5) If there are none of the above, to other next of kin of the person entitled under the laws of domicile of the person at the time of the person's death.

The member should make specific designations, as it expedites payment.

## INSTRUCTIONS FOR PREPARING DD FORM 93

(Continued)

ITEM 11a. (Continued) Seek legal advice if naming a minor child as a beneficiary. If a member has a spouse but designates a person other than the spouse to receive all or a portion of the death gratuity pay, the Service concerned is required to provide notice of the designation to the spouse. **NOT APPLICABLE to civilians.**

Item 11b. Relationship. **NOT APPLICABLE to civilians.**

ITEM 11c. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 11d. Show the percentage to be paid to each person. Enter 10%, 20%, 30%, up to 100% as appropriate. The sum shares must equal 100 percent. If no percent is indicated and more than one person is named, the money is paid in equal shares to the persons named. **NOT APPLICABLE to civilians.**

ITEM 12a. Beneficiary(ies) for Unpaid Pay/Allowance (**Military only**). Enter first name(s), middle initial, last name(s) and relationship of person to receive unpaid pay and allowances at the time of death. The member may indicate anyone to receive this payment. If the member designated two or more beneficiaries, state the percentage to be paid each in item 10c. If the member does not wish to designate a beneficiary, enter "By Law." The member is urged to designate a beneficiary for unpaid pay and allowances as payment will be made to the person in order of precedence by law (10 USC 2771) in the absence of a designation. Seek legal advice if naming a minor child as beneficiary. **NOT APPLICABLE to civilians.**

ITEM 12b. Enter beneficiary(ies) full mailing address and telephone number to include the ZIP Code. **NOT APPLICABLE to civilians.**

ITEM 12c. If the member designated two or more beneficiaries, state the percentage to be paid each in this section. The sum shares must equal 100 percent. **NOT APPLICABLE to civilians.**

ITEM 13a. Enter the name and relationship of the Person Authorized to Direct Disposition (PADD) of your remains should you become a casualty. Only the following persons may be named as a PADD: surviving spouse, blood relative of legal age, or adoptive relatives of the decedent. If neither of these three can be found, a person standing in loco parentis may be named. **NOT APPLICABLE to civilians.**

ITEM 13b. Address and telephone number of PADD. **NOT APPLICABLE to civilians.**

ITEM 14. Continuations/Remarks. Use this item for remarks or continuation of other items, if necessary. Prefix entry with the number of the item being continued; for example, 5/John J./son/ 19851220/321 Pecan Drive, Schertz TX 78151. Also use this item to list name, address, and relationship of other persons the member desires to be notified. Other dependents may also be listed. This block offers the greatest amount of flexibility for the member to record other important information not otherwise requested but considered extremely useful in the casualty notification and assistance process. Besides continuing information from other blocks on this form, the member may desire to include additional information such as: NOK language barriers, location or existence of a Will, additional private insurance information, other family member contact numbers, etc. If additional space is required, attach a supplemental sheet of standard bond paper with the information.

ITEM 15. Signature of Service Member/Civilian. Check and verify all entries and sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade if applicable. May be electronically signed (see DoD Instruction 1300.18 for guidelines).

ITEM 16. Signature of Witness. Have a witness (disinterested person) sign all copies in ink as follows: First name, middle initial, last name. Include rank, rate, or grade as appropriate. A witness signature is not required for electronic versions of the DD Form 93 (see DoD Instruction 1300.18).

ITEM 17. Date the member or civilian signs the form. This item is an ink entry and must be completed on all copies.

## PRIVACY ACT STATEMENT - HEALTH CARE RECORDS

*This form is not an authorization or consent to use or disclose your health information.*

### 1. AUTHORITY FOR COLLECTION OF INFORMATION INCLUDING SOCIAL SECURITY NUMBER (SSN):

10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; 10 U.S.C. Chapter 55, Medical and Dental Care; 42 U.S.C. Chapter 32, Third Party Liability for Hospital and Medical Care; 32 CFR Part 199, Civilian Health and Medical Program of the Uniformed Services (CHAMPUS); DoDI 6055.05, Occupational and Environmental Health (OEH); and E.O. 9397 (SSN), as amended.

### 2. PRINCIPAL PURPOSES FOR WHICH INFORMATION IS INTENDED TO BE USED:

Information may be collected from you to provide and document your medical care; determine your eligibility for benefits and entitlements; adjudicate claims; determine whether a third party is responsible for the cost of Military Health System (MHS) provided healthcare and recover that cost; evaluate your fitness for duty and medical concerns which may have resulted from an occupational or environmental hazard; evaluate the MHS and its programs; and perform administrative tasks related to MHS operations and personnel readiness.

### 3. ROUTINE USES:

Information in your records may be disclosed to:

- Private physicians and Federal agencies, including the Department of Veterans Affairs, Health and Human Services, and Homeland Security (with regard to members of the Coast Guard), in connection with your medical care;
- Government agencies to determine your eligibility for benefits and entitlements;
- Government and nongovernment third parties to recover the cost of MHS provided care;
- Public health authorities to document and review occupational and environmental exposure data; and
- Government and nongovernment organizations to perform DoD-approved research.

Information in your records may be used for other lawful reasons which may include teaching, compiling statistical data, and evaluating the care rendered. Use and disclosure of your records outside of DoD may also occur in accordance with 5 U.S.C. 552a(b) of the Privacy Act of 1974, as amended, which incorporates the DoD Blanket Routine Uses published at: <http://dpcl.d.defense.gov/privacy/SORNsIndex/BlanketRoutineUses.aspx>.

Any protected health information (PHI) in your records may be used and disclosed generally as permitted by the HIPAA Privacy Rule (45 CFR Parts 160 and 164), as implemented within DoD by DoD 6025.18-R. Permitted uses and disclosures of PHI include, but are not limited to, treatment, payment, and healthcare operations.

### 4. WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY AND EFFECT ON INDIVIDUAL OF NOT PROVIDING INFORMATION:

Voluntary. If you choose not to provide the requested information, comprehensive health care services may not be possible, you may experience administrative delays, and you may be rejected for service or an assignment. However, care will not be denied.

This all inclusive Privacy Act Statement will apply to all requests for personal information made by MHS health care treatment personnel or for medical/dental treatment purposes and is intended to become a permanent part of your health care record.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

5. SIGNATURE OF PATIENT OR SPONSOR

6. SOCIAL SECURITY NUMBER OR  
DOD IDENTIFICATION NUMBER  
OF MEMBER OR SPONSOR

7. DATE (YYYYMMDD)

## RECRUIT/TRAINEE PROHIBITED ACTIVITIES ACKNOWLEDGMENT

### PRIVACY ACT STATEMENT

**AUTHORITY:** 10 U.S.C. 136, Under Secretary of Defense for Personnel and Readiness; DoD Instruction 1304.33, Standardized Protection Policies Prohibiting Inappropriate Relations Between Recruiters and Recruits, and Trainers and Trainees.

**PRINCIPAL PURPOSE(S):** To document your understanding of the prohibitions identified in section 7 of this form.

**ROUTINE USE(S):** The DoD Blanket Routine Uses found at <http://dpclo.defense.gov/Privacy/SORNsIndex/BlanketRoutineUses.aspx> apply to this collection.

**DISCLOSURE:** Voluntary. However, if you fail to provide the requested information or complete this form, you might not be able to complete your enlistment or receive training.

### INSTRUCTIONS

In accordance with DoDI 1304.33, this form will be read and signed no later than the first visit with a recruiter following a recruit's entry into the Delayed Entry Program or read and signed no later than the first day of entry-level training for a trainee. As a minimum, the signed original will be retained in the recruit's file until they enter active duty or in the trainee's file until they detach from the training command or school they are attending. Please initial beside each entry acknowledging that you have read and understand the statement.

<b>1. RECRUIT/TRAINEE NAME</b> ( <i>Last, First, Middle</i> )	<b>2. PAY GRADE</b>	<b>3. RECRUITING OFFICE/TRAINING COMMAND</b>
<b>4. RECRUITING OFFICE/TRAINING COMMAND ADDRESS</b> ( <i>City, State, ZIP Code</i> )	<b>5. DATE SIGNED</b> ( <i>YYYYMMDD</i> )	<b>6. SIGNATURE</b>

**7. I ACKNOWLEDGE AND UNDERSTAND THAT AS A RECRUIT OR TRAINEE, I WILL NOT:**

(Initial) _____	a. Develop, attempt to develop, or conduct a personal, intimate, or sexual relationship with a recruiter or trainer. This includes, but is not limited to, dating, handholding, kissing, embracing, caressing, and engaging in sexual activities. Prohibited personal, intimate, or sexual relationships include those relationships conducted in person or via cards, letters, e-mails, telephone calls, instant messaging, video, photographs, social networking, or any other means of communication.
_____	b. Establish a common household with a recruiter/trainer, that is, share the same living area in an apartment, house, or other dwelling.
_____	c. Consume alcohol with a recruiter/trainer on a personal social basis.
_____	d. Attend social gatherings, clubs, bars, theaters or similar establishments on a personal social basis with a recruiter/trainer.
_____	e. Allow entry of any recruiter/trainer in my dwelling or privately-owned vehicle except to conduct official business. Exceptions are permitted for official business when the safety or welfare of the recruiter/trainer is at risk.
_____	f. Gamble with a recruiter/trainer.
_____	g. Make sexual advances toward, or seek or accept sexual advances or favors from, a recruiter/trainer.
_____	h. Lend money to, borrow money from, or otherwise become indebted to a recruiter/trainer.

**8. EXCEPTIONS.** Exceptions may be granted to accommodate relationships that existed prior to the start of the recruiting process or prior to the trainee starting the formal training process. These relationships include, but are not limited to, family members. Only the Recruit's or Trainee's Commander, O-4 or higher, or higher level authority, has the authority to approve these exceptions. Approved exceptions will be documented below and signed by the Recruit's or Trainee's Commander, O-4 or higher, or a higher-level authority.

**DESCRIPTION OF EXCEPTION(S):**

(Initial) _____	<b>9. VIOLATIONS.</b> Violations of any part of paragraph 7.a. through 7.h., not granted an exception in paragraph 8, may result in disciplinary action.
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**10. APPROVED BY**

a. NAME ( <i>Last, First, Middle Initial</i> )	b. TITLE	c. DATE SIGNED ( <i>YYYYMMDD</i> )	d. SIGNATURE/RANK
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