



NEW HIRE BOOKLET

Client Name:

Address:

City	State	Zip
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Employee Name:

Last Name	First Name
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Employee Signature:

Employee Email:

Date:



WELCOME

This company is an equal employment opportunity employer. We adhere to a policy of making employment decisions without regard to race, color, sex, religion, national origin, handicap, disability or marital status. We assure you that your opportunity for employment with this employer depends solely upon your qualifications. The company also accommodates individuals with handicaps, disabilities and bona fide religious beliefs.

Employee Instructions:

1. Complete this book in its entirety
2. This booklet requires signatures for successful completion and processing:
 - a. New Employee Certification
 - b. I-9 Employment Eligibility Certification
 - c. W-4 Withholding Certificate
 - d. IL W-4 Withholding Certificate (if applicable)
 - e. Drug Free Workplace Policy Certification
 - f. Harassment Policy Certification
 - g. Safety Guidelines
 - h. Direct Deposit Form
 - i. Policies and Procedures

Management Instructions:

1. Verify signature on New Employee Certification page.
2. Complete the I-9 Employment Eligibility Verification and have an Authorized Representative sign Box 2.
3. Federal Withholding Certificate must be completed; verify number listed on line; verify signature.
4. IL W-4 Withholding Certificate must be completed; verify number listed on line 1; verify signature. (if applicable)
5. Visually verify and make copies of documents used to verify employee's employment eligibility.
6. Drug Free Workplace clients must verify and witness employee's signature. Provide employees with appropriate paperwork and direct them to the appropriate facilities for testing.
7. Verify signature on Harassment Policy Certification.
8. Verify signature on Safety Guidelines
9. If employee wishes to use Direct Deposit, make sure to attach a voided check along with the signed form.



NEW EMPLOYEE CERTIFICATION

I affirm and certify that an offer of employment has been made to me, conditioned on the satisfactory completion of this New Hire Booklet and that all information given herein and in my interview(s) with the Company is true and correct to the best of my knowledge. I pledge to abide by all Company policies, procedures and safety rules.

I understand that if I am hired, my employment with the Company will not be for a specific term and may be terminated by me or the Company with or without notice or cause at any time. I further understand that no oral promise, Company policy, custom business practice or other procedure (including the Company's Employee Handbook or any personnel manuals) shall constitute and employment contract or modification of the at-will employment relationship between me and the Company.

I acknowledge that as a condition of employment the Company has the right to and may require drug and alcohol testing. The testing will be at the Company's expense. I agree to submit to such testing if asked to do so.

I agree to abide by the direction and supervision of management in regards to the day-to-day operation of my duties, including but not limited to determination of my wages or salary levels, performance evaluations, scheduling, promotions, transfers and benefits.

Last Name

First Name

Employee Signature

Date



EMPLOYEE INFORMATION (to be completed by employee):

Employee Name: _____
Last First M.I.

Address: _____

Apt. #

Phone: _____

City State Zip

Social Security Number: _____ **Date of Birth:** _____

mm/dd/yyyy

Drivers License Number: _____ **DL Expiration Date:** _____

mm/dd/yyyy

State License Held: _____

Gender: Male

Female

Race: White

African American

Hispanic

Asian/Pacific Islander

American Indian

EMERGENCY CONTACT:

Primary Contact: _____ **Relationship:** _____

Main Contact: _____ **Mobile Phone:** _____

Secondary Contact: _____ **Relationship:** _____

Main Phone: _____ **Mobile Phone:** _____

COMPANY INFORMATION (to be completed by employer):

Company Name: _____ **Job title:** _____

Email Address: _____ **Start Date:** _____

Rate of Pay: _____ **Status:** _____

Division: _____ **WC Code:** _____



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

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 boxes):

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



Employer Completes Next Page





Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

Section 3. Reverification and Rehires *(To be completed and signed by employer or authorized representative.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized 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	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2019)

Future developments. For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Specific Instructions

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 5px 0;">▶ Whether you're 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.</p>	OMB No. 1545-0074 2019
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) _____		9 First date of employment _____
		10 Employer identification number (EIN) _____

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee’s first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

Box 10. Enter the employer’s employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, 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. }	D	_____
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	_____
G	<p>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F</p>	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't enter more than "3" **2** _____
 - 3** If line 1 is **more than or equal to** 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. **Do not** use the rest of this worksheet **3** _____
- Note:** If line 1 is **less than** 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.
- 4** Enter the number from line 2 of this worksheet **4** _____
 - 5** Enter the number from line 1 of this worksheet **5** _____
 - 6** **Subtract** line 5 from line 4 **6** _____
 - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here **7** \$ _____
 - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed **8** \$ _____
 - 9** **Divide** line 8 by the number of pay periods remaining in 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck **9** \$ _____

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 aren't required to provide the information requested on a form that's 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.

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

- 2 Check here if **any** of the following statements apply to you.
 - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.

- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.

- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.

- 6 Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

For Employer's Use Only

Employer's name _____ Telephone no. _____ EIN ► _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. _____

Street address _____

City or town, state, and ZIP code _____

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under *Members of Targeted Groups* in the separate instructions), enter that group number (4 or 6) ► _____

Date applicant:

Gave information _____ Was offered job _____ Was hired _____ Started job _____

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature ► _____ **Title** _____ **Date** _____

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:

- Recordkeeping** . . . 6 hr., 27 min.
- Learning about the law or the form** 24 min.
- Preparing and sending this form to the SWA** 31 min.

If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can send us comments from www.irs.gov/formspubs. Click on "More Information" and then on "Give us feedback." Or you can send your comments to:

Internal Revenue Service
Tax Forms and Publications
1111 Constitution Ave. NW, IR-6526
Washington, DC 20224

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.



DRUG-FREE WORKPLACE POLICY SUMMARY

In a commitment to safeguard the health of our employees and to provide a safe working environment, we have established a Drug-Free Workplace Policy for our company. This policy is set up pursuant to the Drug-Free Workplace program requirements under applicable state laws and regulations and Department of Transportation Rule 49 CFR part 40, Procedures for Transportation Workplace Drug Testing. The contents of these drug and alcohol guidelines are presented as statements of the company's current policy and may be changed and updated by the company as required. These guidelines are not intended to create a contract between the company and any employee. Nothing in these guidelines binds the company to a specific or definite period of employment or to any specific policies, procedures, actions, rules, terms or conditions of employment. Details of this policy may be obtained from management.

Essential Parts of the Policy:

- Observance of this policy is a condition of continued employment.
- This policy prohibits the sale, possession, use, manufacturing, or distribution of drugs, drug paraphernalia or alcohol while working for or on company assigned or owned property, or while operating any vehicle, machinery, or equipment owned or leased by the company.
- It is a violation of this policy to report to work if drugs or alcohol is found to be present in your system at or above the level prescribed by application drug testing rules.
- It is a violation of this policy to report to work, return to work, or to remain at work with the odor of alcohol on your breath, regardless of whether or not you are actually intoxicated.

Testing of Employees:

- *Reasonable Suspicion Testing:* Employees may be tested when there is reasonable suspicion that the employee is using or has used drugs while performing their assigned duties.
- *Routine fitness-for-duty testing:* Employees may be required as a condition of continued employment to be drug tested if the test is conducted as part of a routine or annual fitness-for-duty medical examination.
- *Post accident/incident testing:* Employees who cause or contribute to an accident may be required to submit to a drug test. Employees, while at work, who sustain injuries requiring medical treatment beyond first aid may be drug tested.
- *Follow up testing:* Employees who have been determined to have used drugs or alcohol, and are retained by the company will be subject to unannounced follow-up drug tests at least once per year for a period of up to 2 years.
- *Additional Testing:* Additional testing, including random testing may also be conducted as required by applicable state or federal laws, rules or regulations or as deemed necessary by the company.

Disciplinary Action:

- The company may suspend employees without pay under this policy pending the results of a drug test or investigation.
- In the case of a first-time violation of this policy, when an employee has a positive drug or alcohol test result, (without evidence of use, sale possession, distribution, dispensation, or purchase of drugs or alcohol on company property or while on duty), the employee will be subject to discipline up to and including discharge.
- Any employee who has a second violation of any part of this policy will be discharged.
- Any employee using, selling, purchasing, distributing, or dispensing drugs or alcohol while on duty or while on company property will be discharged.
- An employee who refuses to submit to drug screening may be denied continued employment.
- An employee who refuses to cooperate with a drug screening post accident will be subject to discipline up to and including discharge.
- An employee injured in a workplace accident who has a confirmed, positive test result may be denied eligibility for medical and indemnity benefits as provided by applicable workers' compensation laws.
- An employee who is discharged from duty on the basis of a confirmed positive test will have their claim for unemployment compensation benefits opposed and possibly denied.



DRUG-FREE WORKPLACE POLICY SUMMARY

Employee Rights and Responsibilities:

- Each employee will be given an opportunity, both before and after drug use screening, to confidentially report to the assigned Medical Review Officer the use of prescription and/or non-prescription medication that may alter or affect the results of a test.
- Employees have the right, upon written request, to receive a copy of the drug test result.
- Employees have the right to consult the Medical Review Officer (MRO) for technical information regarding prescription and non-prescription medication. Addresses of MRO's may be obtained from management.
- An employee who is using prescription and/or non-prescription medication which may impair the employee's ability to work safely must report this medication use to their supervisor or management before starting any work related activity. This notification will be kept strictly confidential, but failure to notify your supervisor or management may result in disciplinary action.
- All information, interviews, reports, statement memoranda and drug test results, written or otherwise, received by the company as a part of this drug testing program are confidential communications. Unless authorized by state or federal laws, rules or regulations, the company will not release such information without a written consent form signed voluntarily by the person tested.
- Any employee who receives a confirmed positive drug test result has the right to challenge the result.
- An employee who elects to challenge the results of a confirmed positive test result may have the original specimen retested by another qualified laboratory. All re-testing will be at the employee's expense.
- The employee has the responsibility of notifying the drug testing laboratory of any administrative or civil action brought concerning the drug test results. The lab will maintain a sample until the case of administrative appeal is settled.
- An Employee Assistant Plan/Substance Abuse Program list is available and will be provided upon request.
- The company will provide employees with a period of training regarding substance abuse and this Drug-Free Workplace Policy.

Acknowledgement Signature:

I hereby acknowledge that I have received and read a summary of the company's Drug-Free Workplace Policy. I have had an opportunity to have this material fully explained.

I understand that this substance abuse testing program is established as a safety requirement in accordance with applicable state regulations. The program involves routine testing of urine, hair, blood, or other authorized samples to determine the presence of illegal drugs. These tests may be conducted at anytime by the company or its agent(s) to determine that the employees meet the necessary qualifications for employment and continued employment. I also understand that the Drug-Free Workplace policy and related documents are not intended to constitute a contract between the company and myself.

My signature below indicates that I have read, understood, authorize and consent to the above statement and any attached addendum and hereby voluntarily participate in the substance abuse testing program.

Employee Name (printed)

Employee Signature

Date



HARRASSMENT POLICY

Purpose:

We are committed to maintaining a work environment free of harassment on the basis of race, creed, religion, gender, sex, national origin, age, marital status, sexual preference, or disability. We will not tolerate harassment of personnel by a supervisor, co-worker, vendor, customer or anyone else. Workplace and sexual harassment may violate one or more of the following:

- Title IV of the Civil Rights Act of 1964
- Age Discrimination Employment Act
- Americans with Disabilities Act (ADA)

Any employee who engages in sexual or other unlawful harassment violates this policy and the law and will be disciplined up to and including immediate termination.

Guidelines:

Harassment is verbal or physical conduct that denigrates or shows hostility or aversion toward an individual because of their race, color, creed, religion, gender, national origin, age, marital status or disability when it:

1. has the purpose or effect of creating an intimidating, hostile, or offensive working environment
2. has the purpose or effect of unreasonably interfering with an individual's work performance; or
3. otherwise adversely affects an individual's employment opportunities.

Examples of inappropriate and prohibited harassment include, but are not limited to the following:

1. epithets, slurs, negative stereotyping, or threatening, intimidating, or hostile acts that relate to race, color, religion, gender, national origin, age, marital status, sexual preference, or disability; and,
2. written or graphic material that denigrates or shows hostility toward an individual or group because of race, color, religion, gender, national origin, age, marital status, sexual preference, or disability and that is placed on walls, bulletin boards, or elsewhere on the company's premises or circulated in the workplace. This also includes acts that purport to, or are meant to be "jokes," or "pranks" but that are hostile or demeaning, such as hate mail, threats, defaced photographs, or other such conduct.

Sexual advances, request for sexual favors and any other physical, verbal, or visual conduct of sexual nature constitute sexual harassment when:

1. Submission to the conduct is an explicit or implicit term or condition of employment or continued employment;
2. Submission or rejection of the conduct is used as a basis for employment decisions affecting an employee, such as a promotion, demotion or evaluation;
3. The conduct has purpose or effect of reasonably interfering work performance or creating an intimidating, hostile or offensive work environment.

Sexual harassment may include, but is not limited to, unwelcome sexual propositions; sexual innuendo, suggestive remarks; vulgar or sexually explicit comments gestures or conduct; sexual oriented kidding, teasing or practical jokes; and physical contact, such as brushing against another's body, pinching or patting. Sexual and workplace harassment may be present when the intended target of conduct is not offended, but others reasonably find the conduct intimidating, hostile or abusive.



All personnel are responsible for helping to assure that the Company is kept free of all forms of harassment. If any person experiences or witnesses workplace harassment they have an affirmative obligation to report such conduct to their supervisor, the Company President or Human Resources. Employees are not expected to report harassment to a person they believe is harassing them. In those situations, report the conduct to the Human Resource Department or Company President.

All harassment complaints will be kept confidential to the extent possible, consistent with the conduct of a full and fair investigation. Personnel violating confidentiality are subject to immediate discipline. Communications will be made to others only on a limited "need to know" basis. There will be no retaliation against any employee for filing complaints of workplace harassment, unless such accusation is shown to be intentionally false.

We are committed to promptly and thoroughly investigating all harassment complaints. If, after a thorough investigation it is determined that harassment has occurred, immediate and appropriate disciplinary action up to discharge will be taken to end the harassment. Appropriate follow-up steps will be taken to ensure the harassment has stopped. In the event an employee is not satisfied with the results of the investigation, the employee may appeal in writing to an upper executive of the company.

Acknowledgement Signature:

I understand that the Company will not tolerate sexual and other forms of unlawful harassment. I understand that I have the affirmative obligation to report it. I also understand that unlawful harassment is grounds for disciplinary action up to and including immediate discharge.

Employee Name (printed)

Employee Signature

Date



DIRECT DEPOSIT FORM

Employee Name: _____ SSN: _____

Client Company: _____

I hereby authorize my Payroll Company hereafter called COMPANY to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account indicated below, hereafter called DEPOSITORY, to credit and debit the same entries into such account.

Employee Signature: _____ Date: _____

Co-Signature: _____ Date: _____
(For joint accounts)

Banking Information:

Bank Name: _____ Bank Phone #: _____

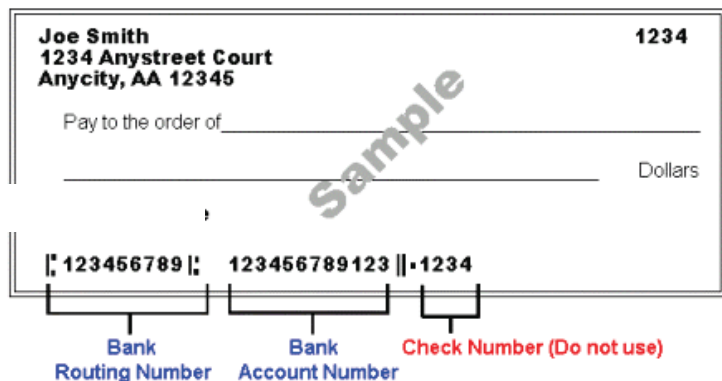
Bank Address: _____

Bank Transit (ABA Routing Number) _____

Checking Account #: _____ Deposit Amount: _____

Savings Account #: _____ Deposit Amount: _____

Where to find your ABA routing number and account number:



Please Attach:

1. Voided check or copy of a voided check for any/all checking accounts listed above. Please do not attach deposit slips, the account numbers do not always match the numbers listed on the check.
2. Savings account deposit slip for any savings account or bank letter with the necessary information to deposit the money into your appropriate account.

Please Note:

It is the employee's responsibility to notify COMPANY whenever there is any change in the account information, including any change in the bank routing number, account number, etc. Any change (other than amount) in account information will cause a pre-notification (verification) of account information producing a negotiable check for a two-week period.



SAFETY GUIDELINES

These Safety Guidelines are provided for your information and education. They are intended to provide you with basic safety information that will assist you in avoiding injury while performing your daily activities.

GENERAL SAFETY GUIDELINES

1. It is important that all employees report all work related injuries to their immediate supervisor as soon as possible after they become aware of the injury.
2. Everyone should exercise extreme care and consideration in the performance of their duties to see they do not cause injury to others or create work hazards that could cause injury to others.
3. No one should try to lift or move heavy/bulky objects that could cause injury to the back or other body parts. You are requested to seek assistance.
4. Personal tools, equipment, extension cords, chemicals or electrical heaters should not be brought to work without management authorization.
5. When you become aware of a facility or equipment defect, report it to the facilities manager for proper corrective action. Failure to report faulty conditions may result in injuries.
6. Never attempt to repair electrical equipment or appliances while in service. Tag them out of service and notify proper authority to affect repair.
7. Cabinets can be very dangerous if used improperly. Opening two drawers simultaneously can cause a cabinet to crash to the floor. Whenever possible, cabinets should be bolted together in tandem, secure to the floor or wall.
8. Flammable liquids should always be stored in appropriate, closed containers. Large supplies should be stored in UL-Approved cabinets or other appropriate means described by the Fire Department. Flammable liquids should never be left unattended.
9. Heavy objects should be stored on lower shelves while lighter and less dangerous items can be stored on middle and upper shelves.
10. Bookshelves, storage cabinets and other elevated storage areas should be well secured.
11. Defective furniture, worn carpet, defective chairs, loose handrails or other facility defects which could contribute to an accident should be reported to building services for proper corrective action.
12. Everyone should take time to be educated regarding emergency procedures.

PROPER LIFTING TECHNIQUES

1. **POSTURE:** Your back and neck have natural curves that should be kept flexible. Good posture maintains those curves and reduces stress on your muscles, ligaments and the shock-absorbing discs between the bones in your spine.
2. **PLAN:** Lift mentally first, planning your route and the place you will put down the load. When the load is heavy or bulky, get help. Ask a co-worker or use equipment to ease the task (e.g., mechanical lift, hand truck, cart, etc.).
3. **LIFTING:** Establish good footing as you approach the object you intend to lift. Bend your knees, not your back and get a good grip. Plan to hold the object close to your body. Tighten your stomach as you Lift. Lift smoothly with your legs, not your back.
4. **MOVING:** Stand straight as you move the object. Don't twist your body while lifting; rather, turn your feet. Keep your balance. If you have a problem, ask for help. Be sure of your footing and pathway.

I HAVE THOROUGHLY READ AND UNDERSTAND THE SAFETY GUIDELINES. I WILL ALWAYS MAINTAIN SAFE WORK PRACTICES AS OUTLINED ABOVE AND WILL IMMEDIATELY REPORT ANY INFACION TO MY SUPERVISOR.

Date: _____

Signature: _____

Name: _____