



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) EISENHARD		First Name (Given Name) JOHN		Middle Initial H.	Other Names Used (if any)	
Address (Street Number and Name) 95 ELLIS AVE.		Apt. Number	City or Town SPRINGVILLE	State NY	Zip Code 14141	Telephone Number (716)592-3842
Date of Birth (mm/dd/yyyy) 09/21/1976	U.S. Social Security Number 102-64-8034	E-mail Address johnheisenhard@yahoo.com				

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

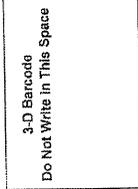
2. Form I-94 Admission Number: _____

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: John H. Eisenhard Date (mm/dd/yyyy): 06/17/2015

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):
First Name (Given Name)		
Last Name (Family Name)		State
Address (Street Number and Name)		City or Town
State		Zip Code





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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Eisenhard, John H.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title: Driver license		Document Title: Birth certificate
Issuing Authority:		Issuing Authority: New York		Issuing Authority: New York State Department of Health
Document Number:		Document Number: 960 996 796		Document Number: .
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): 09/21/2018		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

3-D Barcode
Do Not Write in This Space

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): 06/17/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Caitlin Scholl</i>		Date (mm/dd/yyyy) 06/17/2015	Title of Employer or Authorized Representative Administrative Assistant	
Last Name (Family Name) Scholl		First Name (Given Name) Caitlin	Employer's Business or Organization Name EMPLOYER SOLUTIONS STAFFING GROUP LLC	
Employer's Business or Organization Address (Street Number and Name) 7301 OHMS LANE SUITE 405		City or Town EDINA	State MN	Zip Code 55439

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security
E-Verify

Report Prepared: 06/18/2015
Page: 1 of 1

Case Verification Number: 2015169133927ME

Case Information:**Employee Information:**

Last Name:	Eisenhard	First Name:	John
Middle Initial:	H	Other Names Used:	
Social Security Number:	*** ** 8024	Date of Birth:	09/21/1976
Citizenship Status:	A citizen of the United States	Email Address:	

Document Information:

List B Document:	Driver's license or ID card issued by a U.S. state or outlying possession	List C Document:	U.S. birth certificate (original or certified copy)
Document Name:	Driver's license	Document State:	New York
Driver's License or ID Card Number:		Document Expiration Date:	09/21/2018
Alien Number:		I-94 Number:	

Additional Information:

Hire Date:	06/17/2015	Employer Case ID:	
Three-Day Rule Reason:		Three-Day Rule - Other:	
Submitted By:	CSCH4411	Submitted On:	06/18/2015

Initial Case Result:

Case Result: Employment Authorized

Employee Referred to SSA:

Referred By: Referred On:

Case Result from SSA (after SSA Tentative Nonconfirmation):

Case Result: Response Date:

Resubmitted to SSA (after Review and Update Employee Data):

Last Name:		First Name:	
Middle Initial:		Other Names Used:	
Social Security Number:		Date of Birth:	
Resubmitted By:		Resubmitted On:	

Case Result from SSA (after Resubmission):

Case Result:

Request Name Review:

Comments:
Submitted By: Submitted On:

Case Result from DHS (after DHS Verification in Process):

Case Result: Response Date:

Employee Referred to DHS:

Referred By: Referred On:

Case Result from DHS (after DHS Tentative Nonconfirmation):

Case Result: Response Date:

Photo Matching Results:

Determination:

Employee Referred to DHS (Additional):

Referred By:

Referred On:

Case Result from DHS (after Additional DHS Tentative Nonconfirmation):

Case Result:

Response Date:

Case Closure:

Closure Statement:

Closed By:

Closed On:

SENSITIVE BUT UNCLASSIFIED

NEW YORK STATE

DRIVER LICENSE

ID: 960 996 796 CLASS D

EISENHARD
JOHN H
06 ELLIS AV
SPRINGVILLE NY 14141
DOB: 09-21-79
SEX: M EYES: BL HT: 5-04
E: NONE
R: D
ISSUED 09-22-10 EXPIRES 09-21-18 HMMNDWGS



John H. Eisenhard

New York State Department of Health
Albany, N. Y. 12237

Certificate of Birth Registration

This certifies that a certificate of birth has been filed under the name of:

JOHN HOYT EISENHARD

Sex: MALE

Born on: SEPTEMBER 21st., 1976, AT 7:51 A. M.

At: SPRINGVILLE, New York

Name of father: CARL LEONARD EISENHARD

Maiden name of mother: DEBORAH KAREN HOYT

Date filed: SEPTEMBER 23rd., 1976.

Local Registration No.: 353

Date issued: SEPTEMBER 23rd., 1976.

James C. Smith
Dep. Registrar of Vital Statistics
Address: SPRINGVILLE, NEW YORK

This notice is void if it contains any erasures or corrections.

employer solutions staffing group
 Leveraging Resources in a Changing Market
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: JOHN H. EISENHARD SSN# (last 4 digits): 8024 Effective Date: 6-16-2015

SECTION 2 - PAYROLL ELECTION

Direct Deposit (Please complete Sections 3 and 5 below)
 Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 3 - DIRECT DEPOSIT

Update Bank Account

Bank Name: Cattaraugus County Bank
 Routing#: 022307820
 Account#: 1710041307

Account Type: Checking 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 number that I provide is incorrect.
 Initial: JHE Date: 6/16/15

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.

JOHN H. EISENHARD 65-762/222 1108

PAY TO THE ORDER OF: VOID DATE: _____ \$ _____

CATTARAUGUS COUNTY BANK
 100 WEST MAIN STREET
 CATARAUGUS, NY 14703
 WWW.CATTARAUGUSCOUNTYBANK.COM

MAIL TO: _____
 ATTENTION: _____
 PHONE: _____
 FAX: _____

City of Birth: _____
 Social Security#: _____

RECEIPT OF PAYROLL DEBIT CARD AND I HAVE RECEIVED MY PAYROLL DEBIT CARD

Payroll Debit Card Routing #: 473972181 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).
 * E-mail is required for pay stub information.

* E-mail: johnheisenhard @ yahoo.com
 Employee's Signature: John H. Eisenhard Date: JUNE 17, 2015



Employee's Withholding Allowance Certificate

First name and middle initial JOHN H	Last name EISENHARD	Your social security number 102-64-8024
Parliament home address (number and street or rural route) 95 ELLIS AVE		Single or head of household <input checked="" type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office SPRINGVILLE	State NY	Married, but withhold at higher single rate <input type="checkbox"/>
Are you a resident of New York City? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are you a resident of Yonkers? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Have I married but legally separated, met an X in this Single or Head of Household box.
Complete the worksheet on page 3 before making any entries.		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 17) 1		
2 Total number of allowances for New York City (from line 2g) 2		
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.		
3 New York State amount	4 New York City amount	5 Yonkers amount

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employer's signature

John H Eisenhard

Title

6-17-15

Penalty - A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an X in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

- A Employee claimed more than 14 exemption allowances for NYS A
- B Employee is a new hire or a retiree... B First date employee performed services for pay (mm-dd-yyyy) (see inst.)

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer complete this section only. You are sending a copy of this form to the NYS Tax Department) | Employer identification number

Instructions

Changes effective for 2015
Form IT-2104 has been revised for tax year 2015. The worksheet on page 3, the charts beginning on page 4, and the additional dollar amounts in the instructions on page 2, used to compute withholding allowances or to enter an additional dollar amount (IT-2104 (s) 3-4), and the worksheet (boxed) for additional dollar amounts, you should complete a new 2015 Form IT-2104 and give it to your employer.

Who should file this form
This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State and New York City and Yonkers tax to withhold from employees' pay. The more allowances claimed, the lower the amount of tax withheld.

- If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year.
- You itemize your deductions on your personal income tax return.
 - You claim allowances for New York State credits.
 - You owed tax or received a large refund when you filed your personal income tax return for the past year.
 - Your wages have increased and you expect to earn \$106,200 or more during the tax year.
 - The total income of you and your spouse has increased to \$106,200 or more for the tax year.
 - You have significantly more or less income from other sources or from another job.
 - You no longer qualify for exemption from withholding.

Form W-4 (2015)

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends from 1041-SS, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 595 for how to fill out the W-4.

Purpose. Complete Form W-4 so that your employer can withhold the correct amount of 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 lines 1, 2, 3, 4, and 7 and sign the form on February 15, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The deductions, certain credits, adjustments to income, or two-earner/multiple jobs situations, you complete all personal allowances first. For single wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages. Generally, you can claim head of household, single, or married filing jointly. For joint filers, you must file a joint tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your spouse. For more information, see the Instructions for Form 1041-SS, Estimated Tax for Individuals, and Filing Information, for information.

Check your withholding. After your Form W-4 takes effect, use the 505 to see how the amount withheld from your pay compares to the amount you owe for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married). Future developments, information about any future changes, and how to contact the IRS are available at www.irs.gov/efile.

Exemptions. An employee may be able to claim an exemption from withholding even if the employee is a dependent. If the employee:
 • Is blind, or
 • Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

Personal Allowances Worksheet (Keep for your records)

Check your withholding. After your Form W-4 takes effect, use the 505 to see how the amount withheld from your pay compares to the amount you owe for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married). Future developments, information about any future changes, and how to contact the IRS are available at www.irs.gov/efile.

Exemptions. An employee may be able to claim an exemption from withholding even if the employee is a dependent. If the employee:
 • Is blind, or
 • Will claim adjustments to income, tax credits, or itemized deductions, on his or her tax return.

Personal Allowances Worksheet (Keep for your records)

Check your withholding. After your Form W-4 takes effect, use the 505 to see how the amount withheld from your pay compares to the amount you owe for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married). Future developments, information about any future changes, and how to contact the IRS are available at www.irs.gov/efile.

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
 • You are married, have only one job, and your spouse does not work; or
 • Your wages from a second job or your spouse's wages (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** 0

E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) **E** 0

F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit **F** 0

G **Child Tax Credit** (including additional child tax credit). See Pub. 572, Child Tax Credit, for more information.
 • If your total income will be less than \$65,000 if married, enter "2" for each eligible child; then less "1" if you have two to four eligible children or less. "2" if you have five or more eligible children.
 • If your total income will be between \$65,000 and \$84,000 if married, enter "1" for each eligible child. **G** 0

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** 2

I 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 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 Employee's Withholding Allowance Certificate

OMB No. 1545-0074
2015

Department of the Treasury
 Internal Revenue Service

1 Your first name and middle initial **Last name**

JOHN H. EISENHARTD

2 Your social security number

102-64-8024

3 Single Married Married, but withheld at higher single rate.

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) **6** **7**

SPRINGVILLE, NEW YORK 14141 6 2

8 **9** Office code (optional) **10** Employer identification number (EIN)

95 ELLIS AVE 6/16/15

Employee's signature (This form is not valid unless you sign it.) John H. Eisenhardt

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.