

**Daniel Dalfonso**

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**From:** Noraly Cazares (External) [Noraly@corpmgmtgroup.com]  
**Sent:** Thursday, January 08, 2015 12:19 PM  
**To:** Daniel Dalfonso  
**Subject:** Missing forms  
**Attachments:** ESG Health Enrollment Form - English.pdf; ESSG Direct Deposit form.doc; Instructions on Viewing Check Stubs ESG.docx; WOTC 8850 form.pdf

Hi Dan,

Please send the missing forms back. You will not be paid on time if I don't receive them by the end of today as we have to create an ID for you to get paid.

Fax: 303-736-7767

Noraly Cazares  
Corporate Management Group, Inc  
*National Recruiter*  
Office (303) 920-1425  
Fax (303) 736-7767



*"your workforce management & staffing experts"*

# 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  
**089-36-9458**

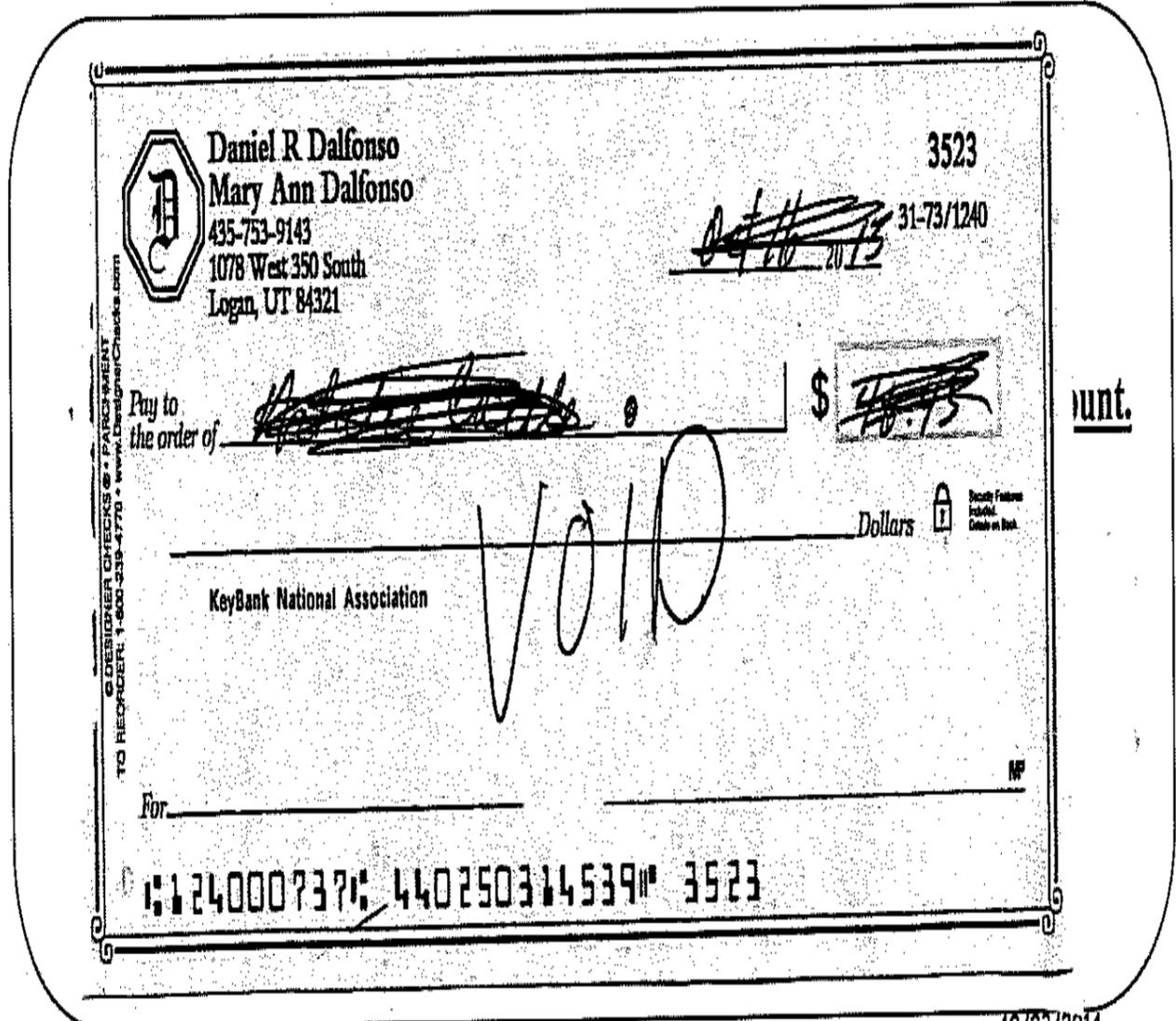
Name (Last, First Middle Initial) <b>DAIFONSO DANIEL R</b>				
Home Address	Street	City	State	Zipcode
<b>1078 W</b>	<b>350S</b>	<b>LOGAN</b>	<b>UT</b>	<b>84123</b>
Date (Mo/Day/Yr)	Employee Signature	Daytime Phone Number		
<b>12/26/14</b>	<i>Daniel Dalfonso</i>	<b>435-753 9143</b>		

**SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION**

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

Type of Account  
 Checking   
 Savings   
 Money Market Checking   
 Money Market Investment Requires Submission of ACH form from your broker

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.



12/23/2014

# Form W-4 (2014)

**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 2014 expires February 17, 2015. 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).

**Exceptions.** An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-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 2014. See Pub. 505, 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>1</u>
<b>C</b>	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.) . . . . .	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>0</u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	<u>0</u>
<b>F</b>	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit . . . . . (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	<b>F</b>	<u>0</u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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 . . . . .</li> </ul>	<b>G</b>	<u>0</u>
<b>H</b>	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.) ▶	<b>H</b>	<u>2</u>

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 \$50,000 (\$20,000 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.

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

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074  <b>2014</b>
▶ 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.				
1	Your first name and middle initial <b>DANIEL R</b>	Last name <b>DALFONSO</b>	2 Your social security number <b>089-36-9458</b>	
Home address (number and street or rural route) <b>1078W 350S</b>		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold 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 <b>LOGAN UT 84321</b>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5	Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5	<u>1</u>
6	Additional amount, if any, you want withheld from each paycheck . . . . .		6	\$ <u>          </u>
7	I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶ <b>7</b>			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶ <b>Daniel Dalfonso</b>		Date ▶ <b>12/26/14</b>		
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)

## Viewing Check Stubs

You have 2 options:

1. You can view your check stub by logging into the employee portal at [www.MyPayESG.com](http://www.MyPayESG.com)
  - Your username is **the first four letters of your last name followed by the last four numbers of your SSN.**  
*For example: John Woods SSN: 111-22-3333 would have a username of Wood333*
  - Your password will initially be **Temp1234**, and you will be directed to change it when you first log in. Be sure to write down and keep your log-in information in a secure location.
2. You can also receive your check stub by email. Please email [MyPayESG@MyPayESG.com](mailto:MyPayESG@MyPayESG.com) to inform us of your email address and all of your check stubs will be sent directly to your email.  
**\*\*Please include your Last Name and the Last Four Digits of your social security number (SSN#).**

VSI-IND 219301-EMP OFFICE USE ONLY ReHire Date

EMPLOYEE INFORMATION (Must Be Filled Out) ENROLLMENT FORM - PLAN 2 USE BLACK or BLUE INK ONLY ESC CU(NAV\*SAD) P2 v13.0

Social Security Number 089-36-9458
Date of Birth 02/04/1944 Sex M F
Name DANIEL DAIFONSO
Street Address 1078 W 3505
City LOGAN State UT Zip 84321
Home Phone 435-253-9143

Do you or any dependents have Medicare?
[X] Yes [ ] No If Yes:
Medicare Health Insurance Claim Number (HICN)
Medicare Effective Date 01/01/2015
Names of Covered Person(s)
1. DANIEL DAIFONSO

BENEFIT SELECTION Weekly Rates

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

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

DENTAL

[ ] \$ 5.99 Employee Only
[ ] \$11.98 Employee + One
[ ] \$19.77 Employee + Family
[X] NO

Name
Social Security Number
Date of Birth Sex M F
Relationship: [ ] Spouse [ ] Child [ ] Domestic Partner

TERM LIFE

[X] YES \$0.60 Employee Only
\$0.90 Employee + One
[ ] NO \$1.80 Employee + Family

Name
Social Security Number
Date of Birth Sex M F
Relationship: [ ] Spouse [ ] Child [ ] Domestic Partner

SHORT-TERM DISABILITY

[X] YES \$4.20 Employee Only
[ ] NO

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.
NAME OF BENEFICIARY
MARIANN DAIFONSO
RELATIONSHIP
Wife
Accidental Death & Dismemberment is part of the Term Life Benefit.

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

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 declination of coverage.
Signature Daniel Daifonso Date 12/26/2014