

REAL TIME

CUSTOMIZED HUMAN RESOURCE SOLUTIONS.



The employee must complete this packet. This includes:

- Personal Employee Data Sheet
- Conditions of Employment
- Form I-9 (with copies of forms of identification)
- Form W-4
- Direct Deposit Enrollment Form
- Holiday Savings Account Enrollment Form

*Please provide a copy of any renewable licenses.



Client ID:	_____
Unit #:	_____

Personal Employee Data

Please fill in the required personal information below.

Employee Name (first):			(mi):	(last):
Home address (number, street):				
(city, state, zip):				
Alternate Address (number, street):				
(city, state, zip):				
Home Phone:		Work Phone:		Cell Phone:
Emergency Contact Name:			Relationship:	Phone:
Email Address:				
Gender:	Date of Birth:		Social Security Number:	
Marital Status:			Ethnicity:	
Dependent Name:		Gender:	Date of Birth:	
Dependent Name:		Gender:	Date of Birth:	
Dependent Name:		Gender:	Date of Birth:	
Dependent Name:		Gender:	Date of Birth:	



Conditions of Employment

The following conditions of employment exist between the Company and Employee Listed below.

Company Name:	Client ID:	Unit #:
Employee Name:		Date of Hire:

1. Employee acknowledges and understands that the Company listed above will be responsible for payroll, withholding, and timely payment of all applicable employer and employee statutory employment taxes and insurance. These include social security, state unemployment, disability (where applicable) and worker's compensation.
2. It is understood that employment is at the mutual consent of the employee and the employer. Consequently, both employee and/or employer may terminate this employment relationship as any time, with or without cause or notice. Employment is expressly at-will.
3. The company listed above agrees to enter an employer relationship with the employee as outlined in the Employee Handbook.

Status: (check one) Regular Temporary Seasonal

(check one) Full-Time Part-Time

Pay Cycle: (check one) Weekly Biweekly Semimonthly Monthly

Employee Job Title:			
Compensation:	<input type="checkbox"/> Hourly	Additional Compensation:	
	<input type="checkbox"/> Annual Salary		

Attach amendment or additions that have been fully executed by both parties to this sheet.

This agreement embodies the entire employment agreement and understanding between the company listed above as the employer, and the Employee, and there are no representations, warranties, terms, covenants, or conditions made by either party except as herein expressly contained.

Employee Signature: _____

Management Signature: _____ Title: _____

Instructions

Please read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against individual (other than an alien not authorized to work in the U.S.) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from and employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and non-citizen) hired after November 6, 1986 is authorized to work in the United States.

When Should the Form I-9 Be Used?

All employees, citizens and non-citizens, hired after November 6, 1986 and working in the United States must complete a Form I-9.

Filing Out the Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employee is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present in

Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be complete if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his/her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three (3) business days of the date employment begins. However, if an employer hires an individual for less than three (3) business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present the required document(s), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three (3) business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with the Form I-9. **Employers are still responsible for completing and retaining the Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employer **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three (3) years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three (3) years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1.** Examine any document that reflects the employee is authorized to work in the United State. (see List A or C);
 - 2.** Record the document title, document number, and expiration date (if any) in Block C, and
 - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov by calling 1-888-464-4218

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining the Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three (3) years after the date of hire or one (1) year after the date employment ends, whichever is later.

The Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations as 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimated or any other aspect of this collection of information, including suggestions for reducing this burden, to:
U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529. OMB No. 1615-0047.
Do not mail your completed Form I-9 to this address.

**Form I-9, Employment
Eligibility Verification**

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (to be completed and signed by the employee at the time employment begins.)

Print Name: Last	First	MI	Maiden Name
Address (Street Name & Number)		Apt #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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):

A citizen of the United States

A noncitizen national of the United States (see instructions)

A lawful permanent resident (Alien #) _____


An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable-month/day/year)

Employee's Signature _____ Date (month/day/year) _____

Preparer and/or Translator Certification (to be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification (to be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date (if any) of the documents)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____ Expiration Date (if any) _____		_____		_____
Document #: _____ Expiration Date (if any) _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date employee began employment)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name & Number, City, State, Zip)		Date (month/day/year)

Section 3. Updating and Reverification (to be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

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) I have examined them and they appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR		AND	
1. U. S. Passport or U.S. Passport Card		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	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States	
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			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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
4. Employment Authorization Document that contains a photograph (Form I-766)			3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
			4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form			5. U.S. Military card or draft record	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card			
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document		
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)		
	9. Driver's license issued by a Canadian government authority			
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	For persons under age 18 who are unable to present a document listed above:		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)	
	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security		
	11. Clinic, doctor, or hospital record			
	12. Day-care or nursery school record			

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Form W-4 (2010)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2010 expires February 16, 2011. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic Instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

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

Head of household. Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments, using form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P. **Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your W-4 takes effect, use Pub. 919 to see how the amount you have having withheld compares to your projected total tax for 2010. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (keep for your records)

- A** Enter '1' for **yourself** if no else can claim you as a dependent A _____
- B** Enter '1' if:
 { You are single and only have one job; or
 { You are married, have only one job, and your spouse does not work; or
 { Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } B _____
- C** Enter '1' for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having to little tax withheld.) C _____
- D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return D _____
- E** Enter '1' if you will file as **head of household** on your tax return (see conditions under **Head of household** above) E _____
- F** Enter '1' if you have at least \$1,800 of **child or dependent care expenses** for which you plan to claim a credit F _____
- (Note.** Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
- G Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
 • If your total income will be less than \$61,000 (\$90,000 married), enter '2' for each eligible child; then **less** '1' if you have three or more eligible children.
 • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter '1' for each eligible child plus '1' **additional** if you have six or more children G _____
- H** Add lines A through G and enter total here. **(Note.** This may be different from the number of exemptions you claim on your tax return) H _____
- For accuracy, complete all worksheets that apply
 { If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 { If you have **more than one job** or are **married and you and your spouse both work** and the combined earning from all jobs exceed \$18,000 (\$30,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 { If **neither** of the above situations applies, **stop here** and enter the number from line H on lind 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> Whether you are entitled to claim a certain number of allowances or exemptions from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.	OMB No. 1545-0074 <h1 style="margin:0;">2010</h1>
1 Type or print your: (first name & MI) _____ (last:) _____		2 Your social security number: _____
Home address (number, street) _____		(city, state, zip) _____
3 <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Married, but withhold at higher Single Rate Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) _____		5 _____ 6 \$ _____
6 Additional amount, if any, you want withheld from each paycheck _____		
7 I claim exemption from withholding for 2010, and I certify that I meet both of the following conditions for exemption. • 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 for 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

(Form is not valid unless you sign it.)

Date

- 8** Employer's name and address (Employer: complete lines 8 and 10 only if sending to the IRS.) _____
- 9** Office code (optional) _____
- 10** Employer ID number (EIN) _____

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

1	Enter an estimate of your 2010 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions.	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,400 \text{ if head of household} \\ \$5,700 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "- 0 -"	3	\$ _____
4	Enter an estimate of your 2010 adjustments to income and any additional standard deduction. (Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from <i>Worksheet 6</i> in Pub. 919)	5	\$ _____
6	Enter an estimate of your 2010 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "- 0 -"	7	\$ _____
8	Divide the amount on line 7 by \$3,650 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not 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 4-9 below to calculate 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 results here. This is an additional annual withholding needed.	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2010. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2009. Enter the results 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 - \$7,000	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
7,001 - 10,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
10,001 - 16,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
16,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 27,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
27,001 - 35,000	5	35,001 - 50,000	5				
35,001 - 44,000	6	50,001 - 65,000	6				
44,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 65,000	9	95,001 - 120,000	9				
65,001 - 72,000	10	120,001 and over	10				
72,001 - 85,000	11						
85,001 - 105,000	12						
105,001 - 115,000	13						
115,001 - 130,000	14						
130,001 and over	15						

Privacy and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. 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 also 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, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103. The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return. If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Payroll Direct Deposit Enrollment/Change Form

For Payroll Direct Deposit enrollment or to change information, simply fill out this form and give it to your supervisor. Attach a voided check for each checking account - not a deposit slip. If depositing into a savings account(s), ask your bank to give you the Routing Number for your account(s). It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Employee Name:	Social Security #:	Client ID:	Unit:
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Check One:

- New enrollment. (Complete entire form and sign. Attach voided check for checking account and/or deposit slip for savings.)
- Change present financial institutions and/or accounts (Complete form as per new enrollment)
- Cancel participation. (Sign form and return to supervisor.)

****Please notify your supervisor before closing a checking or savings account****

<p>1.</p> <p>_____</p> <p>Bank, Credit Union, or Savings & Loan</p> <p>_____</p> <p>Address, City, State, Zip Code</p> <p>_____</p> <p>Routing Number</p> <p>_____</p> <p>Account Number</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p><input type="checkbox"/> Entire Net Check <input type="checkbox"/> Balance (after account 2)</p>	<p>2.</p> <p>_____</p> <p>Bank, Credit Union, or Savings & Loan</p> <p>_____</p> <p>Address, City, State, Zip Code</p> <p>_____</p> <p>Routing Number</p> <p>_____</p> <p>Account Number</p> <p><input type="checkbox"/> Checking <input type="checkbox"/> Savings</p> <p><input type="checkbox"/> Entire Net Check <input type="checkbox"/> Balance (after account 2)</p>
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I hereby authorize my employer to directly deposit my net pay into the bank accounts specified. I am attaching voided checks for the checking accounts and/or deposit slips for the savings accounts specified above. Realtime HR is not responsible for any erroneous information provided. Also, I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment. This authorization is to remain in force until the company has received written authorization from me of its cancellation or change.

Note: Funds transferred by electronic transmission normally post to accounts two (2) to three (3) banking days after payroll is processed. Employee remains responsible for verifying that their funds are deposited, clear and available prior to writing checks or debiting account versus any electronically transmitted amount.

Employees Signature: _____ Date: _____

Employer Signature: _____ Date: _____

Attach Voided Check(s)/Deposit Slip(s) Here



Holiday Savings Account Enrollment/Change Form

To help you prepare for the Holiday Season, our Holiday Savings Account allows you to set-aside a fixed amount each pay period which is paid just in time for holiday shopping in December. Enrolling in RealTime HR's Holiday Savings Account is easy and there is no cost to participate. To enroll, simply fill out this form and fax it to RealTime HR at 405-840-0057. Contact your HR Manager at 1-877-465-HRHR with any questions about this great benefit.

Client Name: _____ Unit #: _____

Employee Name: _____ Social Security Number: _____

Check One:

- Enrollment** - I authorize RealTime HR to begin deducting \$ _____ (minimum of \$2.00) from each paycheck beginning with the paycheck following receipt and enrollment of this form until the distribution date.* Early distribution prior to distribution date will require this form to be filled out and sent in for early distribution under the guidelines below.
- Change Deduction Amount** - Please change my deduction to \$ _____ (minimum \$2.00) from each paycheck beginning with the paycheck following receipt of this form and until the distribution date.* New deduction amount will continue until the distribution date.
- Early Distribution** - I authorize RealTime HR to distribute my current balance from my Holiday Savings Account as an early distribution. I understand that I will be charged with a \$10 service fee for this transaction. Early distributions minus the \$10 service fee will be included with the first pay period following 10 days after receipt of this form. I further understand my account will be closed and that I will have to re-enroll in the Holiday Savings Account during the enrollment period the following year.
- Termination Distribution** - Distribution due to termination of employment. There is no service fee for early distribution due to termination of employment. Termination Date: _____
- Stop Deduction** - Please stop my Holiday Savings Account payroll deductions. I understand that distribution will not occur until the distribution date.* I further understand that by stopping deductions, my account will be closed after the distribution date and that I will have to re-enroll in the Holiday Savings Account during the enrollment period for the following year.

*The distribution date for participants to receive their Holiday Savings Account funds is the last pay period in November for each participant. There is no cost to participate in the Holiday Savings Account program unless an early distribution is requested.

**Re-Enrollment is required for any participant who wished to continue participation for the next year. Enrollment begins in December for the following calendar year.

Note: Employees whose employment has been terminated will not automatically receive distribution of their Holiday Savings Account. Unless otherwise indicated by contacting RealTime HR and signing this document, RealTime HR will dispense any funds collected to the terminated employee during the normal distribution period. Any funds collected will be mailed in the form of a check to the last known address.

Employees Signature: _____ Date: _____