

Name Kardos Johnny Joseph  
Last First Middle Maiden

Present Address 10 Mcquise Ave Easton  
Street City State Zip

Telephone (703) 547-7845 E-Mail jkookingj82@gmail

Referred by \_\_\_\_\_ Shift(s) available to work \_\_\_\_\_

Position applying for Laborer

Desired pay per hour 17.00

How many hours per week? 40 + Can you work night? \_\_\_\_\_

When are you available for a new position? \_\_\_\_\_

Do you have any commitments (such as court dates) that will prevent you from accepting a modified work schedule?  
 Yes  No

Do you have any pre-scheduled days off in prospect (three or more days)?  
Yes  No  If so, please list all dates: NA

What is your means of transportation to work? CAR

Military Experience  
Have you ever been in the Armed Forces? Yes  No   
Are you currently an active member of the Reserve or National Guard? Yes  No   
Branch NA Specialty \_\_\_\_\_  
Date Entered \_\_\_\_\_ Discharge Date \_\_\_\_\_

## Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

### General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claim and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty. Filers with multiple jobs, two working spouses, if you have more than one job at a time, or if you're married, if your spouse is also working, read all of the instructions including the instructions for the Two-Earnings/Multiple Jobs Worksheet before beginning.

**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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

#### Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
<p>► Whether you're 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.</p>				<p><b>2018</b></p>
1	First name and middle initial <i>Sherry</i>	Last name <i>Reid</i>	2 Your social security number <i>526 95 4381</i>	
Home address (number and street or rural route) <i>10000 ...</i>		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code <i>... CA 90612</i>		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. <input type="checkbox"/>		
5	Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5 <i>2</i>		
6	Additional amount, if any, you want withheld from each paycheck	6 <i>\$</i>		
7 I claim exemption from withholding for 2018, 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.				
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. <i>[Signature]</i>				Date <i>6/12/18</i>
Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment
				10 Employer identification number (EIN)



### Direct Deposit/Payroll Debit Card Authorization Form

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

Employee Name: Jeremy Hunter

**Payroll Election:**

Direct Deposit (Please see Section A)

Payroll Debit Card (Please see Section B)

**Section A: Direct Deposit**

Bank Name: Wachovia Bank

Routing Number: 67000262

Account Number: 32774545

Account Type: Check  Savings  Other

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 information that I provided is incorrect.

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

**Section B: Payroll Debit Card**

Routing Number: \_\_\_\_\_

Account Number: 4278 2004 405 4607

Initial: JH Date: 6/2/18

I have received my Payroll Debit Card, welcome brochure, program fees, conditions and disclosures. By activating my Payroll Debit Card on my first pay day 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 CMG to debit my Payroll Debit Card account for the fees described to me in the provided material.

**Section C: Additional Accounts**

Bank Name: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: Check  Savings  Other

I request that the following funds be deposited to the account listed in section C:

\_\_\_\_\_ % of my original deposit

\$ \_\_\_\_\_ from my original deposit

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

I authorize CMG to directly deposit my wages and other payments as necessary into my account(s) as designated above and to initiate, debit entries and adjustments for any credit entries made in error to my account(s).

I have been informed how to gain access to my electronic pay stub, if needed.

Employee Signature: Jeremy Hunter Date: \_\_\_\_\_



## ANTI-HARASSMENT POLICY

It is Corporate Management Group's (CMG) policy that all employees should be able to enjoy a work environment free from all forms of discrimination, including harassment. As such, CMG is committed to vigorously enforcing their Anti-harassment Policy. This policy applies to all employees of the organization (without regard to position) and individuals not directly connected to CMG (e.g., an outside vendor, consultant, customer or guest). Title VII of the Civil Rights Act of 1964 prohibits employment discrimination based on race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, membership or activity in a local commission, disability, sexual orientation or veteran status. Harassment is considered a form of discrimination and is specifically included among the prohibitions under Title VII of the Civil Rights Act of 1964. In addition, retaliation or reprisal taken against anyone who has expressed concern about harassment or discrimination against the individual raising the concern is illegal.

The Equal Employment Opportunity Commission (EEOC) defines sexual harassment as "unwelcome sexual advances, requests for sexual favors, sexual comments, or other verbal or physical acts of a sexual or sex-based nature including, but not limited to drawings, pictures, jokes, and/or teasing when: (1) submission to such conduct is made either explicitly or implicitly a term or a condition of an individual's employment; (2) an employment decision is based on an individual's acceptance or rejection of such conduct; or (3) such conduct interferes with an individual's work performance or creates an intimidating, hostile or offensive working environment."

The Anti-harassment Policy prohibits harassment and/or retaliation by any individual employed by, doing business with or for, or visiting CMG. Employees who believe they have been the subject of harassment and/or retaliation or an employee who may have been witness to harassment and/or retaliation must report the incident immediately. Information and/or allegations must be reported to a manager of CMG (by telephoning 866.920.1425 or 303.920.1425). Only those who have an immediate need to know, including the alleged target of harassment or retaliation, the alleged harassers or retaliators, and any witnesses may find out the identity of the complainant. All individuals contacted in the course of an investigation will be advised that all persons involved in a charge are entitled to respect and that any retaliation or reprisal against an individual who is an alleged target of harassment or retaliation, who has made a complaint, or who has provided information in connection with a complaint, is a separate violation of CMG's policy. All information will be disclosed only on a need-to-know basis to allow CMG to



To: All Employees  
Quien: Todos Empleados

From: Corporate Management Group & Employer Solutions Group  
De: Corporate Management Group y Employer Solutions Group

Re: Stop Payment Check Fee  
Re: Tarifa de cheque parado

Effective immediately, to replace a lost or stolen check, \$50.00 will be deducted from the replacement check for a stop payment fee and for a reprocessing fee. *Efectivo inmediatamente, para reemplazar un cheque de resguardo perdido o robado, \$50.00 de tarifa sera deducido de el cheque reemplazado para parar el cheque original y para procesarlo denuevo.*

If you lose your check, we will first have to verify that it has not been processed through the bank. If it has not, a new check will be issued, minus the \$50.00 fee. *Si usted pierde su cheque, tendremos que verificar que no ha sido procesado en el banco. Si no, un cheque nuevo sera procesado, menos las tarifa de \$50.00.*

If your check is stolen, we will first need a copy of the police report before a new check can be reissued. After we receive a copy of the police report, a new check will be issued following the same procedures as listed above. *Si su cheque es robado, necesitamos una copia de el reporte de policia antes de que un cheque nuevo sera procesado. Despues de obtener una copia del reporte de policia, un cheque nuevo sera procesado usando los mismos procedimientos mencionados arriba.*

If you have any questions regarding this new policy, please contact your On-Site Representative or the Corporate Office (303-920-1425). *Si usted tiene preguntas sobre esta politica, por favor comuniquese a un representante de CMG o la oficina corporal al (303-920-1425)*

Thank you for your continued dedication and hard work!

*Gracias por su dedicacion continua!*

By signing below you are confirming that you understand the above policy.  
*Con su firma abajo usted esta confirmando que entiende la politica descrita.*

Signature/Firma:

Date/Fecha:

*[Handwritten Signature]*  
*6-12-18*





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

USCIS  
 Form I-9  
 OMB No. 1615-0047  
 Expires 06/30/2019

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** (Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)

Last Name (Family Name) <i>Leith</i>		First Name (Given Name) <i>Shelby</i>		Middle Initial <i>J</i>	Other Last Names Used (if any)	
Address (Street Number and Name) <i>11 Creeper Ave</i>				City or Town <i>Easton</i>	State <i>CA</i>	ZIP Code <i>95015</i>
Date of Birth (mm/dd/yyyy) <i>04-22-82</i>		U.S. Social Security Number <i>536 93 4581</i>		Employee's Telephone Number <i>Jer. Cook, ng j82@gmail.com (970) 347-7843</i>		

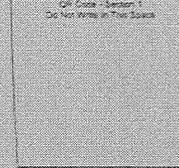
I am aware that federal law provides for imprisonment and/or fines for this statement or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

- 1. A citizen of the United States.
- 2. A noncitizen national of the United States. (See instructions)
- 3. A lawful permanent resident. (Alien Registration Number/USCIS Number)
- 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy).  
Some aliens may write "N/A" in the expiration date field. (See instructions)

Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:  
 An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number \_\_\_\_\_  
 OR  
 2. Form I-94 Admission Number \_\_\_\_\_  
 OR  
 3. Foreign Passport Number \_\_\_\_\_  
 Country of Issuance \_\_\_\_\_



Signature of Employee *Shelby Leith* Today's Date (mm/dd/yyyy) *4/12/18*

**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

STCP Employer Completes Next Page STCP



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name) Keaton	First Name (Given Name) Jeremy	M.I. J	Citizenship/Immigration Status 1
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title N/A		Document Title ID card issued by state/territory		Document Title
Issuing Authority N/A		Issuing Authority Colorado		Issuing Authority
Document Number N/A		Document Number 98-152-0659		Document Number
Expiration Date (if any)(mm/dd/yyyy) N/A		Expiration Date (if any)(mm/dd/yyyy) 04/22/2022		Expiration Date (if any)(mm/dd/yyyy)
Document Title N/A		Additional Information		QR Code - Section 2 Do Not Write In This Space 
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				
Document Title N/A				
Issuing Authority N/A				
Document Number N/A				
Expiration Date (if any)(mm/dd/yyyy) N/A				

**Certification:** I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): 06/08/2018 (See instructions for exemptions)

Signature of Employer or Authorized Representative <i>Andrea Findley</i>		Today's Date(mm/dd/yyyy) <u>06/13/2018</u>	Title of Employer or Authorized Representative Executive Assistant	
Last Name of Employer or Authorized Representative Findley	First Name of Employer or Authorized Representative Andrea		Employer's Business or Organization Name Corporate Management Group, LLC	
Employer's Business or Organization Address (Street Number and Name) 12000 N. Washington St. Suite 350		City or Town Thornton	State CO	ZIP Code 80241

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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# COLORADO USA ID

## IDENTIFICATION CARD



*Jeremy Joseph Keaton* 

1 KEATON  
2 JEREMY JOSEPH  
8 111 CHEYENNE AVE  
EATON, CO 80615  
3 DOB 4a Iss  
04/22/1982 09/08/2017  
4d Customer Identifier 4b Exp  
98-152-0659 04/22/2022  
5 DD Previous Type  
983388 N  
15 Sex 16 Hgt  
M 5'-08"  
18 Eyes 17 Wgt  
BLU 175 lb  
19 Hair  
BLN

J. KEATON 04/22/1982





## Case Verification Number: 2018164192041DL

Report prepared: 06/13/2018

### Company Information

**Company ID:** 31504

**Company Name:** Corporate Management Group, INC.

**Client Company ID:** 31504

**Client Company Name:** Corporate Management Group, INC.

### Employee Information

**Name:** Jeremy J. Keaton

**Date of Birth:** 04/22/1982

**U.S. Social Security Number:** \*\*\*-\*\*-4381

**Employee's First Day of Employment:** 06/08/2018

**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

**Expiration Date:** 04/22/2022

**State:** Colorado

**List C Document:** Social Security Card

### Case Information

**Current Case Result:** Closed

**Case Submitted By:** Andrea Findley

**Case Status:** Employment Authorized

**Reason for Closure:** Employment Authorized Auto Close