



## New Employee Acknowledgement Form

Welcome to CMG and ESSG!

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/cmg>

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

**Login Name:** \_\_\_\_\_

**Login Password:** \_\_\_\_\_

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 firm or its content, that it is my responsibility to address my questions with my supervisor or a 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:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## 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: \_\_\_\_\_ Date: \_\_\_\_\_

## 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: \_\_\_\_\_ (Initial)

## Employee Photo Consent Form

I, \_\_\_\_\_, agree to let CMG –to take and upload my photo for security purposes.

Employee Signature Name: \_\_\_\_\_

Date: \_\_\_\_\_

## Electronic W-2 Consent:

The IFS has approved employers to send W-2 electronically to employees. Employees who choose to receive their W-2 statements electronically will have the following advantages. Faster access to your W-2. Ongoing availability to view the W-2. Ability to reprint as many times as needed.

Would you like to receive your W-2 statement electronically? Yes \_\_\_\_\_ No \_\_\_\_\_

By completing the box below, you are consenting to receive your W-2 by email to only the email address that you list. A paper copy will **NOT** be provided. This option can be changed at any time but remains in effect until you inform ESSG that you would like to revoke your consent.

I consent to receive my W-2 by email at the address listed below from this date forward.

Email: \_\_\_\_\_

I agree: \_\_\_\_\_ (Initial)

## 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** DC (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 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 applicant's personal information, including, but not limited to, addresses, social security numbers and dates of birth.

**I have read and agree** DC (initial)

# 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: Colleen Danhowe

Relationship: Wife

Phone Number: 715-541-2235

**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.

# Direct Deposit/Payroll Debit Card Authorization

Employees have the option of receiving wages by Direct Deposit and/or Payroll Debit Card. If you do not provide a written election, wages will be paid by Payroll Debit Card.

## SECTION 1 BASIC INFORMATION

Employee Name: Dylan SSN# (last 4 digits): 5935 Effective Date: \_\_\_\_\_

## SECTION 2 ELECTRONIC PAY OPTIONS

- Direct Deposit (Please complete Sections 3 and 5 below) Note: Direct Deposit accounts may take up to 7 days to be activated.
- Payroll Debit Card (Please complete Sections 4 and 5 below)
- Paper Check (Option available to GA, NH, and NY residents only)

## SECTION 3 DIRECT DEPOSIT ACCOUNT

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 incurred if the account number that I provide is incorrect.

DG (initial)  
 Date: 8/16/2023  
 Bank Name: Dairy State Bank  
 Routing#: 091811074  
 Account#: 50328813  
 Account Type: \_\_\_\_\_ -or- Savings

- ◆ To help us avoid making an error, please attach a copy of a voided check. (a deposit slip will not work)
- ★ If you change banks, do not close your old bank account until your direct deposit has started at the new bank which may take 2 pay periods.

**SECTION 4 PAYROLL DEBIT CARD**

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. To request a Payroll Debit Card for you, we must provide all the following information that will enable the financial institution to identify you. If you do not submit a Direct Deposit/Payroll Debit Card Authorization, ESSG will provide the necessary information and issue you a Payroll Debit Card to pay your wages. For your protection, the financial institution may ask you to provide them additional identification information so they can verify your identity. Except for the routing and account number, ESSG does not have access to any information regarding your Payroll Debit Card account or transactions. Upon hire, you will receive your new Payroll Debit Card, and a packet containing all the terms and conditions. You will then sign acknowledging that you received the Payroll Debit Card and packet. Your Payroll Debit Card will be reloaded on each payday you receive wages.

**RECEIPT OF PAYROLL DEBIT CARD (to be completed when you pick up your Payroll Debit Card)**

Payroll Debit Card Routing # \_\_\_\_\_

Payroll Debit Card Account # \_\_\_\_\_

I have received my Payroll Debit Card, welcome brochure, program fees, program terms, conditions, and disclosures. By activating my Payroll Debit Card, I am agreeing to the program terms, conditions, and disclosures that are included or made available to me from time to time from the financial institution. I authorize the financial institution to debit my Payroll Debit Card account for the fees described in the fee schedule that is part of the program terms, conditions, and disclosures.

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**SECTION 5 AUTHORIZATION**

I authorize ESSG to directly deposit my periodic wages/compensation payments, net of required tax withholdings, other required withholdings, or authorized deductions, into my account(s) as designated above and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account(s).

Employee's Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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

USCIS  
 Form I-9  
 OMB No. 1615-0047  
 Expires 07/31/2026

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the instructions.

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B. Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**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) Guthing		First Name (Given Name) Dylan		Middle Initial (if any) L		Other Last Names Used (if any)	
Address (Street Number and Name) 11 Elizabeth Court S				City or Town Water Lake		State WI	
Date of Birth (mm/dd/yyyy) 08/09/2001		U.S. Social Security Number 393-21-5935		Employee's Email Address supercity89@gmail.com		Employee's Telephone Number 715-541-2851	

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

1. A citizen of the United States  
 2. A noncitizen national of the United States (See instructions.)  
 3. A lawful permanent resident. (Enter USCIS or A-Number.)  
 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)

If you check Item Number 4., enter one of these:  
 USCIS A-Number \_\_\_\_\_ OR Form I-94 Admission Number \_\_\_\_\_  
 Foreign Passport Number and Country of Issuance \_\_\_\_\_

Signature of Employee *[Signature]* Today's Date (mm/dd/yyyy) 08/15/2023

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A, OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Check here if you used an alternative procedure authorized by DHS to examine documents.  
 Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.

Last Name, First Name and Title of Employer or Authorized Representative		Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	
Employer's Business or Organization Name				Employer's Business or Organization Address, City or Town, State, ZIP Code	



# Employee's Wisconsin Withholding Exemption Certificate/New Hire Reporting

WT-4

## Employee's Section

Employee's Name (last, first, middle initial) Cynthia Lynn L	Social Security Number 395-21-5935	Date of Birth 08/09/2004
Employee's address (number and street) 19 Elizabeth Court S	City Turtle Lake	State WI
<input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note: If married, but legally separated, check the Single box.</b>	Zip Code 54889	Date of Hire

### FIGURE YOUR TOTAL WITHHOLDING EXEMPTIONS BELOW

Complete Lines 1 through 3 only if your Wisconsin exemptions are different than your federal allowances.

- (a) Exemption for yourself - enter 1 ..... 0
  - (b) Exemption for your spouse - enter 1 ..... 0
  - (c) Exemption(s) for dependent(s) - you are entitled to claim an exemption for each dependent ..... 0
  - (d) Total - add lines (a) through (c) ..... 0.00
2. Additional amount per pay period you want deducted (if your employer agrees) .....
3. I claim complete exemption from withholding (see instructions). Enter "Exempt" .....

I CERTIFY that the number of withholding exemptions claimed on this certificate does not exceed the number to which I am entitled. If claiming complete exemption from withholding, I certify that I incurred no liability for Wisconsin income tax for last year and that I anticipate that I will incur no liability for Wisconsin income tax for this year.

Signature \_\_\_\_\_ Date Signed \_\_\_\_\_

### EMPLOYEE INSTRUCTIONS:

#### • WHO MUST FILE:

Every Employee is required to file a completed Form WT-4 with each of his or her employers unless the Employee claims the same number of withholding exemptions for Wisconsin withholding tax purpose as for federal withholding tax purpose. Form WT-4 (or federal Form W-4 if a Form WT-4 is not filed) will be used by your employer to determine the amount of Wisconsin income tax to be withheld from your paychecks. If you have more than one employer, you should claim a smaller number or no exemptions on each Form WT-4 filed with employers other than your principal employer so that the total amount withheld will be closer to your actual income tax liability.

Your employer may also require you to complete this form to report your hiring to the Department of Workforce Development.

You may file a new Form WT-4 any time you wish to change the amount of withholding from your paychecks, providing the number of exemptions you claim does not exceed the number you are entitled to claim.

#### • UNDER WITHHOLDING:

If sufficient tax is not withheld from your wages, you may incur additional interest charges under the tax laws. In general, 90% of the net tax shown on your income tax return should be withheld.

#### • OVER WITHHOLDING:

If you are using Form WT-4 to claim the maximum number of exemptions to which you are entitled and your withholding exceeds your expected income tax liability, you may use Form WT-4A to minimize the over withholding.

#### • WHEN TO FILE IF YOUR EXEMPTIONS CHANGE:

You must file a new certificate within 10 days if the number of exemptions previously claimed by you DECREASES.

You may file a new certificate at any time if the number of your exemptions INCREASES.

#### • HOW TO COMPLETE FORM WT-4

Clearly print your full name (last, first, middle initial), address, social security number and date of birth.

#### • LINE 1:

(a)-(c) Number of exemptions — Do not claim more than the correct number of exemptions. If you expect to owe more income tax for the year than will be withheld if you claim every exemption to which you are entitled, you may increase your withholding by claiming a smaller number of exemptions on lines 1(a)-(c) or you may enter into an agreement with your employer to have additional amounts withheld (see instruction for line 2).

(c) Dependents — Those persons who qualify as your dependents for federal income tax purposes may also be claimed as dependents for Wisconsin purposes. The term "dependents" does not include you or your spouse. Indicate the number of dependents that you are claiming in the space provided.

#### • LINE 2:

Additional withholding — If you have claimed "zero" exemptions on line 1, but still expect to have a balance due on your tax return for the year, you may wish to request your employer to withhold an additional amount of tax for each pay period. If your employer agrees to this additional withholding, enter the additional amount you want deducted from each of your paychecks on line 2.

#### • LINE 3:

Exemption from withholding — You may claim exemption from withholding of Wisconsin income tax if you had no liability for income tax for last year, and you anticipate that you will incur no liability for income tax for this year. You may not claim exemption if your return shows tax liability before the allowance of any credit for income tax withheld. If you are exempt, your employer will not withhold Wisconsin income tax from your wages.

You must revoke this exemption (1) within 10 days from the time you anticipate you will incur income tax liability for the year or (2) on or before December 1 if you anticipate you will incur Wisconsin income tax liabilities for the next year. If you want to stop or are required to revoke this exemption, you must file a new Form WT-4 with your employer showing the number of withholding exemption you are entitled to claim. This certificate for exemption from withholding will expire on April 30 of next year unless a new Form WT-4 is filed before that date.

## Employer's Section

Employer's Name	Federal Employer ID Number	
Employer's payroll address (number and street)	State	Zip Code
City		

### EMPLOYER INSTRUCTIONS for Department of Revenue:

- If you do not have a Federal Employer Identification Number (FEIN), contact the Internal Revenue Service to obtain a FEIN.
- If the Employee has claimed more than 10 exemptions OR has claimed complete exemption from withholding and earns more than \$200.00 a week or is believed to have claimed more exemptions than he or she is entitled to, mail a copy of this certificate to: Wisconsin Department of Revenue, Audit Bureau, P.O. Box 8906, Madison, WI 53708 or fax (608)-267-0834.
- Keep a copy of this certificate with your records. If you have questions about the Department of Revenue requirements, call (608) 266-8646 or (608) 266-2776.

### EMPLOYER INSTRUCTIONS for New Hire Reporting:

- This report contains the required information for reporting New Hire to Wisconsin. Mail the original form to the Department of Workforce Development, New Hire Reporting, PO Box 14431, Madison, WI 53708-0431 or fax toll free to 1-800-277-8075.
- If you are reporting New Hires electronically, you do not need to forward a copy of this report to Department of Workforce Development.
- If you have questions about New Hire requirements, call toll free (888) 300-HIRE (888-300-4473).

**Form W-4**

Department of the Treasury  
Internal Revenue Service

**Employee's Withholding Certificate**

OMB No. 1545-0074

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.

**2023**

Your withholding is subject to review by the IRS.

<b>Step 1:</b> Enter Personal Information	(a) First, name and middle initial Dylan L	(b) Social security number
	Last name Gutting	
	Address 10 Elizabeth Court City or town, state, and ZIP code Tuttle Lake, MI 49884	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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	(c) <input checked="" type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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, other details, 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) Reserved for future use.  
(b) Use the Multiple Jobs Worksheet on page 3, and enter the result in Step 4(c) below; 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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate.

**TIP:** If you have self-employment income, see page 2.

**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.)

<b>Step 3: Claim Dependent and Other Credits</b>	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 . . . . . \$	
<b>Step 4 (optional): Other Adjustments</b>	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here (a) <b>Other income (not from jobs).</b> 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 . . . . . (b) <b>Deductions.</b> 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 . . . . . (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	3 \$ 4(a) \$ 4(b) \$ 4(c) \$

<b>Step 5: Sign Here</b>	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.	
<b>Employers Only</b>	Employee's signature (This form is not valid unless you sign it.) <i>Dylan Gutting</i>	Date 8/15/2023
	Employer's name and address	First date of employment
	Employer identification number (EIN)	

**8850**Form  
(Rev. March 2016)Department of the Treasury  
Internal Revenue Service**Pre-Screening Notice and Certification Request for  
the Work Opportunity Credit**

OMB No. 1545-1500

▶ Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_

Social security number ▶ \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_

Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2  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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6  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.
- 7  Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**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 ▶** \_\_\_\_\_**Date** \_\_\_\_\_

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form **8850** (Rev. 3-2016)

U21 WISCONSIN  
DRIVER LICENSE REGULAR



9 CLASS **D**

9a END NONE

3 DOB **08/09/2001**

4a ISS **07/07/2020**

4b EXP **08/09/2028**

5 SEX **M** 6 HGT **5'-10"**

7 WGT **200 lb**

8 EYES **BLU**

9 HAIR **BRO**



*Dylan Gutting*

1 GUTTING

2 DYLAN LEO

4a **G352-1720-1289-06**

8 101 ELIZABETH CT S  
TURTLE LAKE, WI 54889



UNDER 18 UNTIL  
AGE ATTAINED

UNDER 21 UNTIL  
**08/09/2022**

WISCONSIN  
DYLAN LEO

S DD 0T10D202007254147

