

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total income exceeds \$1,050 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 don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't 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 2017. 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.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
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 _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
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 \$2,000 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 \$70,000 (\$100,000 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 \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
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 <u>0</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. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ 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.		OMB No. 1545-0074 2017
1 Your first name and middle initial Joshua S		Last name Zuccala		2 Your social security number 126864142
Home address (number and street or rural route) 14 Coventry Lane		3 <input checked="" 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 Orchard Park		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		0
6 Additional amount, if any, you want withheld from each paycheck		6		\$
7 I claim exemption from withholding for 2017, 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 ▶		7		
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>Joshua Zuccala</i> Joshua Zuccala (Dec 31, 2017)		Date ▶ Dec 31, 2017		
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)

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details. 1 \$ _____
- 2 Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ 2 \$ _____
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____
- 4 Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2017 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2017 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104
(1/12)

Print or type	First name and middle initial Joshua S	Last name Zuccala	Your social security number 126864142
	Permanent home address (number and street or rural route) 14Coventry Lane		Apartment number
	City, village, or post office Orchard Park	State NY	ZIP code 14127

Single or Head of household Married
 Married, but withhold at higher single rate
Note: If married but legally separated, mark an X in the Single or Head of household box.

Are you a resident of New York City? Yes No
 Are you a resident of Yonkers? Yes No

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 28) **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 **3.**
 4 New York City amount **4.**
 5 Yonkers amount **5.**

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

Employee's signature <i>Joshua Zuccala</i>	Date 12/31/2017
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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.

Employers only: 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 instr.):

A. Employee claimed more than 14 exemption allowances for NYS A.
 B. Employee is a new hire or a rehire.... B. First date employee performed services for pay (mm-dd-yyyy) (see instr.):
 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 if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
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Instructions

Changes effective for 2012

Form IT-2104 has been revised for tax year 2012. 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 your withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet, charts, or the additional dollar amounts, you should complete a new 2012 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 the employee's 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 and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- 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 \$100,000 or more during the tax year.
- The total income of you and your spouse has increased to \$100,000 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.
- You have been advised by the Internal Revenue Service that you are entitled to fewer allowances than claimed on your original federal Form W-4, and the disallowed allowances were claimed on your original Form IT-2104.

Exemption from withholding

You cannot use Form IT-2104 to claim exemption from withholding. To claim exemption from income tax withholding, you **must** file Form IT-2104-E, *Certificate of Exemption from Withholding*, with your employer. You must file a new certificate each year that you qualify for exemption. This exemption from withholding is allowable only if you had no New York income tax liability in the prior year, you expect none in the current year, **and** you are over 65 years of age, under 18, or a full-time student under 25. You may also claim exemption from withholding if you are a military spouse and meet the conditions set forth under the Servicemembers Civil Relief Act as amended by the Military Spouses Residency Relief Act. If you are a dependent who is under 18 or a full-time student, you may owe tax if your income is more than \$3,000.

Withholding allowances

You may **not** claim a withholding allowance for yourself or, if married, your spouse. Claim the number of withholding allowances you compute in Part 1 and Part 3 on page 3 of this form. If you want more tax withheld, you may claim fewer allowances. **If you claim more than 14 allowances**, your employer **must send** a copy of your **Form IT-2104** to the New York State Tax Department. You may then be asked to verify your allowances. If you arrive at negative allowances (less than zero) on lines 1 or 2 and your employer cannot accommodate negative allowances, **enter 0** and see *Additional dollar amount(s)* below.

Income from sources other than wages — If you have more than \$1,000 of income from sources other than wages (such as interest, dividends, or alimony received), reduce the number of allowances claimed on line 1 and line 2 (if applicable) of the IT-2104 certificate by one for each \$1,000 of nonwage income. If you arrive at negative allowances (less than zero), see *Withholding allowances* above. You may also consider filing estimated tax, especially if you have significant amounts of nonwage income. Estimated tax requires that payments be made by the employee directly to the Tax Department on a quarterly basis. For more information, see the instructions for Form IT-2105, *Estimated Income Tax Payment Voucher for Individuals*, or see *Need help?* on page 6.

Other credits (Worksheet line 13) — If you will be eligible to claim any credits other than the credits listed in the worksheet, such as an investment tax credit, you may claim additional allowances.

Find your filing status and your New York adjusted gross income (NYAGI) in the chart below, and divide the amount of the expected credit by the number indicated. Enter the result (rounded to the nearest whole number) on line 13.

Single and NYAGI is:	Head of household and NYAGI is:	Married and NYAGI is:	Divide amount of expected credit by:
Less than \$200,000	Less than \$250,000	Less than \$300,000	66
Between \$200,000 and \$1,000,000	Between \$250,000 and \$1,500,000	Between \$300,000 and \$2,000,000	68
Over \$1,000,000	Over \$1,500,000	Over \$2,000,000	88

Example: You are married and expect your New York adjusted gross income to be less than \$300,000. In addition, you expect to receive a flow-through of an investment tax credit from the S corporation of which you are a shareholder. The investment tax credit will be \$160. Divide the expected credit by 66. $160/66 = 2.4242$. The additional withholding allowance(s) would be 2. Enter 2 on line 13.

Married couples with both spouses working — If you and your spouse both work, you should each file a separate IT-2104 certificate with your respective employers. Your withholding will better match your total tax if the higher wage-earning spouse claims all of the couple's allowances and the lower wage-earning spouse claims zero allowances. **Do not** claim more total allowances than you are entitled to. If your combined wages are:

- less than \$100,000, you should each mark an **X** in the box *Married, but withhold at higher single rate* on the certificate front, and divide the total number of allowances that you compute on line 17 and line 28 (if applicable) between you and your working spouse.
- \$100,000 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount on line 3.

Taxpayers with more than one job — If you have more than one job, file a separate IT-2104 certificate with each of your employers. Be sure to claim only the total number of allowances that you are entitled to. Your withholding will better match your total tax if you claim all of your allowances at your higher-paying job and zero allowances at the lower-paying job. In addition, to make sure that you have enough tax withheld, if you are a single taxpayer or head of household with two or more jobs, and your combined wages from all jobs are under \$100,000, reduce the number of allowances by seven on line 1 and line 2 (if applicable) on the certificate you file with your higher-paying job employer. If you arrive at negative allowances (less than zero), see *Withholding allowances* above.

If you are a single or a head of household taxpayer, and your combined wages from all of your jobs are between \$100,000 and \$2,100,000, use the chart(s) in Part 5 and enter the additional withholding dollar amount from the chart on line 3.

If you are a married taxpayer, and your combined wages from all of your jobs are \$100,000 or more, use the chart(s) in Part 4 and enter the additional withholding dollar amount from the chart on line 3 (Substitute the words *Higher-paying job for Higher earner's wages* within the chart).

Dependents — If you are a dependent of another taxpayer and expect your income to exceed \$3,000, you should reduce your withholding allowances by one for each \$1,000 of income over \$2,500. This will ensure that your employer withholds enough tax.

Following the above instructions will help to ensure that you will not owe additional tax when you file your return.

Heads of households with only one job — If you will use the head-of-household filing status on your state income tax return, mark the *Single or Head of household* box on the front of the certificate. If you have only one job, you may also wish to claim two additional withholding allowances on line 14.

Additional dollar amount(s)

You may ask your employer to withhold an additional dollar amount each pay period by completing lines 3, 4, and 5 on Form IT-2104. In most instances, if you compute a negative number of allowances and your employer cannot accommodate a negative number, for each negative allowance claimed you should have an additional \$1.85 of tax withheld per week for New York State withholding on line 3, and an additional \$0.80 of tax withheld per week for New York City withholding on line 4. Yonkers residents should use 15% (.15) of the New York State amount for additional withholding for Yonkers on line 5.

Note: If you are requesting your employer to withhold an additional dollar amount on lines 3, 4, or 5 of this allowance certificate, the additional dollar amount, as determined by these instructions or by using the chart(s) in Part 4 or Part 5, is accurate for a weekly payroll. Therefore, if you are not paid on a weekly basis, you will need to adjust the dollar amount(s) that you compute. For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Avoid underwithholding

Form IT-2104, together with your employer's withholding tables, is designed to ensure that the correct amount of tax is withheld from your pay. If you fail to have enough tax withheld during the entire year, you may owe a large tax liability when you file your return. The Tax Department must assess interest and may impose penalties in certain situations in addition to the tax liability. Even if you do not file a return, we may determine that you owe personal income tax, and we may assess interest and penalties on the amount of tax that you should have paid during the year.

(continued)

Employers

Box A — If you are required to submit a copy of an employee's Form IT-2104 to the Tax Department because the employee claimed more than 14 allowances, mark an **X** in box A and send a copy of Form IT-2104 to: **NYS Tax Department, Income Tax Audit Administrator, Withholding Certificate Coordinator, W A Harriman Campus, Albany NY 12227.**

Due dates for sending certificates received from employees claiming more than 14 allowances are:

Quarter	Due date	Quarter	Due date
January – March	April 30	July – September	October 31
April – June	July 31	October – December	January 31

Box B — If you are submitting a copy of this form to comply with New York State's New Hire Reporting Program, mark an **X** in box B. Enter the first day any services are performed for which the employee will be paid wages, commissions, tips and any other type of compensation. For services based solely on commissions, this is the first day an employee working for commissions is eligible to earn commissions. Also, mark an **X** in the Yes or No box indicating if dependent health insurance benefits are available to this employee. If Yes, enter the date the employee qualifies for coverage. Mail the completed form, within 20 days of hiring, to: **NYS Tax Department, New Hire Notification, PO Box 15119, Albany NY 12212-5119.** To report newly-hired or rehired employees online instead of submitting this form, go to www.nynewhire.com.

Worksheet

See the instructions before completing this worksheet.

Part 1 — Complete this part to compute your withholding allowances for New York State and Yonkers (line 1).

6	Enter the number of dependents that you will claim on your state return (<i>do not include yourself or, if married, your spouse</i>) ...	6.	_____
For lines 7, 8, and 9, enter 1 for each credit you expect to claim on your state return.			
7	College tuition credit	7.	_____
8	New York State household credit	8.	_____
9	Real property tax credit	9.	_____
For lines 10, 11, and 12, enter 3 for each credit you expect to claim on your state return.			
10	Child and dependent care credit	10.	_____
11	Earned income credit	11.	_____
12	Empire State child credit	12.	_____
13	Other credits (<i>see instructions</i>)	13.	_____
14	Head of household status and only one job (<i>enter 2 if the situation applies</i>)	14.	_____
15	Enter an estimate of your federal adjustments to income, such as alimony you will pay for the tax year and deductible IRA contributions you will make for the tax year. Total estimate \$ _____ Divide this estimate by \$1,000. Drop any fraction and enter the number	15.	_____
16	If you expect to itemize deductions on your state tax return, complete Part 2 below and enter the number from line 25. All others enter 0	16.	_____
17	Add lines 6 through 16. Enter the result here and on line 1. If you have more than one job, or if you and your spouse both work, see instructions for <i>Taxpayers with more than one job</i> and <i>Married couples with both spouses working</i>	17.	_____

Part 2 — Complete this part only if you expect to itemize deductions on your state return.

18	Enter your estimated federal itemized deductions for the tax year	18.	_____
19	Enter your estimated state, local, and foreign income taxes or state and local general sales taxes included on line 18 (<i>if your estimated New York AGI is over \$1 million, you must enter on line 19 all estimated federal itemized deductions included on line 18 except charitable contributions</i>)	19.	_____
20	Subtract line 19 from line 18	20.	_____
21	Enter your estimated college tuition itemized deduction	21.	_____
22	Add lines 20 and 21	22.	_____
23	Based on your federal filing status, enter the applicable amount from the table below	23.	_____
Standard deduction table			
Single (cannot be claimed as a dependent) ...	\$ 7,500	Qualifying widow(er)	\$15,000
Single (can be claimed as a dependent)	\$ 3,000	Married filing jointly	\$15,000
Head of household	\$10,500	Married filing separate returns	\$ 7,500
24	Subtract line 23 from line 22 (<i>if line 23 is larger than line 22, enter 0 here and on line 16 above</i>)	24.	_____
25	Divide line 24 by \$1,000. Drop any fraction and enter the result here and on line 16 above	25.	_____

Part 3 — Complete this part to compute your withholding allowances for New York City (line 2).

26	Enter the amount from line 6 above	26.	_____
27	Add lines 14 through 16 above and enter total here	27.	_____
28	Add lines 26 and 27. Enter the result here and on line 2	28.	_____

Higher earner's wages		Combined wages between \$1,100,000 and \$1,600,000									
		\$1,100,000 \$1,150,000	\$1,150,000 \$1,200,000	\$1,200,000 \$1,250,000	\$1,250,000 \$1,300,000	\$1,300,000 \$1,350,000	\$1,350,000 \$1,400,000	\$1,400,000 \$1,450,000	\$1,450,000 \$1,500,000	\$1,500,000 \$1,550,000	\$1,550,000 \$1,600,000
\$550,000	\$600,000	\$13	\$16								
\$600,000	\$650,000	\$13	\$16	\$19	\$22						
\$650,000	\$700,000	\$13	\$16	\$19	\$22	\$25	\$28				
\$700,000	\$750,000	\$13	\$16	\$19	\$22	\$25	\$28	\$31	\$34		
\$750,000	\$800,000	\$13	\$16	\$19	\$22	\$25	\$28	\$31	\$34	\$37	\$39
\$800,000	\$850,000	\$21	\$16	\$19	\$22	\$25	\$28	\$31	\$34	\$37	\$39
\$850,000	\$900,000	\$19	\$24	\$19	\$22	\$25	\$28	\$31	\$34	\$37	\$39
\$900,000	\$950,000	\$17	\$22	\$27	\$22	\$25	\$28	\$31	\$34	\$37	\$39
\$950,000	\$1,000,000	\$24	\$20	\$25	\$30	\$25	\$28	\$31	\$34	\$37	\$39
\$1,000,000	\$1,050,000	\$27	\$26	\$22	\$26	\$31	\$26	\$29	\$32	\$35	\$38
\$1,050,000	\$1,100,000	\$18	\$27	\$26	\$22	\$26	\$31	\$26	\$29	\$32	\$35
\$1,100,000	\$1,150,000	\$8	\$18	\$27	\$26	\$22	\$26	\$31	\$26	\$29	\$32
\$1,150,000	\$1,200,000		\$8	\$18	\$27	\$26	\$22	\$26	\$31	\$26	\$29
\$1,200,000	\$1,250,000			\$8	\$18	\$27	\$26	\$22	\$26	\$31	\$26
\$1,250,000	\$1,300,000				\$8	\$18	\$27	\$26	\$22	\$26	\$31
\$1,300,000	\$1,350,000					\$8	\$18	\$27	\$26	\$22	\$26
\$1,350,000	\$1,400,000						\$8	\$18	\$27	\$26	\$22
\$1,400,000	\$1,450,000							\$8	\$18	\$27	\$26
\$1,450,000	\$1,500,000								\$8	\$18	\$27
\$1,500,000	\$1,550,000									\$8	\$18
\$1,550,000	\$1,600,000										\$8

Higher earner's wages		Combined wages between \$1,600,000 and \$2,100,000									
		\$1,600,000 \$1,650,000	\$1,650,000 \$1,700,000	\$1,700,000 \$1,750,000	\$1,750,000 \$1,800,000	\$1,800,000 \$1,850,000	\$1,850,000 \$1,900,000	\$1,900,000 \$1,950,000	\$1,950,000 \$2,000,000	\$2,000,000 \$2,050,000	\$2,050,000 \$2,100,000
\$800,000	\$850,000	\$42	\$45								
\$850,000	\$900,000	\$42	\$45	\$48	\$51						
\$900,000	\$950,000	\$42	\$45	\$48	\$51	\$54	\$57				
\$950,000	\$1,000,000	\$42	\$45	\$48	\$51	\$54	\$57	\$60	\$62		
\$1,000,000	\$1,050,000	\$41	\$44	\$47	\$50	\$52	\$55	\$58	\$61	\$452	\$850
\$1,050,000	\$1,100,000	\$38	\$41	\$44	\$47	\$50	\$52	\$55	\$58	\$449	\$850
\$1,100,000	\$1,150,000	\$35	\$38	\$41	\$44	\$47	\$50	\$52	\$55	\$446	\$847
\$1,150,000	\$1,200,000	\$32	\$35	\$38	\$41	\$44	\$47	\$50	\$52	\$444	\$844
\$1,200,000	\$1,250,000	\$29	\$32	\$35	\$38	\$41	\$44	\$47	\$50	\$441	\$841
\$1,250,000	\$1,300,000	\$26	\$29	\$32	\$35	\$38	\$41	\$44	\$47	\$438	\$838
\$1,300,000	\$1,350,000	\$31	\$26	\$29	\$32	\$35	\$38	\$41	\$44	\$435	\$836
\$1,350,000	\$1,400,000	\$26	\$31	\$26	\$29	\$32	\$35	\$38	\$41	\$432	\$833
\$1,400,000	\$1,450,000	\$22	\$26	\$31	\$26	\$29	\$32	\$35	\$38	\$429	\$830
\$1,450,000	\$1,500,000	\$26	\$22	\$26	\$31	\$26	\$29	\$32	\$35	\$426	\$827
\$1,500,000	\$1,550,000	\$27	\$26	\$22	\$26	\$31	\$26	\$29	\$32	\$423	\$824
\$1,550,000	\$1,600,000	\$18	\$27	\$26	\$22	\$26	\$31	\$26	\$29	\$421	\$821
\$1,600,000	\$1,650,000	\$8	\$18	\$27	\$26	\$22	\$26	\$31	\$26	\$418	\$818
\$1,650,000	\$1,700,000		\$8	\$18	\$27	\$26	\$22	\$26	\$31	\$415	\$815
\$1,700,000	\$1,750,000			\$8	\$18	\$27	\$26	\$22	\$26	\$420	\$813
\$1,750,000	\$1,800,000				\$8	\$18	\$27	\$26	\$22	\$415	\$817
\$1,800,000	\$1,850,000					\$8	\$18	\$27	\$26	\$410	\$813
\$1,850,000	\$1,900,000						\$8	\$18	\$27	\$414	\$808
\$1,900,000	\$1,950,000							\$8	\$18	\$415	\$812
\$1,950,000	\$2,000,000								\$8	\$406	\$813
\$2,000,000	\$2,050,000									\$202	\$415
\$2,050,000	\$2,100,000										\$13

Note: These charts do not account for additional withholding in the following instances:

- a married couple with both spouses working, where one spouse's wages are more than \$1,050,000 but less than \$2,100,000, and the other spouse's wages are also more than \$1,050,000 but less than \$2,100,000;
- married taxpayers with only one spouse working, and that spouse works more than one job, with wages from each job under \$2,100,000 but combined wages from all jobs is over \$2,100,000.

If you are in one of these situations and you would like to request an additional dollar amount of withholding from your wages, please contact the Tax Department for assistance (see *Need help?* on page 6).

Part 5 — These charts are only for single taxpayers and head of household taxpayers with more than one job, and whose combined wages are between \$100,000 and \$2,100,000.

Enter the additional withholding dollar amount on line 3.

The additional dollar amount, as shown below, is accurate for a weekly payroll. If you are not paid on a weekly basis, you will need to adjust these dollar amount(s). For example, if you are paid biweekly, you must double the dollar amount(s) computed.

Higher wage		Combined wages between \$100,000 and \$500,000										
		\$100,000 \$120,000	\$120,000 \$140,000	\$140,000 \$160,000	\$160,000 \$180,000	\$180,000 \$220,000	\$220,000 \$260,000	\$260,000 \$300,000	\$300,000 \$350,000	\$350,000 \$400,000	\$400,000 \$450,000	\$450,000 \$500,000
\$50,000	\$70,000	\$12	\$17									
\$70,000	\$90,000	\$12	\$18	\$24								
\$90,000	\$110,000	\$8	\$16	\$22	\$24	\$26						
\$110,000	\$120,000	\$2	\$10	\$17	\$20	\$23	\$26					
\$120,000	\$130,000		\$4	\$14	\$17	\$21	\$26					
\$130,000	\$140,000		\$2	\$10	\$13	\$18	\$26	\$24				
\$140,000	\$150,000			\$4	\$10	\$14	\$26	\$22				
\$150,000	\$160,000			\$2	\$8	\$12	\$25	\$23	\$20			
\$160,000	\$180,000				\$3	\$10	\$23	\$26	\$20			
\$180,000	\$220,000					\$8	\$19	\$27	\$25	\$22		
\$220,000	\$260,000						\$8	\$15	\$22	\$17	\$17	\$12
\$260,000	\$300,000							\$6	\$14	\$21	\$14	\$15
\$300,000	\$350,000								\$7	\$15	\$21	\$14
\$350,000	\$400,000									\$7	\$15	\$21
\$400,000	\$450,000										\$7	\$15
\$450,000	\$500,000											\$7

Higher wage		Combined wages between \$500,000 and \$1,100,000											
		\$500,000 \$550,000	\$550,000 \$600,000	\$600,000 \$650,000	\$650,000 \$700,000	\$700,000 \$750,000	\$750,000 \$800,000	\$800,000 \$850,000	\$850,000 \$900,000	\$900,000 \$950,000	\$950,000 \$1,000,000	\$1,000,000 \$1,050,000	\$1,050,000 \$1,100,000
\$260,000	\$300,000	\$9											
\$300,000	\$350,000	\$16	\$8	\$8									
\$350,000	\$400,000	\$14	\$16	\$8	\$8	\$8							
\$400,000	\$450,000	\$21	\$14	\$16	\$8	\$8	\$8	\$8					
\$450,000	\$500,000	\$15	\$21	\$14	\$16	\$8	\$8	\$8	\$8	\$8			
\$500,000	\$550,000	\$7	\$15	\$21	\$14	\$16	\$8	\$8	\$8	\$8	\$8	\$208	\$419
\$550,000	\$600,000		\$7	\$15	\$21	\$14	\$16	\$8	\$8	\$8	\$8	\$208	\$419
\$600,000	\$650,000			\$7	\$15	\$21	\$14	\$16	\$8	\$8	\$8	\$208	\$419
\$650,000	\$700,000				\$7	\$15	\$21	\$14	\$16	\$8	\$8	\$208	\$419
\$700,000	\$750,000					\$7	\$15	\$21	\$14	\$16	\$8	\$208	\$419
\$750,000	\$800,000						\$7	\$15	\$21	\$14	\$16	\$208	\$419
\$800,000	\$850,000							\$7	\$15	\$21	\$14	\$216	\$419
\$850,000	\$900,000								\$7	\$15	\$21	\$214	\$427
\$900,000	\$950,000									\$7	\$15	\$221	\$425
\$950,000	\$1,000,000										\$7	\$215	\$432
\$1,000,000	\$1,050,000											\$108	\$226
\$1,050,000	\$1,100,000												\$13

(Part 5 continued on page 7)

Privacy notification

The Commissioner of Taxation and Finance may collect and maintain personal information pursuant to the New York State Tax Law, including but not limited to, sections 5-a, 171, 171-a, 287, 308, 429, 475, 505, 697, 1096, 1142, and 1415 of that Law; and may require disclosure of social security numbers pursuant to 42 USC 405(c)(2)(C)(i).

This information will be used to determine and administer tax liabilities and, when authorized by law, for certain tax offset and exchange of tax information programs as well as for any other lawful purpose.

Information concerning quarterly wages paid to employees is provided to certain state agencies for purposes of fraud prevention, support enforcement, evaluation of the effectiveness of certain employment and training programs and other purposes authorized by law.

Failure to provide the required information may subject you to civil or criminal penalties, or both, under the Tax Law.

This information is maintained by the Manager of Document Management, NYS Tax Department, W A Harriman Campus, Albany NY 12227; telephone (518) 457-5181.

Need help?



Visit our Web site at www.tax.ny.gov

- get information and manage your taxes online
- check for new online services and features



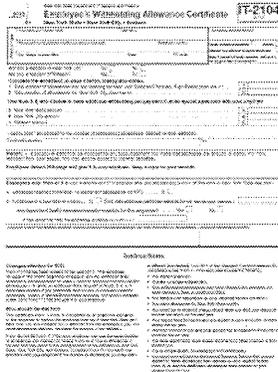
Telephone assistance

Automated income tax refund status: (518) 457-5149

Personal Income Tax Information Center: (518) 457-5181

To order forms and publications: (518) 457-5431

Text Telephone (TTY) Hotline (for persons with hearing and speech disabilities using a TTY): (518) 485-5082



New York IT 2104

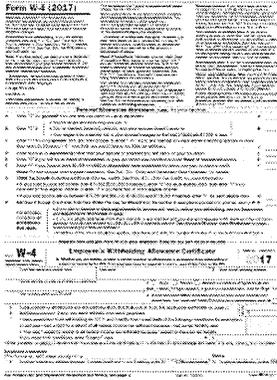
Adobe Sign Document History

12/31/2017

Created:	12/20/2017
By:	Jamie Ready (jamie@corpmgmtgroup.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAAtcKS4QLMDTy_L6HilCztMittW1SD41wz

"New York IT 2104" History

-  Document created by Jamie Ready (jamie@corpmgmtgroup.com)
12/20/2017 - 12:38:49 PM MST - IP address: 96.93.208.65
-  Document emailed to Joshua Zuccala (jzuccala@verizon.net) for signature
12/20/2017 - 12:38:52 PM MST
-  Document viewed by Joshua Zuccala (jzuccala@verizon.net)
12/31/2017 - 2:33:48 PM MST - IP address: 68.133.74.80
-  Document e-signed by Joshua Zuccala (jzuccala@verizon.net)
Signature Date: 12/31/2017 - 2:36:03 PM MST - Time Source: server- IP address: 68.133.74.80
-  Signed document emailed to Joshua Zuccala (jzuccala@verizon.net) and Jamie Ready (jamie@corpmgmtgroup.com)
12/31/2017 - 2:36:03 PM MST



2017 W-4

Adobe Sign Document History

12/31/2017

Created:	12/20/2017
By:	Jamie Ready (jamie@corpmgmtgroup.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAck_NK5pinyjr_LQkRVLUDR8_lete4sTz

"2017 W-4" History

-  Document created by Jamie Ready (jamie@corpmgmtgroup.com)
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-  Document emailed to Joshua Zuccala (jzuccala@verizon.net) for signature
12/20/2017 - 12:38:19 PM MST
-  Document viewed by Joshua Zuccala (jzuccala@verizon.net)
12/31/2017 - 2:31:38 PM MST- IP address: 68.133.74.80
-  Document e-signed by Joshua Zuccala (jzuccala@verizon.net)
Signature Date: 12/31/2017 - 2:33:24 PM MST - Time Source: server- IP address: 68.133.74.80
-  Signed document emailed to Jamie Ready (jamie@corpmgmtgroup.com) and Joshua Zuccala (jzuccala@verizon.net)
12/31/2017 - 2:33:24 PM MST



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	Joshua Zuccala	SSN# (last 4 digits)	4142	Effective Date
---------------	----------------	----------------------	------	----------------

SECTION 2 PAYROLL ELECTION

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)

SECTION 3 DIRECT DEPOSIT

ACCOUNT	<input checked="" type="checkbox"/> Update Bank Account	<p>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.</p> <p>Initial <u>JZ</u> Date <u>04/13/2016</u></p>
	Bank Name: <u>USAA</u>	
	Routing# <u>314074269</u>	
	Account# <u>170575012</u>	
	Account Type: <input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	

- 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 (GLOBAL CASH CARD)

Federal law requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account. In order to request a Payroll Debit Card for you, we must provide all of 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. On your first payday, you will receive your new Payroll Debit Card, and a packet containing all of 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.

CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

First Name	M.I.	Last Name	Date of Birth
Street Address (PO BOX NOT ACCEPTABLE)			Social Security#
City	State	Zip	Cell Phone (mobile)

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

Payroll Debit Card Routing # <u>073972181</u>	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: jzuccala@verizon.net @ _____

this information will only be used to send your paystubs electronically

Employee's Signature: Joshua Zuccala Date: Apr 13, 2016
Joshua Zuccala (Apr 13, 2016)

NEW YORK STATE
DRIVER LICENSE

USA

James J. Egan
Executive Deputy Commissioner of Motor Vehicles

ENHANCED

ID 834 540 633

Class D



ZUCCALA
JOSHUA SCOTT

14 COVENTRY LN
ORCHARD PARK, NY 14127



Sex M Height 5'-03" Eyes BRO

DOB 03/11/1996

Expires 03/11/2025

E NONE

R B

Issued 03/02/2017

Joshua Zuccala
MAR 20

Organ Donor

EXCELSIOR





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

▶ **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) Zuccala		First Name (Given Name) Joshua		Middle Initial S	Other Last Names Used (if any) N/A
Address (Street Number and Name) 14 Coventry Lane		Apt. Number N/A	City or Town Orchard Park		State NY
Date of Birth (mm/dd/yyyy) 03/11/1996	U.S. Social Security Number 126864142 - [][][][][][]	Employee's E-mail Address jzuccala@verizon.net		Employee's Telephone Number 17167832889	

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 boxes):

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

*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: N/A
OR
 2. Form I-94 Admission Number: N/A
OR
 3. Foreign Passport Number: N/A
 Country of Issuance: N/A

QR Code - Section 1
 Do Not Write In This Space

Signature of Employee <i>Joshua Zuccala</i> <small>Joshua Zuccala (11/03/17, 40-77)</small>	Today's Date (mm/dd/yyyy) Dec 31, 2017
---	---

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

Employer Completes Next Page

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



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.")

Employee Info from Section 1	Last Name (Family Name) Zuccala	First Name (Given Name) Joshua	M.I. S	Citizenship/Immigration Status US Citizen
-------------------------------------	---	--	------------------	---

List A
OR
List B
AND
List C
Identity and Employment Authorization

Document Title	Document Title NY Driver License	Document Title Birth Certificate
Issuing Authority	Issuing Authority State of NY	Issuing Authority NY Dept. of Health
Document Number	Document Number 834 540 633	Document Number 96030208 A00638
Expiration Date (if any)(mm/dd/yyyy)	Expiration Date (if any)(mm/dd/yyyy) 03/11/2025	Expiration Date (if any)(mm/dd/yyyy)

Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any)(mm/dd/yyyy)		

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): 01/11/2018 (See instructions for exemptions)

Signature of Employer or Authorized Representative Andrea Findley	Today's Date (mm/dd/yyyy) 01/11/2018	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 EMPLOYER SOLUTIONS STAFFING GROUP LLC
Employer's Business or Organization Address (Street Number and Name) 7480 FLYING CLOUD DRIVE SUITE 200	City or Town EDEN PRAIRIE	State MN
		ZIP Code 55344

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

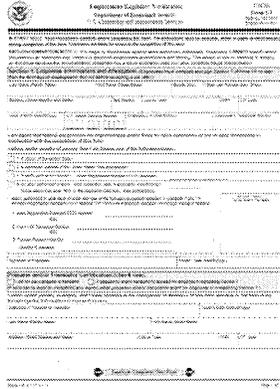
A. New Name (if applicable)			B. Date of Rehire (if applicable)
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)

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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ESG I-9

Adobe Sign Document History

12/31/2017

Created:	12/20/2017
By:	Jamie Ready (jamie@corpmanagementgroup.com)
Status:	Signed
Transaction ID:	CBJCHBCAABAATN_HP4fZpltGKq_VC3tbaGl1AuZZbP_h

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-  Document created by Jamie Ready (jamie@corpmanagementgroup.com)
12/20/2017 - 12:38:32 PM MST- IP address: 96.93.208.65
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Signature Date: 12/31/2017 - 2:40:22 PM MST - Time Source: server- IP address: 68.133.74.80
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