



Employer Solutions Staffing Group LLC

New Hire Application

7301 Ohms Lane / Suite 405
Edina, MN 55439
T:952.835.1288 / F:952.835.4881

Personal Data - PLEASE PRINT LEGIBLY IN INK

Last Name ROSSERU First Name Solovica Middle Initial A.
Street Address 11782 Registry Blvd
City/State/zip Hawthorn, GA 30228
Home Phone 770478-8102 Cell / Message Phone (404)276-6763
Company/Employer _____

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Are you legally authorized to work in the United States of America? YES NO

Applicant Certification and Authorization

I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. 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 a comprehensive background check may be conducted to determine my eligibility for 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 employment, will result in my termination.

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

Name (Print or type) Solovica Rossseau Applicant's Signature Solovica Rossseau Date 5/9/2011

A copy or facsimile will be considered the same as an original signature.

For ESSG Office Use Only				
DOH _____	NHW _____	I-9 _____	8850 _____	W4 _____
Emergency Contact Info _____	Background Release Form _____	Background Results _____	5 Day Letter (if applicable) _____	ESC Application _____

Employer Solutions Staffing Group Direct Deposit Authorization

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck.

The time that the money goes into your account on pay day varies by bank.
Please allow until at least 10 am on your payday for the deposit to show.

Please print

Check one of the following	Effective Date
<input checked="" type="checkbox"/> Start	<input checked="" type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____/____/____

Social Security Number 257-63-0369	
Name (Last, First Middle Initial) Bousseau, Salovica M	
Home Address 11792 Regis Key Blvd	City Hawthorn, Ga
Date (Mo/Day/Yr) 05/09/2014	State 30228
Employee Signature Salvina Bousseau	
Daytime Phone Number (404) 276-6763	
Zipcode	

SUBMISSION OF THIS FORM MEANS YOUR ENTIRE

PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Navy Federal Credit Union

Type of Account

<input checked="" type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Money Market Checking	<input type="checkbox"/> Money Market Investment Requires Submission of ACH form from your broker
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I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Employer Solutions Staffing Group at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Employer Solutions Staffing Group for distribution. This will delay payment of funds to you.

✓ **Attach a voided check HERE or photocopy of a check for checking account.**
DO NOT ATTACH A DEPOSIT SLIP.



U.S. Department of Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: November 30, 2011

YOUTH SELF-ATTESTATION FORM
Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Salouisa ROUSSEAU

Social Security Number: 257-63-0369 Date of Birth: 12/19/1980

Employer Name: Employer Solutions Staffing Group

Employer Federal ID (EIN) Number: _____

Please check all the statements that apply to you. Sign and date this form where indicated below.

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

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

New Hire's Signature: Salouisa Rousseau Date 05/09/2014

Privacy Act Notice:

The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement:

Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

WORK OPPORTUNITY TAX CREDIT

PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS

Name Salvarica, Teressa
Address 11782 Registry Blvd
City Hampton State Ga Zip 30228 Social Security # 257-63-0369
Date of Birth 12/19/1980 Age 33

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

- 1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months?
2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months?
3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days?
4. Are you part of the Ticket to Work program?

5. Name of person who received benefits
Relationship City & State where benefits received

6. Are you a veteran? Yes [X] No [] and Disabled due to service? Yes [X] No []
Service Dates: From: April 2001 To: March 2009 Branch: US Army

7. Have you been unemployed at any time during the last 12 months? Yes [X] No []
if yes, dates of unemployment: From: May 2013 To: Present
Did you receive unemployment compensation at any point during your unemployment?
if yes, dates received compensation: From: To: Yes [] No [X]

8. Have you been convicted of a felony or released from prison in the last 12 months?
Date of Conviction: Date of Release: Yes [] No [X]
Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes [] No [X]
Name of Agency Phone #
Address of Agency Counselor's Name

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes [X] No []

11. Did you receive a high school diploma or GED? if yes, date received: June 99 Yes [X] No []
Have you been employed or been admitted to technical school or college since then? Yes [] No [X]

12. How much in gross wages have you earned TOTAL in the past six months? \$ 6384

I hereby authorize any agency, organization, or individuals to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor.

NEW HIRE SIGNATURE Salvarica Teressa DATE 05/09/2014

Questions below to be completed by manager.
Starting Wage Position
Has employee worked for this company before? if yes, date and location

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

OMB No. 1545-1500

▶ See separate instructions.

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

Your name Subinica Rousseau Social security number ▶ 257-83-0369

Street address where you live 11782 Registry Blvd

City or town, state, and ZIP code Hampton, Ga 30228

County Clayton Telephone number (404) 276-6763

If you are under age 40, enter your date of birth (month, day, year) 12/19/1980

Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

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

Check here if any of the following statements apply to you.

- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
- I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but not age 40 or older and I am a member of a family that:
 - a Received SNAP benefits (food stamps) for the past 6 months, or
 - b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.
 - I am at least age 16 but not age 25 or older, and:
 - a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
 - b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
 - c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.
- Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
 - Discharged or released from active duty in the U.S. Armed Forces, or
 - Unemployed for a period or periods totaling at least 6 months.
- Check here if you are a member of a family that:
 - Received TANF payments for at least the past 18 months, or
 - Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

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

Job applicant's signature ▶ Subinica Rousseau Date 05/09/2014



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS

Form I-9

OMB No. 1615-0047

Expires 03/31/2016

▶ START HERE. 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 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) BOUSSEAU		First Name (Given Name) Sabovica		Middle Initial N	Other Names Used (if any)	
Address (Street Number and Name) 11782 REAGAN BLVD			Apt. Number	City or Town Hampden	State Ga	Zip Code 30228
Date of Birth (mm/dd/yyyy) 12/19/1970		U.S. Social Security Number 257-63-0369		E-mail Address Sabovica_ga88@yahoo.com		
			Telephone Number (404) 276-6763			

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 Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (See Instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of issuance fields. (See Instructions)



Signature of Employee: <i>Sabovica Zouren</i>	Date (mm/dd/yyyy): 05/09/2014
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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.

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



EMPLOYEE INFORMATION
(Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK OR BLUE INK ONLY
ESC (UNAV)SADJ 12 v130

Social Security Number 251-63-0369
Date of Birth 12/19/1980 Sex M F
Name Sabolica Rousseau
Street Address 11782 Registry Blvd
City Houston State GA Zip 30228
Home Phone 770-478-8802

Do you or any dependents have Medicare?
 Yes No If Yes:
Medicare Health Insurance Claim Number (HICN)

Medicare Effective Date ____ / ____ / ____
Names of Covered Person(s)
1. _____
2. _____
3. _____

BENEFIT SELECTION

Weekly Rates

MEDICAL



- \$20.91 Employee Only
- \$42.44 Employee + One
- \$56.67 Employee + Family
- NO to MEDICAL, TERM LIFE, and STD benefits.**

DENTAL



- \$ 5.99 Employee Only
- \$11.98 Employee + One
- \$19.77 Employee + Family
- NO**

TERM LIFE



- YES \$0.60 Employee Only
- YES \$0.90 Employee + One
- NO** \$1.80 Employee + Family

SHORT-TERM DISABILITY



- YES \$4.20 Employee Only
- NO**

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

You **MUST** enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

REQUIRED DEPENDENT INFORMATION

Name _____
Social Security Number _____
Date of Birth ____ / ____ / ____ Sex M F
Relationship: Spouse Child Domestic Partner

Name _____
Social Security Number _____
Date of Birth ____ / ____ / ____ Sex M F
Relationship: Spouse Child Domestic Partner

Name _____
Social Security Number _____
Date of Birth ____ / ____ / ____ Sex M F
Relationship: Spouse Child Domestic Partner

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.

NAME OF BENEFICIARY _____
RELATIONSHIP _____

Accidental Death & Dismemberment is part of the Term Life Benefit.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declaration of coverage.

Signature Melvin Rousseau

Date 05/09/2014

EMPLOYER SOLUTIONS STAFFING GROUP
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Silvica Rousseau
Address: 11782 Registry Blvd Hampton, GA 30228
Home Phone: (770)478-8802 C#(404)276-6763

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: Giorgia Rousseau (Mother)
Phone (work): _____
Phone (home): (404)627-8269
2. Name: Brenda Thorntons (Godmother)
Phone (work): _____
Phone (home): (404)889-7310

Additional information you want Employer Solutions Group and our clients to know in the event of an emergency:

STATE OF GEORGIA EMPLOYEES WITHHOLDING ALLOWANCE CERTIFICATE

1a. YOUR FULL NAME <i>Sylvia A. Rousseau</i>	1b. YOUR SOCIAL SECURITY NUMBER <i>257-63-0369</i>
2a. HOME ADDRESS (Number, Street, or Rural Route) <i>1182 Regster Blvd</i>	2b. CITY, STATE AND ZIP CODE <i>HANDYMAN GA 30228</i>

PLEASE READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING LINES 3 - 8

3. MARITAL STATUS

(If you do not wish to claim an allowance, enter "0" in the brackets beside your marital status.)

A. Single: Enter 0 or 1 [1] 4. DEPENDENT ALLOWANCES [1]

B. Married Filing Joint, both spouses working: Enter 0 or 1 [0]

C. Married Filing Joint, one spouse working: Enter 0 or 1 or 2 [0] 5. ADDITIONAL ALLOWANCES [1] (Worksheet below must be completed) D. Married Filing Separate: Enter 0 or 1 [1]

E. Head of Household: Enter 0 or 1 [1] 6. ADDITIONAL WITHHOLDING \$ _____

WORKSHEET FOR CALCULATING ADDITIONAL ALLOWANCES

(Must be completed in order to enter an amount on step 5)

1. COMPLETE THIS LINE ONLY IF USING STANDARD DEDUCTION:
 Yourself: Age 65 or over Blind
 Spouse: Age 65 or over Blind
 Number of boxes checked _____ x 1300 \$ _____

2. ADDITIONAL ALLOWANCES FOR DEDUCTIONS:
 A. Federal Estimated Itemized Deductions: \$ _____ B.
 Georgia Standard Deduction (enter one): Single/Head of Household \$2,300
 Each Spouse \$1,500
 C. Subtract Line B from Line A \$ _____

D. Allowable Deductions to Federal Adjusted Gross Income \$ _____

E. Add the Amounts on Lines 1, 2C, and 2D \$ _____

F. Estimate of Taxable Income not Subject to Withholding \$ _____

G. Subtract Line F from Line E (if zero or less, stop here) \$ _____

H. Divide the Amount on Line G by \$3,000. Enter total here and on Line 5 above \$ _____
 (This is the maximum number of additional allowances you can claim. If the remainder is over \$1,500 round up)

7. LETTER USED (Marital Status A, B, C, D, or E) A TOTAL ALLOWANCES (Total of Lines 3 - 5) 2
 (Employer: The letter indicates the tax tables in the Employer's Tax Guide)

8. EXEMPT: (Do not complete Lines 3 - 7 if claiming exempt) Read the Line 8 instructions on page 2 before completing this section.
 a) I claim exemption from withholding because I incurred no Georgia income tax liability last year and I do not expect to have a Georgia income tax liability this year. Check here
 b) I certify that I am not subject to Georgia withholding because I meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act as provided on page 2. My state of residence is _____ My spouse's (servicemember) state of residence is _____ The states of residence must be the same to be exempt. Check here

I certify under penalty of perjury that I am entitled to the number of withholding allowances or the exemption from withholding status claimed on this Form G-4. Also, I authorize my employer to deduct per pay period the additional amount listed above.

Employee's Signature *Sylvia Rousseau* Date *5/9/2014*
 Employer: Complete Line 9 and mail entire form only if the employee claims over 14 allowances or exempt from withholding. If necessary, mail form to: Georgia Department of Revenue, Withholding Tax Unit, P. O. Box 49432, Atlanta, GA 30359.
 9. EMPLOYER'S NAME AND ADDRESS: _____ EMPLOYER'S FEIN: _____

Employee Acknowledgement Form (Temps)

I hereby acknowledge receipt of Storeroom Solutions Inc. "*Employee Safety Handbook*" which outlines important safety requirements and information for working as safety as possible. I agree to follow the safety and health rules as outlined in this handbook. I further understand that complete safety and health program requirements are published in the "*Safety Manual*" that can be obtained through my Site Manager or Project Leader.

A handwritten signature in black ink, appearing to read 'Alicia Rousseau', is written over a horizontal line. Below the line, the text 'Employee Signature' is printed.
Date 3/9/2014

Employer's Representative

Date

Form W-4 (2013)

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 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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 Rerouted deductions, certain credits, adjustments to income, or two-earners/multiple jobs 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 can 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. 505 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. 505 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. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 805, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

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

B Enter "1" if:
 • You are single and have only one job; or
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
 **B** 1

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 too little tax withheld.) **C** 0

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return. **D** 1

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 \$1,900 of child or dependent care expenses for which you plan to claim a credit. **F**

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 \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.
 • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child. **G** 2

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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 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 line 5 of Form W-4 below.

Form W-4

Department of the Treasury
Internal Revenue Service

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

2013

▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

Your first name and middle initial Salvica M. Last name Rossary 2 Your social security number 257-63-0369

Home address (number and street or rural route) 11782 Reynolds Hwy Blvd 3 Single Married Married, but withheld at higher Single rate.
 Note. If married but legally separated, or spouse is a nonresident alien, check the "Single" box.

City or town, state, and ZIP code Hawthol, Ga 30228 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.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2) 5

6 Additional amount, if any, you want withheld from each paycheck 6 \$

7 I claim exemption from withholding for 2013, 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 of all federal income tax withheld because I expect to have no tax liability.
 If you meet both conditions, write "Exempt" here. Exempt

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 Salvica Rossary Date 5/9/2014
 (This form is not valid unless you sign it.) ▶ 8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.) 9 Office code (optional) 10 Employer identification number (EIN)



In reply refer to:
Account No.
2480540703

09 May 2014

Re: Salonica N. Rousseau

To Whom It May Concern:

This letter will confirm that our above-referenced member maintains the Navy Federal account notated above. This account is capable of accepting direct deposits; our routing/transit number is 2560-7497-4.

Please contact us at 1-888-842-6328 if we can be of further assistance.

NAVY FEDERAL CREDIT UNION

**NAVY FEDERAL CREDIT UNION
STOCKBRIDGE BRANCH
113 HIGHWAY 138 WEST
STOCKBRIDGE GA 30281**