

CORPORATE MANAGEMENT GROUP

Employment Application

Office Hours: Monday-Friday 9am-3pm

Office Number: 507-838-5994

Office Address: 1232 Valley High Dr NW Rochester, Mn 55901



Applicant Information

(APPLICANTS MAY BE TESTED FOR ILLEGAL DRUGS AND A BACKGROUND CHECK WILL BE COMPLETED)

Please fully complete pages 1-3

Full Name: (Last Name, First Name) Garrett, Billy Date: 11.22.21
 Address: (Street Address) 1426 4th Ave S.E (Apt./Unit #) 209
 (City) Rochester (State) MN (ZIP Code) 55904
 Phone: 507-517-5609 Email: Billy Garrett 2584 @ gmail.com
 Social Security No. 493-84-0169 Date Available: _____
 Position Applied for: portion cutting / open Desired Wage: \$17.00 per hour
 Shift Available to work: 1st 2nd 3rd Employment desired: Full-Time Part-Time
 Are you authorized to work in the U.S? Yes No
 How did you hear about us? guys that work at textile Referral Name: N/A
 If under 18, please list age: _____
 Do you have responsibilities or commitments that will prevent you from meeting specified work schedules? No ³⁹ Yes

Education				
Type of School	Name of School	Location (Complete Mailing Address)	Number of Years Completed	Major & Degree
High School	<u>McKinley high</u>	<u>St. Louis Mo.</u>	<u>4</u>	<u>communications / science</u>
College				
Bus. Or Trade School				
Professional School				

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Previous Employment

Company: Textile Health Care Services Phone: 507 252-7500

Address: 225 Woodlake Dr SE Supervisor: Nam/Adam

Job Title: Soil person/milnor operator Starting Wage: \$ 13.50 Ending Wage: \$ 15.50

Responsibilities: dumping, sorting, tagging, washing, drying, everything

From: 8-20 To: still work there Reason for Leaving: The pay isn't that great and need to be able to have time with family

May we contact your previous supervisor for reference? Yes No

Company: Ellis Construction Phone: 214 621 8146

Address: 4004 Cook Ave Supervisor: Jimmy Ellis

Job Title: Tear down houses Starting Wage: \$ 12 Ph Ending Wage: \$ 16 Ph

Responsibilities: help tear down houses, tuckpointing, mixing cement

From: 5.90 To: 11.19 Reason for Leaving: Mr. Ellis had passed away

May we contact your previous supervisor for reference? Yes No He's no longer alive

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

Company: _____ Phone: _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Wage: \$ _____ Ending Wage: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for reference? Yes No

I certify that my answers are true and complete to the best of my knowledge.

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

Signature: Billy Harrell Date: 11.22.21

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PLEASE READ CAREFULLY APPLICATION FORM WAIVER

In exchange for the consideration of my job application by Corporate Management Group, Inc.,

I agree that:

Neither the acceptance of this application nor the subsequent entry into any type of employment relationship, either in the position applied for or any other position, and regardless of the contents of employee handbooks, personnel manuals, benefit plans, policy statements and the like as they may exist from time to time, or other company practices, shall serve to create an actual or implied contract of employment, or to confer any right to remain an employee of Corporate Management Group, Inc. (CMG), or otherwise to change in any respect the employment-at-will relationship between it and the undersigned, and that relationship cannot be altered except by a written instrument signed by an officer of CMG. Both the undersigned and CMG may end the employment relationship at any time, without specified notice or reason. If employed, I understand that CMG may unilaterally change or revise their benefits, policies and procedures and such changes may include reduction in benefits.

I authorize investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination. I hereby give CMG permission to contact schools, all previous employers (unless otherwise indicated), references and others and hereby release CMG from any liability as a result of such contact.

I understand that a comprehensive background check may be conducted to determine my eligibility for hire by CMG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by CMG policies.

I release CMG and other persons or entities from any claims that might be based on CMG's decision to conduct a background check.

I understand that, in connection with the routine processing of your employment application, CMG may request from a consumer reporting agency an investigative consumer report including information as to my credit records, character, general reputation, personal characteristics and mode of living. Upon written request from me, CMG will provide me with additional information concerning the nature and scope of any such report requested by it, as required by the Fair Credit Reporting Act.

I further understand that my employment with CMG shall be probationary for a period of ninety (90) days and further that at any time during the probationary period or thereafter, my employment relationship with CMG is terminable at will for any reason by either party.

Signature of applicant Billy Harrett Date: 11.22.21

mi MINNESOTA IDENTIFICATION CARD
USA

NOT FOR FEDERAL IDENTIFICATION



1 GARRETT
2 BILLY GEAN, JR
8 2118 CAMPUS DR SE
STE 300
ROCHESTER, MN 55904-6489
4d ID# B512-017-867-108 4e ISS 08/25/2020
3i DOB 05/21/1969 4b EXP 05/21/2024

NOT A DRIVER'S LICENSE

Billy A. Garrett

15 SEX M 17 WGT 225 lb
16 HGT 5'-08" 18 EYES BRO

5e DD 00000003399568 05/21/69





RECORDER OF DEEDS /VITAL RECORDS
1200 MARKET ST
RM 126
ST LOUIS, MO 63103



MISSOURI DEPARTMENT OF HEALTH
AND SENIOR SERVICES
FEE RECEIPT
BIRTH CERTIFICATION

REGISTRANT(S):

BILLY GARRETT
0
0
0, 0 0

BILLY GEAN GARRETT JR
B9999-999999
1 COPY

YOUR RECENT REQUEST HAS BEEN ACTED UPON AS INDICATED BELOW:				
DATE RECEIVED	TOTAL AMOUNT	AMOUNT THIS REQUEST	PROCESSING FEE REQUIRED	REFUND
11/12/2021	15.00	15.00	0.00	0.00

MO 580-0690 (10-2021)

UNAPPLIED REMITTANCES ONLY VALID FOR ONE YEAR AFTER RECEIPT. When you inquire about your request, please return this receipt. If a refund is indicated, it will be mailed within 30 to 60 days.

STATE OF MISSOURI

BIRTH CERTIFICATION

DATE FILED: JUNE 12, 1969

STATE FILE NUMBER: 124-69-028141

CHILD'S NAME: BILLY GEAN GARRETT JR

DATE OF BIRTH: MAY 21, 1969
COUNTY OF BIRTH: ST LOUIS CITY
SEX: MALE

MOTHER'S/CO-PARENT'S NAME (PRIOR TO FIRST MARRIAGE):
VERDA J HURST

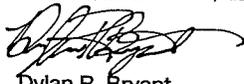
MOTHER'S/CO-PARENT'S AGE: 18
MOTHER'S/CO-PARENT'S STATE OF BIRTH: MISSISSIPPI

FATHER'S/CO-PARENT'S NAME: BILLY G GARRETT

FATHER'S/CO-PARENT'S AGE: 23
FATHER'S/CO-PARENT'S STATE OF BIRTH: ALABAMA

THIS IS A TRUE CERTIFICATION OF NAME AND BIRTH FACTS AS RECORDED BY THE BUREAU OF VITAL RECORDS, JEFFERSON CITY, MISSOURI.

ISSUED LOCALLY BY: ST LOUIS CITY
DATE ISSUED: NOVEMBER 12, 2021


Dylan R. Bryant
Deputy State Registrar



THE REPRODUCTION OF THIS DOCUMENT IS PROHIBITED BY LAW.
ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATION.

Pay Information

Name: Billy Garrett

Last 4 of SSN: 493840109

Please mark what option you choose

Direct Deposit

Bank Name _____

Routing Number _____

Account Number _____

Circle One

Checking -or- Savings

I Understand and acknowledge that if I do not provide a voided check with this direct deposit form, I am responsible for any delays in payroll or extra costs included if the account number that I provide is incorrect.

Initial BG

Bank of America Money Network Card

↓ Office Use Only ↓

Routing Number _____

Account Number _____



You have applied / are interviewing for the following position:

JOB TITLE: Portion / Cutter **Starting Wage:** \$18.00 **Shift/Hours:** 1st (6 am to 230pm or later)

JOB OBJECTIVE: To trim and/or cut meat products according to company specifications.

QUALIFICATIONS (based on essential functions):

- Related experience preferred.
- Must be able to understand instructions and directions in the English language.
- Possess basic mathematics skills.

JOB FUNCTIONS: Every effort has been made to identify the essential function of this position. However, it is no way states or implies that these are the only duties you will be required to perform. The omission of specific statements of duties does not exclude them from the position if the work is similar, related or an essential function of the position.

DUTIES/RESPONSIBILITIES: Open packages, run through line and needler; Trim primal cuts to specifications; Trim weight steaks to specifications; Box and weigh trim; Preform packager duties as required; cut end cuts and pieces into desired pieces; put steaks into packaging machine with accuracy in weight and neatness; capable of bagging and weighing; palletize all boxes; use hand jack; fill boxes with finished product; assist in cleanup; work effectively with others; report to work on time; follow rules; care for property

MACHINERY: Conveyor, tape machine, bar-coder, packaging machine, needler, cutting machine, computer and electronic scale, Sanova line, Cryovac, Skinner

EQUIPMENT: Hand pallet jack, combo, table, knives, luggers, carts, PPE.

PROTECTIVE EQUIPMENT: bump cap, nitril apron, rubber boots and gloves, face shield and goggles.

CHEMICALS: Bleach.

WORK ENVIRONMENT: Standing on cement floor. Moderate to high level of noise. Temperature ranges from 30-50 degrees Fahrenheit (-10 degrees in blast freezer).

PHYSICAL REQUIREMENTS (with or without reasonable accommodation): Ability to lift/move 10-50 pounds continuously. Requires varying degrees of pushing, pulling, bending and lifting to move boxes. Must be able to continuously perform simple repetitive and manipulative tasks such as cutting steaks. Able to perform tasks requiring action of muscles or group of muscles such as walking and stooping. Able to stand for prolonged periods (eight-hour shift).

MENTAL REQUIREMENTS (with or without reasonable accommodation): Able to concentrate on minimal details with little interruption. Must be able to attend to task/function for 60 minutes at a time. Able to remember verbal and/or written task/assignment for an eight-hour shift. Must be able to read and use a pound percentage scale.

WORK HOURS: As required, Monday through Friday workweek. Will be required to work some Saturdays.

I understand by signing this form, I have been informed about what position I am interviewing for.

Applicant Signature:

Billy Annet

Date:

11.22.21

Interviewer Signature:

[Signature]

Date:

11/22/21



CMG Preliminary Questions

Name: Billy Garrett

Date: 11.22.21

Please Mark Yes or No

1. If hired are you willing to take a drug test? Yes No

2. Are you able to work with pork and beef? Yes No

Please Mark Your Preferred Position

3. What shift to you prefer? 1st 2nd 3rd

To be completed during or after interview

Have you ever been convicted of a misdemeanor or felony? Yes No

Explain Incident D.U.I

Employee Signature Billy Garrett

Interviewer Signature [Signature]



Authorization to Enter New Hire Information

By signing below, I authorize a member of Corporate Management Group – Rochester Office – to enter my new hire paperwork into the online Zenopole (NHO) site. I understand that I will be provided access via login name and password to view the forms that they have completed on my behalf.

Employee Signature: Billy Samett Date: 11.22.21

Insurance Information

I understand that the CMG Staff defaults to decline insurance when entering my new hire paperwork unless specified otherwise during my interview.

I understand that I have 30 days after my employment starts to apply for insurance through ESSG via the login information provided to me.

I agree: BG (initial)





New Employee Acknowledgement Form

Welcome to CMG and Rochester Meats!

As a new employee, you will be provided with the website, username and password to view the new hire forms that you signed during your CMG interview. Please sign and date the bottom of the sheet stating that you received your login information.

CMG/ ESSG

Healthcare Notice of Exchange and Website for Enrollment

Safety Policy

Drug and Alcohol Testing Policy

View Paystubs

Website: <https://zenople.esgazure.com/login/cmog>

** do not fill out the below login name and password, CMG will provide you with this information **

Login Name: 5075178609

Login Password: Bg@0169

I hereby acknowledge that I have been provided with the login information to view the items listed above. I understand that it is my responsibility to read and follow each document provided to me and that if I have any questions concerning the times or its content, that it is my responsibility to address my questions with my supervisor or CMG representative, and hereby waive any claim, now or in the future, that I did not receive, did not read or did not comprehend the items or their contents.

Signature: Biley Harrett Date: 11.22.21



Applicant Certification and Authorization for Background Check

Please read the below statements and initial on the indicated line

(This information will be inputted onto the online NHO form – you will be provided the login information during your interview)

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

I understand that comprehensive background checks may be conducted to determine my eligibility for my hire by certain clients of ESSG. This may include – but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.

I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check. I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or if discovered after I begin my employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

I have read and agree BG (initial)

I hereby authorize Employer Solutions Staffing Group, LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment purposes. I understand that the scope of the consumer report / investigative consumer report may include, but is not limited to the following areas: verification of social security number, credit reports, current and previous residences, employment history, education background, character references, drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, country jurisdictions, driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation or public agency to divulge any and all information, verbal or written, pertaining to me, to Employer Solutions Staffing Group, LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation or public agency may have to include information or data received from other sources Employer Solutions Staffing Group, LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers and dates of birth.

I have read and agree BG (initial)

Employee Photo Consent Form

I, Billy Lavett agree to let CMG – Rochester office – to take and upload my photo for security purposes.

Employee Signature Name: Billy Lavett

Date: 11.22.21



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

USCIS
 Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **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) Garrett		First Name (Given Name) Billy		Middle Initial G	Other Last Names Used (if any)	
Address (Street Number and Name) 1426 4th Ave S.E.			Apt. Number 209	City or Town Rochester		State MN
Date of Birth (mm/dd/yyyy) 05/21/1969	U.S. Social Security Number 493-84-0169		Employee's E-mail Address billygarrett2584@gmail.com		Employee's Telephone Number 507 517 5609	

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 checked="" type="checkbox"/> 1. A citizen of the United States
<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: _____

QR Code - Section 1
 Do Not Write in This Space

Signature of Employee Billy Garrett	Today's Date (mm/dd/yyyy) 11-22-2021
---	--

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

STU2 Employer Completes Next Page STU2



Employee Withholding Allowance/Exemption Certificate
2021 State - Minnesota

Choose Filing Status

- Single; Married, but legally separated; or Spouse is a nonresident alien
 Married
 Married, but withhold at higher Single rate

Exempt Status

- Yes
 No

Section 1 — Determining Minnesota Allowances

A. Enter "1" for yourself if no one else can claim you as a dependent...
| 1

B. Enter "1" if: _____ • You are single and have only 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 are \$1500 or less.
| 1

C. Enter "1" for your spouse. You may choose to enter "0" if you are married and have either a working spouse or more than one job. Entering "0" may help you avoid having too little tax withheld.) _____
|

D. Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return.
| 3

E. Enter "1" if you will file as Head of Household (see instructions for qualifying as Head of Household) ...
| 1

Total number of allowances you are claiming. Add steps A through E. If you plan to itemize deductions on your 2021 Minnesota return, you may also complete the Itemized Deductions and Additional Income Worksheet.
|

Total Number of Minnesota allowances

| 6
Additional Minnesota withholding you want deducted each pay period
|

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false withholding allowance/exemption certificate.

I have read and agree: Billy Hanett Date: 11.22.21



Employee's Withholding Allowance Certificate (Federal W4)

You may claim exemption from this year withholding if you BOTH: had no federal income tax liability in the previous year and you expect to have no federal income tax liability this year. If you claim exempt, no federal income tax is withheld from your paycheck; you may owe taxes and penalties when you file your current year's tax return.

Would you like to claim exemption from Federal Income Tax?

Yes No

Choose your filing status

Single or Married filing separately

Married filing jointly (or qualifying widow(er))

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.)

Are you married filing jointly and your spouse also works?

Yes No

Do you hold more than one job at a time?

Yes No

Claim Dependents:

To claim dependents if your income will be \$200,000 or less (\$400,000 or less if married filing jointly)

Do you have qualifying children under age 17?

Yes No (if yes, how many? 3)

Do you have any other dependents?

Yes No

Other Adjustments:

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.

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.

Extra Withholding. Enter any additional tax you want withheld each pay period.

N/A

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

I have read and agree: Billy James Date: 11-27

EMERGENCY CONTACT INFORMATION

Employer Solutions Staffing Group In-Case of an Emergency – Notification Information

Please list at least one person with one working phone number.

We will only contact the name(s) listed below if we are unable to get ahold of you or if there is an emergency.

Contact # 1:

Name: Devonley LaPreze

Relationship: Friend

Phone Number: 507 576 1842

Contact # 2

Name: _____

Relationship: _____

Phone Number: _____

Additional information you want ESSG and our client to know in the event of an emergency:

This information will remain confidential and will only be used in the case of an emergency.

Work Opportunity Tax Credit Questionnaire

This Company participates in federal and/or state tax credit programs. The information you give will be used to determine the company's eligibility for these programs and will in no way negatively impact any hiring, retention, or promotion decisions.

Do any of these statements apply to you?

You or a household member received...

- Unemployment compensation in 2020
- Any type of government assistance
- Welfare/TANF
- Food Stamps/SNAP
- Social Security Income benefits

You...

- Have been approved to receive unemployment compensation in 2020
- Served in the U.S. Armed Forces
- Received vocational rehabilitation services
- Were convicted of a felony

YES / NOT SURE / NO

If you marked yes or not sure, please answer the following questions:

Are you under age 40?

YES / NO

What is your date of Birth? (MM/DD/YYYY)

5.21.69

Have you previously worked for Employer Solutions Group?

YES / NO

PLEASE ANSWER THE FOLLOWING

Not Sure? Select YES and we will verify for you.

1. Have you served in the U. S. Military?

YES / NO / NOT SURE -If you answered NO, skip to question #7. NO

2. Were you unemployed for at least 6 months in the past year?

YES / NO / NOT SURE

3. Have you received SNAP (Food Stamps) in the past 15 months?

YES / NO / NOT SURE

4. Are you entitled to compensation for a service-related disability?

YES / NO / NOT SURE

5. Were you discharged or released from active duty in the past year?

YES / NO / NOT SURE

6. In what year were you discharged from active duty?

(YYY)

N/A

7. Have you or someone in your household received or stopped receiving TANF (Welfare), childcare, housing, or transportation assistance in the past 2 years?

YES / NO / NOT SURE -if you answered NO, skip to question #13. NO



8. Did you or your household member receive assistance at least 9 months in the past 18 months?
YES / NO / NOT SURE

9. Did you or your household member receive assistance for at least the past 18 months?
YES / NO / NOT SURE

10. Did you or your household member receive assistance at least 18 months between August 1997 and June 2019?
YES / NO / NOT SURE

11. Did you or a household member stop receiving assistance in the past 2 years because it exceeded the time limitation?
YES / NO / NOT SURE

12. Choose the state in which you received your TANF (Welfare) benefit.
WHAT STATE?

13. Have you received SSI (Social Security Income) benefits in the last 90 days?
YES / NO / NOT SURE

14. Have you received vocational rehabilitation services?
YES / NO / NOT SURE

If YES: Select the rehabilitation service, you received.

STATE AGENCY / VETERANS ADMINISTRATION / TICKET TO WORK

15. Have you been unemployed for at least 27 weeks in a row, during which you received some unemployment compensation?

YES / NO / NOT SURE

If YES:

When were you unemployed?

From

_____ MM/DD/YYYY

What is the state in which you received compensation?

WHAT STATE?

16. Were you convicted of a felony or released from prison for a felony in the past year?
YES / NO / NOT SURE

If YES:

What was your conviction date?

_____ MM/DD/YYYY

What was your release date?

_____ MM/DD/YYYY

Choose your conviction state.

WHAT STATE?

Was it a Federal or State Conviction?

FEDERAL / STATE

Did you receive deferred adjudication?

YES / NO / NOT SURE

17. Have you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit?

YES / NO / NOT SURE



Case Verification Number: 2021326180733HK

Report prepared: 11/22/2021

Company Information

Company ID: 1284996

Company Name: ESSG - Corporate Management Group

Client Company ID: 1284996

Client Company Name: ESSG - Corporate Management Group

Employee Information

Name: Billy Garrett JR

Date of Birth: 05/21/1969

U.S. Social Security Number: ***-**-0169

Employee's First Day of Employment: 11/22/2021

Citizenship Status: U.S. Citizen

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

Document Subtype: State Issued ID Card

Document Number: *****7108

State: Minnesota

List C Document: U.S. birth certificate (original or certified copy)

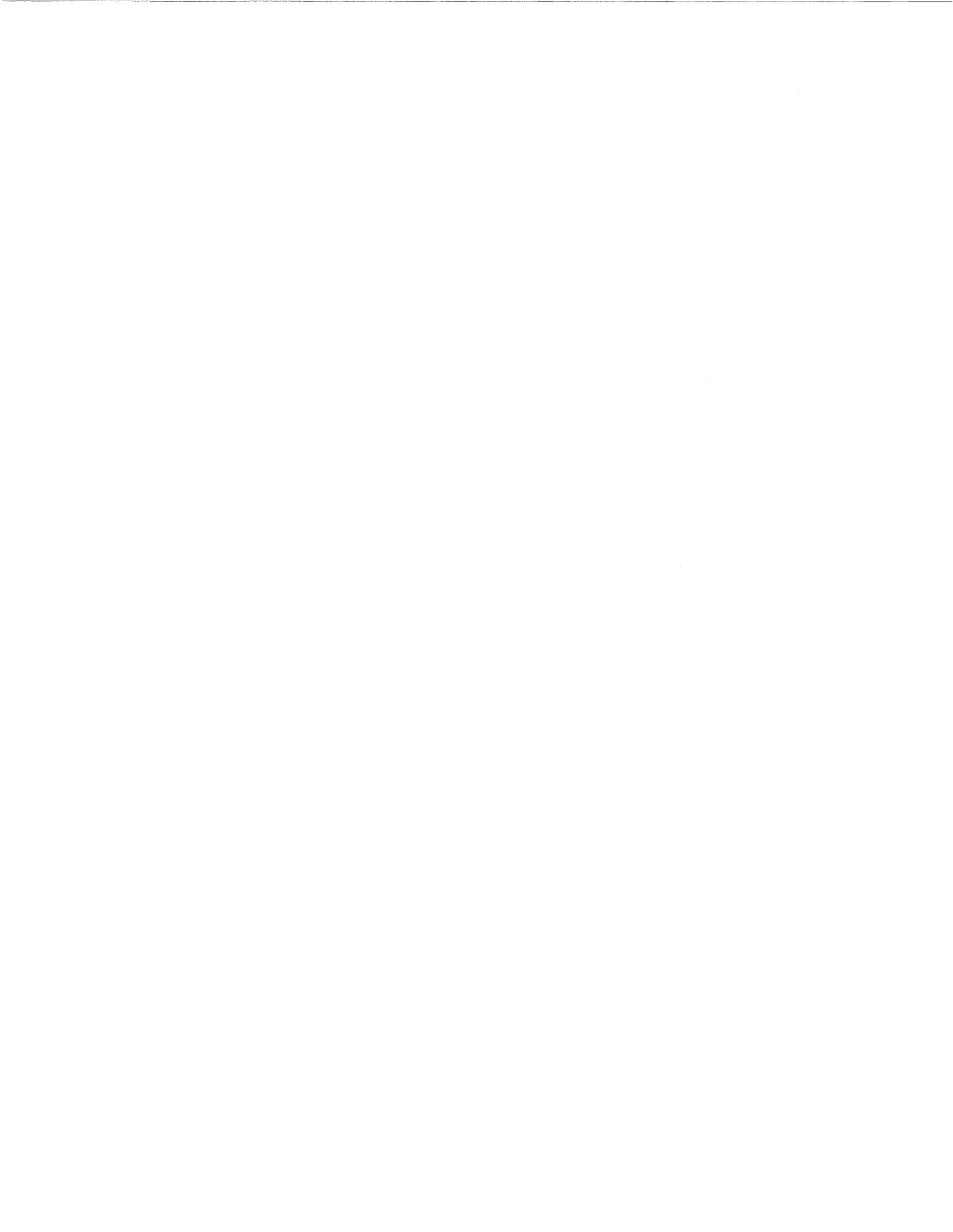
Case Information

Case Status: Closed

Case Submitted By: Diana Elton

Current Case Result: Employment Authorized

Reason for Closure: Employment Authorized Auto Close





4800 Buford Hwy AQC Prog. Stop 763
Chamblee GA 30341

71836247981000636593

In reply refer to: 1484400141
Aug. 04, 2021 LTR 3219C 0
493-84-0169 202012 30
Input Op: 1484400141 00021368
BODC: WI

BILLY G GARRETT JR
1426 4TH AVE SE APT 209
ROCHESTER MN 55904-5292

CERTIFIED MAIL

Taxpayer identification number: 493-84-0169
Tax form: 1040
Tax year ended: Dec. 31, 2020
Deficiency: \$394.00
Contact name: Tax Examiner
Contact number: 855-873-2100
Hours to call: 7:00 a.m. - 9:00 p.m. CST
Last date to petition Tax Court: Oct. 22, 2021

Dear Taxpayer:

NOTICE OF DEFICIENCY

We determined there's a deficiency in your income tax as shown above. This letter is your NOTICE OF DEFICIENCY, as required by law. Deficiency means that we have calculated your tax amount to be higher than you reported. How we figured the deficiency is at the end of this letter. This letter gives you the right to have the United States Tax Court decide if you owe the deficiency.

If you agree with this notice, sign and return the Consent to Assessment and Collection Waiver Statement at the end of this letter. This can either speed up any tax refund we may owe you or limit the interest you may owe.

You may be able to resolve this matter without going to the U.S. Tax Court if you contact us directly. For more information, see the "IF YOU WANT TO RESOLVE THIS MATTER WITH THE IRS" section below.

If you need assistance, you can contact the Taxpayer Advocate Service or a Low Income Taxpayer Clinic. Read all of this letter to find out how to get help.

The Internal Revenue Code (IRC) provides taxpayers specific rights. The Taxpayer Bill of Rights groups these rights into ten fundamental rights. See IRC 7803(a)(3). IRS employees are responsible for being familiar with and following these rights. For additional information about your taxpayer rights, please see the enclosed Publication 1, Your Rights as a Taxpayer, or visit irs.gov/taxpayer-bill-of-rights.

IF YOU DISAGREE WITH THE NOTICE OF DEFICIENCY

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1426 4TH AVE SE APT 209
ROCHESTER MN 55904-5292

If you don't agree with our final determination, you have 90 days from the date of this letter (150 days if addressed to you outside of the United States) to file a petition with the United States Tax Court.

If we disallowed your refund claim in our tax computation at the end of this letter, and you want the Tax Court to consider your challenge to our disallowance, you should list in the petition all items from the disallowed refund claim that you want to dispute.

HOW TO FILE YOUR PETITION WITH THE TAX COURT

You can get a petition form and the rules for filing from the Tax Court's website at www.ustaxcourt.gov, by contacting the Office of the Clerk at the address below, or by calling 202-521-0700. Send your completed petition form, a copy of this letter, the appropriate filing fee, and copies of all statements and schedules you received with this letter to:

United States Tax Court
400 Second Street, NW
Washington, DC 20217

The Tax Court has a simplified procedure for small tax cases when the amount in dispute is \$50,000 or less (including penalties) for any one tax year. If you use this simplified procedure, you can't appeal the Tax Court's decision. You can obtain a copy of these simplified procedures on the Tax Court's website or by writing to the Tax Court.

You can represent yourself or have anyone allowed to practice before the Tax Court represent you.

IF YOU FILED A JOINT RETURN

We're required to send a notice to each spouse. If both want to petition the Tax Court, both must sign and file the same petition or each must file a separate, signed petition. If only one spouse timely petitions the Tax Court, the deficiency may be assessed against the non-petitioning spouse.

TIME LIMITS ON FILING A PETITION

The court can't consider your case if you file the petition late.

- A petition is considered timely filed if the Tax Court receives it within

* 90 days from the date this letter was mailed to you, or

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- * 150 days from the date this letter was mailed to you 1) if this letter is addressed to you outside of the United States, or 2) if you are outside of the United States when this letter is mailed to you.
- A petition is also generally considered timely if the United States Postal Service postmark date is within the 90 or 150-day period and the envelope containing the petition is properly addressed with the correct postage. The postmark rule doesn't apply if mailed using the mail service of a foreign country.
- A petition is also generally considered timely if the date recorded by a designated private delivery service in its database as received is within the 90 or 150-day period. Not all services offered by private delivery companies are designated delivery services. For a list of designated delivery services available for domestic and international mailings and rules pertaining to them, see Notice 2016-30, which is available on the IRS website at www.irs.gov/irb201618. Please note that the list of approved delivery companies may be subject to change.

The time you have to file a petition with the Tax Court is set by law and can't be extended or suspended, even for reasonable cause. We can't change the allowable time for filing a petition with the Tax Court.

IF YOU WANT TO RESOLVE THIS MATTER WITH THE IRS

You may be able to resolve this matter without going to court by contacting us. Contact the person at the top of the first page of this letter with any questions.

If you prefer, you can write to the address at the top of the first page of this letter or fax your response to 855-855-0616.

Tell us why you don't agree in a signed statement. Send us the statement and photocopies of your original documents that support why you don't agree. Don't send us original documents. If you are unable to provide supporting documents for an amount claimed, explain the issue and how you figured the amount. Sign the Disagreement with Documentation section below and include a copy of this entire letter. Also provide your telephone number and the hours we can reach you in the spaces below.

Telephone number () _____ Hours _____

It's important that you contact us IMMEDIATELY to resolve your dispute. Our consideration of any additional information won't extend

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the deadline for you to go to court.

If you'd like to authorize someone to represent you before the IRS, complete and send us a Form 2848, Power of Attorney and Declaration of Representative, before your representative contacts us.

IF YOU AGREE WITH THE NOTICE OF DEFICIENCY

Sign the Consent to Assessment and Collection Waiver Statement at the end of this letter and return it to us, even if there isn't an amount due. Keep a copy for your records.

IF WE DON'T HEAR FROM YOU

If we don't hear from you and you don't petition the Tax Court by the deadline shown above, we'll assess the deficiency and either send you any refund we owe you or bill you for any additional tax, applicable penalties, and interest you owe us.

REASONS FOR THE CHANGES

We recently sent you a letter or notice telling you we're holding your refund.

We used our records to verify the credits you claimed on your tax return and they showed you were an inmate the entire tax year. We adjusted the credits you claimed as shown below.

REFUNDABLE CREDITS YOU CLAIMED

- Earned Income Credit

INFORMATION ABOUT THE IRS TAXPAYER ADVOCATE SERVICE

The IRS office whose phone number appears at the top of the notice can best address and access your tax information and help get you answers. However, you may be eligible for free help from the Taxpayer Advocate Service (TAS) if you can't resolve your tax problem with the IRS, or you believe an IRS procedure just isn't working as it should. TAS is an independent organization within the IRS that helps taxpayers and protects taxpayer rights. Find the location and phone number of your local Taxpayer Advocate shown in the enclosed Notice 1214, Helpful Contacts for Your "Notice of Deficiency" or at www.taxpayeradvocate.irs.gov/contact-us, or by calling the TAS toll-free number at 877-777-4778 or TTY/TDD at 800-829-4059. For more information about TAS and your rights under the Taxpayer Bill of

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Rights, go to www.taxpayeradvocate.irs.gov. Do not send your Tax Court petition to TAS. Use the Tax Court address provided earlier in the letter. Contacting TAS does not extend the time to file a petition.

LOW INCOME TAXPAYER CLINICS (LITC)

Tax professionals who are independent from the IRS may be able to help you.

Low Income Taxpayer Clinics (LITCs) can represent low-income persons before the IRS or in court. LITCs can also help persons who speak English as a second language. Any services provided by an LITC must be for free or a small fee. To find an LITC near you:

- Go to www.taxpayeradvocate.irs.gov/litcmap;
- Download IRS Publication 4134, Low Income Taxpayer Clinic List, available at www.irs.gov/forms; or
- Call the IRS toll-free at 800-829-3676 and ask for a copy of Publication 4134.

State bar associations, state or local societies of accountants or enrolled agents, or other nonprofit tax professional organizations may also be able to provide referrals.

Thank you for your cooperation.

Sincerely yours,



Gardy Laroche, Director
Return Integrity Verification Ops

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Thank you for your cooperation.

Sincerely yours,



Gardy Larochelle, Director
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Notice 1214
Publication 1