



NEW EMPLOYEE INFORMATION FORM

PERSONAL DATA – AS SHOWN ON CURRENT SOCIAL SECURITY CARD

First Name (name must match the name on latest Social Security Card)	Middle	Last
Social Security Number		Date of Birth
Address		
City/State/Zip		Home Phone ()
Emergency Contact Name		Relationship
Address		Emergency Contact Phone ()
Employee's Signature		Date
Personal Email Address (Please note that any applicable benefits related information will be emailed to you)		
Business Email Address		

THIS SECTION MUST BE COMPLETED BY THE WORK-SITE EMPLOYER

Employee Job Title	Job Function (e.g. Clerical)
Division/Department	Workers' Compensation Code State _____
Client Date of Hire	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Piecework

PAY CODE

<input type="checkbox"/>	Hourly employee non-exempt from overtime per the Fair Labor Standards Act (FLSA)
<input type="checkbox"/>	Salaried employee not-exempt from overtime per the Fair Labor Standards Act (FLSA)
<input type="checkbox"/>	Salaried employee exempt from overtime per the Fair Labor Standards Act (FLSA)

EMPLOYEE'S PAY FREQUENCY

<input type="checkbox"/>	Monthly	Rate: \$	Per	<input type="checkbox"/>	Year
<input type="checkbox"/>	Semi-Monthly			<input type="checkbox"/>	Month
<input type="checkbox"/>	Bi-Weekly			<input type="checkbox"/>	Pay Period
<input type="checkbox"/>	Weekly			<input type="checkbox"/>	Hour

Form W-4 (2018)

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 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 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 2018 expires February 15, 2019. 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 2018 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 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 2018. 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 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, 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 Other 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 can 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 might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. 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, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. 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 income includes all of

----- 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		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018	
▶ 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.					
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 2018, 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 ▶					
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)

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. 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.

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, 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/programs/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: {
 - 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** **Child tax credit.** See Pub. 972, Child Tax Credit, for more information.
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.
 - If your total income will be from \$175,551 to \$200,000 (\$339,001 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** **Credit for other dependents.**
 - If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.
 - If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 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 \$175,550 (\$339,000 if married filing jointly), enter "-0-" **F** _____
- G** **Other credits.** If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here . . . **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 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 \$52,000 (\$24,000 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.
- 1** Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details **1** \$ _____
 - 2** Enter: {
 - \$24,000 if you're married filing jointly or qualifying widow(er)
 - \$18,000 if you're head of household
 - \$12,000 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 2018 adjustments to income 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 2018 nonwage income (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 \$4,150 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, 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 2018. 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 2018. 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 - \$24,375	\$420	\$0 - \$7,000	\$420
5,001 - 9,500	1	7,001 - 12,500	1	24,376 - 82,725	500	7,001 - 36,175	500
9,501 - 19,000	2	12,501 - 24,500	2	82,726 - 170,325	910	36,176 - 79,975	910
19,001 - 26,500	3	24,501 - 31,500	3	170,326 - 320,325	1,000	79,976 - 154,975	1,000
26,501 - 37,000	4	31,501 - 39,000	4	320,326 - 405,325	1,330	154,976 - 197,475	1,330
37,001 - 43,500	5	39,001 - 55,000	5	405,326 - 605,325	1,450	197,476 - 497,475	1,450
43,501 - 55,000	6	55,001 - 70,000	6	605,326 and over	1,540	497,476 and over	1,540
55,001 - 60,000	7	70,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 90,000	8				
70,001 - 75,000	9	90,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 105,000	10				
85,001 - 95,000	11	105,001 - 115,000	11				
95,001 - 130,000	12	115,001 - 120,000	12				
130,001 - 150,000	13	120,001 - 130,000	13				
150,001 - 160,000	14	130,001 - 145,000	14				
160,001 - 170,000	15	145,001 - 155,000	15				
170,001 - 180,000	16	155,001 - 185,000	16				
180,001 - 190,000	17	185,001 and over	17				
190,001 - 200,000	18						
200,001 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.



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>	
<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>	
1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	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 	OR	<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 	AND	<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.

This form cannot be used for employees hired prior to September 6, 2012.



Revision Date: 09/06/12
Expiration Date: 10/01/14

Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: _____
Last First Middle Date of Birth

Social Security Number: _____ - _____ - _____ Date of Hire: _____ (MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative) Official Title

Signature of Employer (or Designated Representative) Date Signed by Employer (MM/DD/YYYY)

Business or Organization Name Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.



SUNWEST EMPLOYER SERVICES INC.
EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize and request Sunwest Employer Services Inc., herein SUNWEST, to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank(s) named below, herein BANK, and I authorize and request BANK to accept any credit entries initiated by SUNWEST to such account and credit the same to such account without responsibility for the correctness thereof.

I also authorize and request SUNWEST to effect repayment to SUNWEST for amounts owed it because of a prior erroneous credit initiated to my account, if prior to the initiation of the correction entry SUNWEST has sent or delivered to me written notice of the correction, and the reason therefore, and the correcting entry is transmitted in such time as to be delivered, or make available to BANK before midnight of the tenth day following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me at any time by written notification to SUNWEST. Any notification to SUNWEST shall be effective only with respect to entries initiated by SUNWEST after receipt of such notification and a reasonable opportunity to act on it.

I recognize, acknowledge and accept that this service is being provided for my convenience. As such, I agree to hold SUNWEST, each participating bank, and NACHA harmless from any claim incident to the operation of this plan arising from any act or omission by SUNWEST including, without limitation, and claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by me as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to my account. I further understand that should I change, or close the account given to SUNWEST and fail to notify SUNWEST in writing prior to the initiation of the credit, I will be charged a bank fee of no less than \$15.00 to reprocess the payment owed to me. In addition, I understand that direct deposit should take effect the second pay period after submitting this authorization. I understand and recognize that it is ultimately my responsibility to verify if I have received either a regular "live" check or direct deposit.

Company Name _____

Social Security Number ____ - ____ - ____ Employee Name _____
Please Print Name

[] I do not elect direct deposit or I wish to cancel all my direct deposits (Check Here and Sign Below)

[] I authorize direct deposit into the following accounts ONLY (any previous form(s) submitted will be void)

Financial Institution/Account Number(s):

Account 1. _____ Checking [] Savings [] Amount or % Deposited: _____ Routing Number: _____

Account 2. _____ Checking [] Savings [] Amount or % Deposited: _____ Routing Number: _____

Account 3. _____ Checking [] Savings [] Amount or % Deposited: _____ Routing Number: _____

Account 4. _____ Checking [] Savings [] Amount or % Deposited: _____ Routing Number: _____

Employee Signature _____ Date ____/____/____
mm/dd/yy

ATTACH VOIDED CHECK(s) HERE:

VOIDED CHECK(s)



ON-THE-JOB INJURY INCIDENT PROCEDURES

- ❖ **Please keep this form for your personal records. This form defines your responsibilities in the event you are injured on-the-job.**
- ❖ If an injury occurs on-the-job during designated working hours, assess the injury and provide **first aid** whenever possible. The employee is responsible for notifying their **Supervisor immediately** before leaving work for the day.
- ❖ If the injury is **life threatening**, proceed to the nearest emergency room. Please provide the emergency room staff with the name of **your worksite** employer including the name of Sunwest (i.e. ACE Construction/Sunwest Employer Services). In addition, please provide the following Workers' Compensation Contact Information to the emergency room staff:

WORKERS' COMPENSATION CONTACT INFORMATION

SUNWEST CONTACT: CONNIE DIXON
PHONE NUMBER: 602-386-3544
TOLL FREE: 888-284-3734 EXT: 280
FAX NUMBER: 602-386-3575

- ❖ If medical attention is required beyond first aid but not life threatening, employees must seek initial treatment at the nearest Concentra Medical Clinic (Concentra). Please provide the Concentra Staff with the Workers' Compensation Contact Information listed above. Your worksite employer should have a list of Concentra locations available for you to review.
- ❖ If a Concentra location is not available in your city or state, please seek treatment at the closest urgent care facility.
- ❖ Employees are required to submit to a **post-injury drug and alcohol test within 24-hours of notification of injury on all injuries treated at a facility.**
- ❖ If an employee fails to pass, refuses to cooperate with, or refuses to take the post-injury drug test, disciplinary action may be taken up to and including termination of employment.
- ❖ The supervisor must immediately notify Sunwest at the time of injury or within 24-hours. If the supervisor is unavailable, the employee must report the injury immediately to Sunwest within 24-hours at the Workers' Compensation Contact Information listed above.
- ❖ **The supervisor and employee must complete the Client Report of Injury/Illness Form which is located on the Sunwest website, at www.sunwestes.com and fax the form to Connie Dixon at 602-386-3575. Please note that you must fax this information within 24 hours of the injury.**
- ❖ **For all questions regarding work related injuries, contact Connie Dixon at the contact numbers listed above.**



EMPLOYER REQUEST FOR DISCLOSURE OF WAGE ASSIGNMENT ORDER TO PROVIDE CHILD SUPPORT

Arizona Revised Statute 23-722.02, states that after an employee is hired, rehired or returns from an unpaid leave of absence, the employer shall request that the employee disclose whether the employee is subject to a wage assignment order to provide child support. If the employee is subject to a wage assignment order to provide child support, they shall provide a copy of the order of assignment to the employer.

In accordance with the foregoing statute, Sunwest Employer Services, Inc. (Sunwest) requests that every employee disclose whether they are subject to a wage assignment to provide child support. If an employee has multiple orders, the employee shall provide Sunwest with a copy of each order. On the disclosure of an obligation to pay child support along with a copy of the order, Sunwest shall begin withholding the support payments according to the terms of the order. An employee who is ordered to pay child support and who fails to comply with this request is guilty of a class 3 misdemeanor.

Are you subject to a wage assignment order to provide child support? Yes If yes, please attach a copy of the order of assignment
No

By signing this request, I certify that the information presented in this request is true and accurate.

Employee Signature

Date

Employee Name (Printed)

Name of Work-Site Employer



**SUNWEST EMPLOYER SERVICES INC.
DESIGNATION OF BENEFICIARY AND CONTINGENT BENEFICIARY(IES)**

Basic Term Life Insurance through Humana is a benefit provided by Sunwest (at no charge) to all full-time employees. This benefit becomes effective first of the month following 60 days of full-time employment with Sunwest. Sunwest considers full-time employment as working 30 hours per week.

Humana Group Policy: #547722 Insured employee's social security number: _____

Primary Beneficiary Designation

FULL NAME (Last, First, Middle Initial)	RELATIONSHIP	DATE OF BIRTH	ADDRESS (Street, City, State, Zip)	SHARE%

Payment will be made in equal shares or all to the survivor unless otherwise indicated. Total share designation must equal 100%

In the event said primary beneficiary(ies) predecease(s) the insured, I designate as contingent beneficiary(ies) below:

Contingent Beneficiary Designation

FULL NAME (Last, First, Middle Initial)	RELATIONSHIP	DATE OF BIRTH	ADDRESS (Street, City, State, Zip)	SHARE%

Payment will be made in equal shares or all to the survivor unless otherwise indicated. Total share designation must equal 100%

If no primary or contingent beneficiary designated shall be living following the insured's death, the amount payable by reason of the insured's death shall be payable as provided in the Group Policy.

I, the insured, reserve the right to change this designation at any time.

This designation becomes effective upon receipt by the Benefits Department at Sunwest Employer Services.

Name and address of Insured or Owner (if assigned). (Please print)

Signature of Insured or Owner (if assigned)

Date Signed

Please print your full name for clarification purposes

Please do not elect yourself as a beneficiary. Life benefits are paid out upon the death of the "covered employee". Without a beneficiary elected, the life benefit cannot be paid out.

Please note – Do not erase or attempt to make any corrections, please utilize a new form for changes and/or corrections. When the beneficiary is not related to you by blood or marriage, the "Relationship" designation should read "Nonrelative".



Revision Date: 09/01/14
Expiration Date: 10/01/17

Colorado Affirmation Form Instructions Employment Verification Law, § 8-2-122, C.R.S.

Overview of the Colorado Employment Verification Law

The employment verification law applies to all public and private employers in Colorado, and is in addition to separate federal Form I-9 requirements. Employers must comply with the provisions of the law for all Colorado employees hired on or after January 1, 2007. There are two main requirements, both of which must occur within 20 calendar days of hire: (1) an affirmation requirement, and (2) a requirement to make and retain copies of employee identity and employment authorization documentation (copies of the employee's identity and employment authorization documents which were presented for completion of the [Form I-9](#)). Visit www.colorado.gov/cdle/evr for more information.

Completion of the Affirmation Form

1. The attached affirmation form is designed for use by Colorado employers. By signing the form, the employer affirms to all four of the employment eligibility components for the employee listed.
2. The employer must have completed an affirmation form for all Colorado employees hired on or after January 1, 2007.
3. Effective October 1, 2014, Colorado employers must use the Division affirmation form with a revision date of 09/01/14.
 - a. The 09/01/14 version of the form must be used for all Colorado employees hired between October 1, 2014 and October 1, 2017.
 - b. The 09/01/14 version of the form cannot be used for Colorado employees hired prior to September 1, 2014.
4. The form must be completed within 20 calendar days after hiring each employee. Review the information below if you have not adhered to this requirement.
5. The employer, not the employee, is responsible for filling out and completing the form in a timely fashion. The form may be completed by the employer's designee or representative.
6. The following items on the form must be legibly completed by the employer. The employer may not leave any of these items blank or incomplete:
 - a. Employee name and date of hire (Month/Day/Year).
 - b. Employer name, signature, and date of employer signature (Month/Day/Year).

Retention of the Affirmation Form

Forms must be retained by the employer for the duration of the employee's employment. The employer must produce copies of the form to the Colorado Division of Labor upon request, but does not have to submit forms absent a request.

Failure to Properly Complete the Affirmation Form or Work Eligibility Documentation Requirements

The employer must provide accurate and complete information on the form. Provision of false or fraudulent information on the form may subject the employer to a significant fine and/or additional penalties.

If the employer has not properly completed the affirmation form within 20 calendar days of hiring the employee, or the employer has not made and retained copies of employee identity and employment authorization documentation within 20 calendar days of hiring the employee:

1. **DO NOT** complete an affirmation form for the affected employee(s). The employer cannot complete a valid form once the 20 calendar days have elapsed since hire.
2. **DO NOT** backdate or otherwise enter incorrect information onto the form for the affected employee(s). The employer must not enter false or fraudulent information onto the form.
3. **DO NOT** attempt to make and retain copies of employee identity and employment authorization documentation if you did not comply with this requirement within 20 calendar days of hiring the employee. Seeking such documentation after the 20 calendar days have elapsed does not comply with Colorado law, and may also violate separate federal immigration laws.

DO comply with the employment verification law for all new hires going forward. The employer must: (1) properly complete affirmations, and (2) make and retain copies of employee identity and employment authorization documentation, within 20 calendar days of hire for all employees hired after the discovery of the historical noncompliance.

Following the steps above, and engaging in other appropriate compliance actions, may reduce the likelihood of a fine, or may mitigate the value of a fine, depending upon the circumstances. Consult with an attorney for legal advice.



Revision Date: 09/01/14
Expiration Date: 10/01/17

Affirmation of Legal Work Status
Pursuant to § 8-2-122, Colorado Revised Statutes

Employee Name: _____
Last First Middle Date of Birth

Social Security Number: _____ Date of Hire: _____(MM/DD/YYYY)

In accordance with § 8-2-122, C.R.S., within 20 calendar days after hiring the new employee listed above,

I affirm all four of the following by signing this form:

1. I have examined the legal work status of the above named employee.
2. I have retained file copies of the documents required by 8 U.S.C. sec. 1324a.
3. I have not altered or falsified the employee's identification documents.
4. I have not knowingly hired an unauthorized alien.

Print Name of Employer (or Designated Representative) Official Title

Signature of Employer (or Designated Representative) Date Signed by Employer (MM/DD/YYYY)

Business or Organization Name Employer Phone Number

The provision of false or fraudulent information on this form may subject the employer to a significant fine and/or additional penalties.

This form and the documents required by 8 U.S.C. sec. 1324 (copies or electronic copies) will be retained for the duration of the above named individual's employment.

§ 8-2-122(2), C.R.S.: On and after January 1, 2007, within twenty days after hiring a new employee, each employer in Colorado shall affirm that the employer has examined the legal work status of such newly-hired employee and has retained file copies of the documents required by 8 U.S.C. sec. 1324a; that the employer has not altered or falsified the employee's identification documents; and that the employer has not knowingly hired an unauthorized alien. The employer shall keep a written or electronic copy of the affirmation, and of the documents required by 8 U.S.C. sec. 1324a, for the term of employment of each employee.

COACH HOLDINGS, INC.

**MEDICAL INSURANCE
DENTAL INSURANCE
VISION INSURANCE**

If you have any interest in these plans, you must contact Stacy Ellis at 602-386-3550 or you can fax this election form with your information on it.

This form must be submitted whether you want benefits or are declining benefits. This form can be faxed to 602-386-3581 or emailed to SEllis@sunwestinsurance.com

I am interest in Medical _____

I am interest in Dental _____

I am interested in Vision _____

I am NOT interested in any of these benefits _____

Name _____

Email address _____

Phone Number _____

To properly assure coverage, we will need this information as soon as possible from your hire date.

Sunwest Online

Sunwest online allows employees to access their payroll Information on the Internet. They can view their check amounts, vacation accruals, payroll deductions, year to date totals and more.



How to use Sunwest Online

If you are a new user to Sunwest Online you must first create a user ID and password.

- Go to the Sunwest website at www.sunwestes.com
- Click on client log in at the top right corner of the screen. You will be presented with a secure login screen.
- Select the new user button.
- Enter your social security number(xxxxxxxx), employee number (your employee number is an 11 digit number located on your paycheck just before the date.) and birthdate(mm/dd/yy).
- You will now be prompted to enter: a user ID of at least 6 characters, a password of at least 6 characters, and your email address. Do not hit enter until you have completed all fields.

**When selecting a user ID and password, it is best not to use common words. Adding a number to your password will help make it more secure. User ID's and passwords are not case sensitive.

Sunwest has made every effort to protect your personal information. Very sensitive information like Social Security numbers and Bank account information are not available online. All data transmitted over the Internet is encrypted and our servers are protected by sophisticated firewall technologies.



EMPLOYEE AUTHORIZATION AGREEMENT FOR EMAILING PAYCHECK STUB

I hereby authorize and request Sunwest Employer Services, Inc., herein "Sunwest", to email my paycheck stubs to the email address that I provide below.

It is understood that this agreement may be terminated by me at any time by written notification to Sunwest. Any notification to Sunwest shall be effective only with respect to entries initiated by Sunwest after receipt of such notification and a reasonable opportunity to act on it.

Your Workplace Employer Name _____

Social Security Number ____-____-____ Employee Name _____
Please Print Name

I do not elect to have my paycheck stubs emailed to me *(Check Here and Sign Below)*

I authorize my paycheck stubs to be emailed to me to the following address ONLY *(any previous form(s) submitted will be voided)*

Email Address: _____

Employee Signature _____

Date ____/____/____
mm/dd/yy

Please send forms back to the Payroll Department at Fax:602-778-9857 or Email: payroll@sunwestes.com