



PO Box 1269 ~ Callahan, FL 32011

EQUAL OPPORTUNITY EMPLOYER

DRUG FREE WORKPLACE

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____

Position Applied for: _____

Desired Salary: _____

Do you have your own transportation? YES ☐ NO ☐

Are you a citizen of the United States? YES ☐ NO ☐ If no, are you authorized to work in the U.S.? YES ☐ NO ☐

Have you ever worked for this company? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐

If yes, explain: _____

Education

High School: _____ Address: _____

Did you graduate? YES NO Diploma: _____

College/
Other: _____ Address: _____

Did you graduate? YES NO Degree: _____

References: *Please list two non-related references*

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES ☐ NO ☐

EMERGENCY CONTACT:

PHONE:

RELATIONSHIP:

Military Service

Branch: _____ From: _____ To: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. I understand this is a drug free workplace and I may be randomly tested at any time.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my termination.

Signature: _____ Date: _____

Employee's Withholding Certificate

OMB No. 1545-0074

2021

- ▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
▶ **Give Form W-4 to your employer.**
▶ **Your withholding is subject to review by the IRS.**

Step 1:

Enter Personal Information

| | | |
|---|-----------|--|
| (a) First name and middle initial | Last name | (b) Social security number |
| Address | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| City or town, state, and ZIP code | | |
| (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); **or**
 (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; **or**
 (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3:

Claim Dependents

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$

Multiply the number of other dependents by \$500 ▶ \$

Add the amounts above and enter the total here **3** \$

Step 4 (optional):

Other Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income **4(a)** \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here **4(b)** \$

(c) **Extra withholding.** Enter any additional tax you want withheld each pay period . . . **4(c)** \$

Step 5:

Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers Only

| | | |
|-----------------------------|--------------------------|--------------------------------------|
| Employer's name and address | First date of employment | Employer identification number (EIN) |
|-----------------------------|--------------------------|--------------------------------------|

General Instructions

Future Developments

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

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 **and** you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2021 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2022.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option **(a)** most accurately calculates the additional tax you need to have withheld, while option **(b)** does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option **(c)**. The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2021 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, **skip** to line 3 **1** \$ _____
- 2 Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
 - a** Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a **2a** \$ _____
 - b** Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b **2b** \$ _____
 - c** Add the amounts from lines 2a and 2b and enter the result on line 2c **2c** \$ _____
- 3** Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. **3** _____
- 4 Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (along with any other additional amount you want withheld) **4** \$ _____

Step 4(b)—Deductions Worksheet (Keep for your records.)

- 1** Enter an estimate of your 2021 itemized deductions (from Schedule A (Form 1040)). Such deductions may 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 **1** \$ _____
- 2** Enter: $\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$ **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

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 with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Widow(er)

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$190 | \$850 | \$890 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,100 | \$1,870 | \$1,870 |
| \$10,000 - 19,999 | 190 | 1,190 | 1,890 | 2,090 | 2,220 | 2,220 | 2,220 | 2,220 | 2,300 | 3,300 | 4,070 | 4,070 |
| \$20,000 - 29,999 | 850 | 1,890 | 2,750 | 2,950 | 3,080 | 3,080 | 3,080 | 3,160 | 4,160 | 5,160 | 5,930 | 5,930 |
| \$30,000 - 39,999 | 890 | 2,090 | 2,950 | 3,150 | 3,280 | 3,280 | 3,360 | 4,360 | 5,360 | 6,360 | 7,130 | 7,130 |
| \$40,000 - 49,999 | 1,020 | 2,220 | 3,080 | 3,280 | 3,410 | 3,490 | 4,490 | 5,490 | 6,490 | 7,490 | 8,260 | 8,260 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,080 | 3,280 | 3,490 | 4,490 | 5,490 | 6,490 | 7,490 | 8,490 | 9,260 | 9,260 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,080 | 3,360 | 4,490 | 5,490 | 6,490 | 7,490 | 8,490 | 9,490 | 10,260 | 10,260 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,160 | 4,360 | 5,490 | 6,490 | 7,490 | 8,490 | 9,490 | 10,490 | 11,260 | 11,260 |
| \$80,000 - 99,999 | 1,020 | 3,150 | 5,010 | 6,210 | 7,340 | 8,340 | 9,340 | 10,340 | 11,340 | 12,340 | 13,260 | 13,460 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 5,930 | 7,130 | 8,260 | 9,320 | 10,520 | 11,720 | 12,920 | 14,120 | 15,090 | 15,290 |
| \$150,000 - 239,999 | 2,040 | 4,440 | 6,500 | 7,900 | 9,230 | 10,430 | 11,630 | 12,830 | 14,030 | 15,230 | 16,190 | 16,400 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,500 | 7,900 | 9,230 | 10,430 | 11,630 | 12,830 | 14,030 | 15,270 | 17,040 | 18,040 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,500 | 7,900 | 9,230 | 10,430 | 11,630 | 12,870 | 14,870 | 16,870 | 18,640 | 19,640 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,500 | 7,900 | 9,230 | 10,470 | 12,470 | 14,470 | 16,470 | 18,470 | 20,240 | 21,240 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,500 | 7,940 | 10,070 | 12,070 | 14,070 | 16,070 | 18,070 | 20,070 | 21,840 | 22,840 |
| \$320,000 - 364,999 | 2,720 | 5,920 | 8,780 | 10,980 | 13,110 | 15,110 | 17,110 | 19,110 | 21,190 | 23,490 | 25,560 | 26,860 |
| \$365,000 - 524,999 | 2,970 | 6,470 | 9,630 | 12,130 | 14,560 | 16,860 | 19,160 | 21,460 | 23,760 | 26,060 | 28,130 | 29,430 |
| \$525,000 and over | 3,140 | 6,840 | 10,200 | 12,900 | 15,530 | 18,030 | 20,530 | 23,030 | 25,530 | 28,030 | 30,300 | 31,800 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$440 | \$940 | \$1,020 | \$1,020 | \$1,410 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$2,030 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 940 | 1,540 | 1,620 | 2,020 | 3,020 | 3,470 | 3,470 | 3,470 | 3,640 | 3,840 | 3,840 | 3,840 |
| \$20,000 - 29,999 | 1,020 | 1,620 | 2,100 | 3,100 | 4,100 | 4,550 | 4,550 | 4,720 | 4,920 | 5,120 | 5,120 | 5,120 |
| \$30,000 - 39,999 | 1,020 | 2,020 | 3,100 | 4,100 | 5,100 | 5,550 | 5,720 | 5,920 | 6,120 | 6,320 | 6,320 | 6,320 |
| \$40,000 - 59,999 | 1,870 | 3,470 | 4,550 | 5,550 | 6,690 | 7,340 | 7,540 | 7,740 | 7,940 | 8,140 | 8,150 | 8,150 |
| \$60,000 - 79,999 | 1,870 | 3,470 | 4,690 | 5,890 | 7,090 | 7,740 | 7,940 | 8,140 | 8,340 | 8,540 | 9,190 | 9,990 |
| \$80,000 - 99,999 | 2,000 | 3,810 | 5,090 | 6,290 | 7,490 | 8,140 | 8,340 | 8,540 | 9,390 | 10,390 | 11,190 | 11,990 |
| \$100,000 - 124,999 | 2,040 | 3,840 | 5,120 | 6,320 | 7,520 | 8,360 | 9,360 | 10,360 | 11,360 | 12,360 | 13,410 | 14,510 |
| \$125,000 - 149,999 | 2,040 | 3,840 | 5,120 | 6,910 | 8,910 | 10,360 | 11,360 | 12,450 | 13,750 | 15,050 | 16,160 | 17,260 |
| \$150,000 - 174,999 | 2,220 | 4,830 | 6,910 | 8,910 | 10,910 | 12,600 | 13,900 | 15,200 | 16,500 | 17,800 | 18,910 | 20,010 |
| \$175,000 - 199,999 | 2,720 | 5,320 | 7,490 | 9,790 | 12,090 | 13,850 | 15,150 | 16,450 | 17,750 | 19,050 | 20,150 | 21,250 |
| \$200,000 - 249,999 | 2,970 | 5,880 | 8,260 | 10,560 | 12,860 | 14,620 | 15,920 | 17,220 | 18,520 | 19,820 | 20,930 | 22,030 |
| \$250,000 - 399,999 | 2,970 | 5,880 | 8,260 | 10,560 | 12,860 | 14,620 | 15,920 | 17,220 | 18,520 | 19,820 | 20,930 | 22,030 |
| \$400,000 - 449,999 | 2,970 | 5,880 | 8,260 | 10,560 | 12,860 | 14,620 | 15,920 | 17,220 | 18,520 | 19,910 | 21,220 | 22,520 |
| \$450,000 and over | 3,140 | 6,250 | 8,830 | 11,330 | 13,830 | 15,790 | 17,290 | 18,790 | 20,290 | 21,790 | 23,100 | 24,400 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|------------------------|------------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$820 | \$930 | \$1,020 | \$1,020 | \$1,020 | \$1,420 | \$1,870 | \$1,870 | \$1,910 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 820 | 1,900 | 2,130 | 2,220 | 2,220 | 2,620 | 3,620 | 4,070 | 4,110 | 4,310 | 4,440 | 4,440 |
| \$20,000 - 29,999 | 930 | 2,130 | 2,360 | 2,450 | 2,850 | 3,850 | 4,850 | 5,340 | 5,540 | 5,740 | 5,870 | 5,870 |
| \$30,000 - 39,999 | 1,020 | 2,220 | 2,450 | 2,940 | 3,940 | 4,940 | 5,980 | 6,630 | 6,830 | 7,030 | 7,160 | 7,160 |
| \$40,000 - 59,999 | 1,020 | 2,470 | 3,700 | 4,790 | 5,800 | 7,000 | 8,200 | 8,850 | 9,050 | 9,250 | 9,380 | 9,380 |
| \$60,000 - 79,999 | 1,870 | 4,070 | 5,310 | 6,600 | 7,800 | 9,000 | 10,200 | 10,850 | 11,050 | 11,250 | 11,520 | 12,320 |
| \$80,000 - 99,999 | 1,880 | 4,280 | 5,710 | 7,000 | 8,200 | 9,400 | 10,600 | 11,250 | 11,590 | 12,590 | 13,520 | 14,320 |
| \$100,000 - 124,999 | 2,040 | 4,440 | 5,870 | 7,160 | 8,360 | 9,560 | 11,240 | 12,690 | 13,690 | 14,690 | 15,670 | 16,770 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 5,870 | 7,240 | 9,240 | 11,240 | 13,240 | 14,690 | 15,890 | 17,190 | 18,420 | 19,520 |
| \$150,000 - 174,999 | 2,040 | 4,920 | 7,150 | 9,240 | 11,240 | 13,290 | 15,590 | 17,340 | 18,640 | 19,940 | 21,170 | 22,270 |
| \$175,000 - 199,999 | 2,720 | 5,920 | 8,150 | 10,440 | 12,740 | 15,040 | 17,340 | 19,090 | 20,390 | 21,690 | 22,920 | 24,020 |
| \$200,000 - 249,999 | 2,970 | 6,470 | 9,000 | 11,390 | 13,690 | 15,990 | 18,290 | 20,040 | 21,340 | 22,640 | 23,880 | 24,980 |
| \$250,000 - 349,999 | 2,970 | 6,470 | 9,000 | 11,390 | 13,690 | 15,990 | 18,290 | 20,040 | 21,340 | 22,640 | 23,880 | 24,980 |
| \$350,000 - 449,999 | 2,970 | 6,470 | 9,000 | 11,390 | 13,690 | 15,990 | 18,290 | 20,040 | 21,340 | 22,640 | 23,900 | 25,200 |
| \$450,000 and over | 3,140 | 6,840 | 9,570 | 12,160 | 14,660 | 17,160 | 19,660 | 21,610 | 23,110 | 24,610 | 26,050 | 27,350 |

Employee •Read Sections 1 and 2 •Complete and sign Employee Signature section •Complete Section 3

SECTION 1. EMPLOYEE ACKNOWLEDGEMENTS

For all employees:

I understand that my worksite employer ("Client") has entered into a Client Service Agreement ("Agreement") with Paychex Business Solutions or an affiliated company ("PBS") whereby PBS has agreed to co-employ individuals who are performing services for Client. I understand that I am a co-employee of PBS who will be assigned to perform services for the Client in connection with the Agreement. I understand this relationship may be terminated at will at anytime by me, Client, or PBS. I acknowledge that in the event Client does not pay PBS with respect to the services provided by me to Client for any particular pay period, PBS, where required by law, will pay me for such pay period, and where permitted by law, will pay me the then current minimum wage rate for that pay period and my applicable overtime pay based on such minimum wage rate for that pay period, or the minimum salary for that pay period. In the event that Client files a petition in bankruptcy at a time when monies are due to PBS from Client for wages paid to me, I hereby assign PBS any and all rights I have to assert a priority wage claim in the bankruptcy proceeding.

☐ I understand that a mark in the foregoing box constitutes written notice that my worksite employer is providing my workers' compensation insurance benefits. I understand that PBS is committed to compliance with any and all state and federal Workers' Compensation laws and requirements. I understand that any special rules and regulations required by my state and/or industry will be posted by Client on the company bulletin boards and/or are available from management for my information and review. I agree to comply with these rules and regulations and realize that failure to do so may affect the benefits provided to me. I understand that, as a newly hired employee of Client or PBS, where permitted by law, I will be subject to an Introductory/Probationary Period for purposes of unemployment insurance.

For employees who are not represented by a union:

I acknowledge receipt of the Employee Handbook and addenda (if applicable), and I understand that I am responsible for understanding and reviewing the policies contained in that booklet and any subsequent additions, revisions, and/or addenda.

I understand that Client may now have, or may establish, a drug-free workplace or a drug and/or alcohol testing program consistent with applicable federal, state, and local law. I agree to work under the conditions requiring a drug-free workplace, consistent with applicable federal, state, and local law. I also understand that all employees at the location, pursuant to Client's policy and federal, state, and local law, may be subject to urinalysis and/or blood screening or other medically recognized tests designed to detect the presence of alcohol or controlled drugs. I understand that the taking of such alcohol and/or drug tests is a condition of continual employment, and I agree to undergo alcohol and drug testing consistent with Client's policies and applicable federal, state, and local law.

I certify that all the information on this document, or any supporting documents is correct, and I understand that any misrepresentation or omission of any information may result in the immediate dismissal of employment.

I understand Client and PBS hire only individuals who are legally eligible to work in the United States.

If I will be assigned to a work site in Alabama, Montana, South Carolina, or Utah, I recognize that I must review and sign a state-specific Addendum to this New Employee Packet.

SECTION 2. ACKNOWLEDGEMENT OF GROUP BENEFITS (if applicable)

I understand that I may be eligible or become eligible for certain benefits under the group plans provided by Paychex Business Solutions (PBS). Furthermore, I understand in order for my benefits to be effective, I must complete my assigned benefit waiting period and submit the required enrollment forms/correspondence to PBS prior to my effective date of coverage. I acknowledge that it is my responsibility, and/or appropriate family member(s) to read and understand the various benefit plans presented to me in my benefit packet. I also understand that I should refer to the certificates of insurance and/or plan documents for detailed information regarding benefit provisions and that the provisions may be subject to change. I understand that if I enroll, my benefit choices must remain in effect until the following annual enrollment unless I experience a qualifying event as discussed below.

I understand that if I do not receive my benefit packet during my benefit waiting period, **I am responsible for notifying PBS' Benefits Department prior to my effective date of coverage.** If I am uncertain of my assigned benefit waiting period, I understand I am responsible for obtaining confirmation of my assigned benefit waiting period from my on-site contact or PBS' Benefits Department. Furthermore, I understand that if I do not return my signed enrollment form to PBS after I begin working as an eligible employee and before the date my coverage is to be effective, PBS will consider this a waiver of group coverage.

I understand that if I do not elect benefits at the time of my initial eligibility, I will not be permitted to enroll or make mid-year election changes unless a qualifying event occurs. I understand if I experience a qualifying event and would like to enroll, I must notify PBS and submit the required forms and documentation within 30 days of my qualifying event or I will not be permitted to make changes or enroll until the following annual enrollment. Furthermore, I understand if I request coverage for myself and eligible dependents as a late enrollee and am accepted, I will be required to furnish evidence of good health for each individual ("Certificates of Creditable Coverage"), or be subjected to the insurance policies pre-existing exclusion provisions.

I authorize deductions for required employee contributions toward group benefits. I understand that in the event my employment terminates in the middle of a month, the medical, dental and/or vision plan I elected will continue until the end of that month, and any Flexible Savings Account Plan, Short-Term Disability or Long-Term Disability plan elected will terminate concurrently with my termination from employment. I authorize PBS to deduct from my final paycheck, as authorized by state and federal law, the full employee contribution payments owed for the final month of the applicable group benefits. I understand that I must meet the eligibility requirements for coverage to be effective.

EMPLOYEE SIGNATURE

Name _____ Social Security Number _____ - _____ - _____

Address _____ City _____ State _____ Zip _____

Telephone Number (_____) _____ - _____ Birth Date _____

I have read and acknowledge all of the statements contained in Section 1 ("Employee Acknowledgements") and in Section 2 ("Acknowledgement of Group Benefits") of this New Employee Packet.

Signature _____ Date _____

Continue to Section 3

Employee •Read Sections 1 and 2 •Complete and sign Employee Signature section •Complete Section 3

Employee Name _____

SECTION 3. EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

We are subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, we invite you to voluntarily self-identify your race and ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and will only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify specific individuals.

☐ A visual assessment of the employee's National Origin/Race has been made as the employee has not voluntarily provided this information.

Gender ☐ Female ☐ Male

National Origin (if you meet the definition of Hispanic or Latino, check the box below.)

☐ Hispanic or Latino (All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.)

Race (check the appropriate box)

☐ White (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.)

☐ Black or African American (Not of Hispanic or Latino origin. All persons having origins in any of the Black racial groups of Africa.)

☐ Asian (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent.)

☐ Native Hawaiian or Other Pacific Islander (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)

☐ American Indian or Alaskan Native (Not of Hispanic or Latino origin. All persons having origins in any of the original peoples of North and South America, and who maintains tribal affiliation or community attachment.)

☐ Two or More Races (Not of Hispanic or Latino origin. All persons who identify with more than one of the five races listed.)

Employee's Personal Email Address _____ Employee's Work Email Address _____

Mail or fax to:

970 Lake Carillon Drive, Suite 400
St. Petersburg, FL 33716

Fax: 1-800-668-7296

Internal Use Only

Underwriting Audit Updates

Workers' Comp Class Code _____

Benefit Insurance Class Code _____

Audit completed by _____

Payroll Audit _____



Direct Deposit Enrollment Change Form*

Company Name and/or Client Number FLORIDA INFRASTRUCTURE INC.

Employee Worker Name

Employee Worker Number

EMPLOYEE WORKER: Retain a copy of this form for your records. Return the original to your employer/company.

EMPLOYER/COMPANY: Return this form to your local Paychex office. For clients using on-line services, please retain a copy of this document for your records.

COMPLETE TO ENROLL ADD OR CHANGE BANK ACCOUNTS PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account: ☐ Checking ☐ Savings Accountholder's Name: _____

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name _____

I wish to deposit (check one): ☐ % of Net ☐ Specific Dollar Amount \$ _____ .00 ☐ Remainder of Net Pay

Type of Account: ☐ Checking ☐ Savings Accountholder's Name: _____

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name _____

I wish to deposit (check one): ☐ % of Net ☐ Specific Dollar Amount \$ _____ .00 ☐ Remainder of Net Pay

COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS PLEASE PRINT CLEARLY IN BLACK/BLUE INK ONLY

Type of Account: ☐ Checking ☐ Savings Accountholder's Name: _____

Routing/Transit Number

Checking/Savings Account Number**

Financial Institution ("Bank") Name _____

I wish to change my deposit amount to (check one): ☐ From ____% to ____% of Net ☐ From \$ ____ .00 To \$ ____ .00
☐ Remainder of Net Pay

EMPLOYEE WORKER CONFIRMATION STATEMENT

PLEASE SIGN IN BLACK/BLUE INK ONLY

I authorize my employer/company to deposit my earnings into the bank account(s) specified above and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the above listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer/company to make direct deposits into the named account.

Employee Worker Signature _____ Date _____

Note: Digital or Electronic Signatures are **not** acceptable.

I confirm that the above named employee/worker has added or changed a bank account for direct deposit transactions processed by Paychex, Inc. I have reviewed the information provided and it is accurate to the best of my knowledge. My signature below indicates that I have the authority to execute this document on behalf of the Client.

Employer/Company Representative Printed Name: _____

Employer/Company Representative Signature: _____ Date: _____

All fields are required except Employee/Worker Number.

** Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account

RANDOM DRUG TEST NOTIFICATION FOR FLORIDA INFRASTRUCTURE, INC.

As outlined in the Company Drug Free Workplace Policy, all employees of FLORIDA INFRASTRUCTURE, INC. are subject to random drug testing.

The Company's drug testing administrator utilizes a computerized random program to generate a list of employees chosen for the random drug test. While employed by FLORIDA INFRASTRUCTURE, INC., your name will always be in the random pool. You can be chosen more than once for a random drug test.

A refusal to test, a tampered with, an adulterated specimen or a confirmed positive drug test will result in the Company disciplinary action, up to and including immediate termination.

Florida Infrastructure Inc. is in agreement with the Federal Government that marijuana is a controlled substance and cannot recognize medical marijuana as a legitimate prescription. A positive test result for marijuana will be treated the same as any other positive test result, even if an employee has a medical marijuana prescription.

Your signature below acknowledges your agreement with FLORIDA INFRASTRUCTURE INC.'s random drug testing policy.

Employee Name (Print): _____

Employee Signature: _____

Date: ____/____/____



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 | | | | | | | | | | | | |
| | <table border="1"><tr><td></td><td></td><td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td></tr></table> | | | | | | - | | | - | | | | | | | |
| | | | | - | | | - | | | | | | | | | | |

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 | <div>QR Code - Section 1 Do Not Write In This Space</div> |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) | |
| <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. (See instructions) 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. 1 Alien Registration Number/USCIS Number: _____ OR 2 Form I-94 Admission Number: _____ OR 3 Foreign Passport Number: _____ Country of Issuance: _____ | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

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 |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

| 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 | | <div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div> | | |
| 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) | Date (mm/dd/yyyy) |
| First Name (Given Name) | |
| Middle Initial | |

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) |
|----------------|-----------------|---------------------------------------|

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 |
|--|---------------------------|---|

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 |
|---|-----------|---|--|
| <div> <div>1 U.S. Passport or U.S. Passport Card</div> <div>2 Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3 Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>Employment Authorization Document that contains a photograph (Form I-766)</div> <div>For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a Foreign passport; and Form I-94 or Form I-94A that has the following: (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</div> <div>6 Passport from the United States of America, the United Kingdom, 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</div> </div> | | <div> <div>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</div> <div>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</div> <div>3 School ID card with a photograph</div> <div>Voter's registration card</div> <div>U.S. Military card or draft record</div> <div>6 Military dependent's ID card</div> <div>U.S. Coast Guard Merchant Mariner Card</div> <div>Native American tribal document</div> <div>9 Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above</div> <div>10 Medical record or report of birth</div> <div>Clinic, hospital or hospital record</div> <div>Day-care or nursery school record</div> </div> | <div> <div>1 A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div> <div>2 Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>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</div> <div>Native American tribal document</div> <div>Citizen ID Card (Form I-197)</div> <div>6 Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>Employment authorization document issued by the Department of Homeland Security</div> </div> |

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

Refer to the instructions for more information about acceptable receipts.