

**HIRE Act FICA Payroll Holiday and
Employee Retention Tax Credit**

Employee Affidavit

FEIN: _____

Employer Name: Storenom Solutions

Hire Location: Storenom Solutions c/o Winchester

Employee Name: Martin T. Ivey

Social Security Number: 490-81-5634 1st Day of Work: 1/27/15

EMPLOYEE: Please check ONE statement that applies to you and sign and date where indicated below.

I was unemployed during the entire 60 day-period prior to my first day of employment at this company.

I worked less than a total of 40 hours during the 60-day period prior to my first day of employment at this company.

OR

I worked MORE than a total of 40 hours during the 60-day period prior to my first day of employment at this company.

Under penalties of perjury, I hereby declare that the information above is true and correct to the best of my knowledge. By signing this form, I hereby authorize the release to my new employer or its agents information held by any parties needed to determine my eligibility for federal and/or state incentive programs.

Employee Signature: _____

Martin T. Ivey

Today's Date: 1/27/15

For employer's use only:

Employee is being hired for a new position within the company.
 Employee is replacing an employee who either quit or was terminated with just cause.
 Employee is replacing an employee who was laid off.

Hiring Manager's Signature: _____

Date: _____

For ESSG Office Use Only				
Emergency Contact Info	Background Release Form	Background Results	5 Day Letter (if applicable)	ESC Application
DOH	NHW	1-9	8850	W4

A copy or facsimile will be considered the same as an original signature.

Name (Print or type) Martin T. Ivey
 Applicant's Signature *Martin T. Ivey*
 Date 1/27/15

I agree to abide by the policies and procedures of ESSG.
 I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.
 I release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.
 I understand that a comprehensive background check may be conducted to determine my eligibility for hire by certain clients of ESSG. This may include but is not limited to, investigations of criminal and/or conviction records, driving records and/or a drug screen test as required by clients, government regulations or by ESSG policies.
 I authorize Employer Solutions Staffing Group (ESSG) to use the information and statements contained in this application to determine my qualifications for employment. I authorize ESSG to make inquiries of my former employers, except as indicated in this application, regarding my previous duties, responsibilities, performance, compensation and eligibility for rehire.

Applicant Certification and Authorization

Are you legally authorized to work in the United States of America? YES NO

All offers of employment are conditional upon satisfactory proof of identity and legal ability to work in the U.S.A.

Last Name Ivey First Name Martin Middle Initial T
 Street Address 4101 Brevity Dr.
 City/State/Zip St. Louis, MO 63129
 Home Phone 314-845-9778 Cell / Message Phone 314-630-5941
 Company/Employer Storeroom Solutions

Personal Data-- PLEASE PRINT LEGIBLY IN INK

7301 Ohms Lane / Suite 405
 Edina, MN 55439
 T:952.835.1288 / F:952.835.4881

New Hire Application





U.S. Department of Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: November 30, 2011

YOUTH SELF-ATTESTATION FORM Work Opportunity Tax Credit Program

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with Form ETA 9061 for each certification request filed.

New Hire Name: Martin T. Ivey
Social Security Number: 490-80-5634 Date of Birth: 12/17/1961
Employer Name: Employer Solutions Staffing Group
Employer Federal ID (EIN) Number: _____

Please check all the statements that apply to you. Sign and date this form where indicated below.

- In the past 6 months, I have not attended a secondary, technical or postsecondary school for more than an average of 10 hours per week, not counting periods during which the school is closed for scheduled vacations.
- I do not have a High School Diploma or GED certificate.
- I have a High-School diploma or GED certificate awarded more than 6 months ago and I have not attended or been admitted to a technical or post-secondary school. I also have not held a job (other than occasionally) since receiving my High-School diploma or GED certificate.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: *Martin T. Ivey*
Date: 1/27/15

Privacy Act Notice: The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form, including the Social Security Number, will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of Adult Services, Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

WORK OPPORTUNITY TAX CREDIT

Form A (revised 07/09)

PLEASE CHECK "YES" OR "NO" AND ANSWER ALL QUESTIONS

Name Martin J. Ivey
Address 4101 Brewster Dr
City St. Louis State MO Zip 63129 Social Security # 490-80-5634
Date of Birth 12/17/1961 Age 53

Please CHECK ONE ANSWER for each of the following questions, and complete question #5:

1. Have you or any family member living with you received Temporary Assistance to Needy Families (TANF) or Aid to Families with Dependent Children (AFDC) during the past 24 months? Yes No

2. Have you or any family member living with you received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) at any time during the past fifteen (15) months? Yes No

3. Have you received Supplemental Security Income (SSI) benefits in the past sixty (60) days? Yes No

4. Are you part of the Ticket to Work program? Yes No

5. Name of person who received benefits NONE
Relationship NONE
City & State where benefits received

6. Are you a veteran? Yes No and Disabled due to service? Yes No
Service Dates: From: To: Branch:

7. Have you been unemployed at any time during the last 12 months? Yes No
If yes, dates of unemployment: From: 12/8/2014 To: 1/26/2015
Did you receive unemployment compensation at any point during your unemployment? Yes No
If yes, dates received compensation: From: 12/8/2014 To: 1/26/2015

8. Have you been convicted of a felony or released from prison in the last 12 months? Yes No
Date of Conviction: Date of Release: Parole Officer's Name: Parole Officer's Phone #

9. Have you received rehabilitation services from a State approved or Department of Veterans Affairs approved Vocational rehabilitation agency? Yes No
Name of Agency Phone # Address of Agency Counselor's Name

10. Have you attended High School, College or Technical School for more than an average of 10 hours per week at any time during the last 6 months? Yes No

11. Did you receive a high school diploma or GED? If yes, date received: 1980 Yes No
Have you been employed or been admitted to technical school or college since then? Yes No

12. How much in gross wages have you earned TOTAL in the past six months? \$ 12,800

I hereby authorize any agency, organization, or individual to supply such verification or information that may be needed to determine tax credit eligibility to my employer, employer representative, or the Department of Labor
NEW HIRE SIGNATURE
DATE 11/27/15

Questions below to be completed by manager
Starting Wage Position
Has employee worked for this company before? If yes, date and location

Pre-Screening Notice and Certification Request for the Work Opportunity Credit

OMB No. 1545-1500

▶ See separate instructions.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name Martin T. Jey Social security number ▶ 491-80
 Street address where you live 4101 Brevity Dr.
 City or town, state, and ZIP code St. Louis, MO 63129
 County St. Louis
 Telephone number (314) 845-9778

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

1 Check here if you are completing this form before August 28, 2009, and you lived in the area impacted by Hurricane Katrina on August 28, 2005. If so, please enter the address, including county or parish and state where you lived at that time.

2 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.

3 Check here if any of the following statements apply to you:
 I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.

4 I am at least age 18 but not age 40 or older and I am a member of a family that:
 a Received SNAP benefits (food stamps) for the past 6 months, or
 b Received SNAP benefits (food stamps) for at least 3 of the past 5 months, but is no longer eligible to receive them.
 During the past year, I was convicted of a felony or released from prison for a felony.
 I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 I am a veteran and I was discharged or released from active duty in the U.S. Armed Forces during the past 5 years and, for at least 4 weeks during the past year, I received unemployment compensation.

5 I am at least age 16 but not age 25 or older, and:
 a During the past 6 months, I have not attended a secondary, technical, or post-secondary school for more than an average of 10 hours per week, not counting periods during which the school was closed for scheduled vacations, and
 b During the past 6 months, if I was employed, during each consecutive 3-month period within the past 6 months, I earned less than I would have earned if I had worked for the applicable minimum wage 30 hours every week during the 3-month period, and
 c I do not have a certificate of graduation from a secondary school or a General Education Development (GED) certificate or I have a certificate that was awarded at least 6 months ago and I have not held a job (other than occasionally) or been admitted to a technical or post-secondary school since I received the certificate.

4 Check here if you are a veteran entitled to compensation for a service-connected disability and, during the past year, you were:
 Discharged or released from active duty in the U.S. Armed Forces, or
 Unemployed for a period or periods totaling at least 6 months.

5 Check here if you are a member of a family that:
 Received TANF payments for at least the past 18 months, or
 Received TANF payments for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years, or
 Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

job applicant's signature ▶ Martin T. Jey

Date 1/27/15

For Employer's Use Only

Employer's name Employer Solutions Staffing Group Telephone no. (952) 835 - 1288 EIN

Street address 7301 Chms Lane, Suite 405

City or town, state, and ZIP code Edina, MN 55439

Person to contact, if different from above Associated Consultants, Inc. Telephone no. (800) 925 - 0557

Street address 3730 Washington Boulevard

City or town, state, and ZIP code Indianapolis, IN 46205

If, based on the individual's age and home address, he or she is a member of group 4 or 6 (as described under Members of Targeted Groups in the separate instructions), enter that group number (4 or 6)

Date applicant:

Gave information / / Was offered job / / Was hired / / Started job / /

Complete Only If Box 1 on Page 1 is Checked

State and county or parish of job
 Check if the individual was not your employee on August 28, 2005, and this is the first time the employee has been hired by you since August 28, 2005.

Under penalties of perjury, I declare that the applicant provided the information on this form on or before the day a job was offered to the applicant and that the information I have furnished is, to the best of my knowledge, true, correct, and complete. Based on the information the job applicant furnished on page 1, I believe the individual is a member of a targeted group. I hereby request a certification that the individual is a member of a targeted group.

Employer's signature Title Date / /

Privacy Act and Paperwork Reduction Act Notice

Section references are to the Internal Revenue Code.

Section 51(d)(13) permits a prospective employer to request the applicant to complete this form and give it to the prospective employer. The information will be used by the employer to complete the employer's federal tax return. Completion of this form is voluntary and may assist members of targeted groups in securing employment. Routine uses of this form include giving it to the state workforce agency (SWA), which will contact appropriate sources to confirm that the applicant is a member of a targeted group. This form may also be given to the Internal Revenue Service for administration of the Internal Revenue laws, to the Department of Justice for civil and

criminal litigation, to the Department of Labor for oversight of the certifications performed by the SWA, and to cities, states, and the District of Columbia for use in administering their tax laws. 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 section 6103.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is:
Recordkeeping3 hrs., 16 min.
Learning about the law or the form46 min.
Preparing and sending this form to the SWA42 min.
If you have comments concerning the accuracy of these time estimates or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Internal Revenue Service, Tax Products Coordinating Committee, SE:W:CAR:MP:T:SP, 1111 Constitution Ave. NW, IR-6526, Washington, DC 20224.
Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

1/27/15
Michael J. Jones

I have read and understand
The SSI Safety Hand Book

End of Booklet





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) Evcy		First Name (Given Name) Martin		Middle Initial T	Other Names Used (if any)	
Address (Street Number and Name) 4101 Brevity Dr.		Apt. Number	City or Town St. Louis	State MO	Zip Code 63129	Telephone Number 314-845-9778
Date of Birth (mm/dd/yyyy) 12/17/1961		U.S./Social Security Number 490-80-5634				
E-mail Address mtiscourt@aol.com		Date of Birth (mm/dd/yyyy) 12/17/1961				

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.

OR

- 1. Alien Registration Number/USCIS Number: _____
- 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: *Martin Evcy*

Date (mm/dd/yyyy): **12/15**

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): _____

Last Name (Family Name) _____

First Name (Given Name) _____

Address (Street Number and Name) _____

City or Town _____

State _____

Zip Code _____

Employer Completes Next Page



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:

Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Drivers License	7154341004	12/17/2016
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Secret Security Card	490-80-5634	

OR

AND

List A
List B
List C

Identity and Employment Authorization

Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):
Document Title:	Document Number:	Expiration Date (if any) (mm/dd/yyyy):

Do Not Write in This Space

3-D Barcode

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): 1/27/15 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative
Michael Soto	1/27/15	Site Manager
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name
Soto	Michael	Sparrow Solutions
Employer's Business or Organization Address (Street Number and Name)	City or Town	State
600 Fowler Mill Rd 201 Bluffs East #1400	East #1400	TX
Zip Code		
75004		

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):

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):

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:

CMG Timesheet

12000 N. Washington St. Ste. 290 Thornton, CO 80241 Phone: (866) 920-1425



Employee Name: Martin T. Ivey Client: Storeroom Solutions
 Location: Winchester Week Ending date: 1/31/15

Instructions for Completing and Submitting Timecard:

1. Complete all information on the timecard. A separate timecard must be completed for each job assignment each week. Be sure to include your name, client name and week ending. At the end of each week, have the supervisor sign your timecard and submit.
2. Email timecard: Pay@cmgjob.com Fax timecard: 303-736-7767 3. TIMECARDS ARE DUE BY 12:00 PM CST ON MONDAY

Day	Date	Time In	Time Out	Time In	Time Out	Total Hours
Monday						
Tuesday	1/27/15	10:30		7:00pm		8
Wednesday	1/28/15	10:30		7:00pm		8
Thursday	1/29/15	7:06		3:30pm		8
Friday	1/30/15	7:00		3:30pm		8
Saturday						
Sunday						

Employee Signature: [Signature] Date: 1/27/15
 Supervisor Signature: [Signature] Date: 1/27/15
 Supervisor Printed Name: Michael Boto
 Regular Hour 32
 Overtime Hours _____
 Total Hours: _____

investigate and resolve the incident. CMG recognizes the serious nature of harassment and therefore will endeavor to protect the employee who may have been subjected to harassment, any witnesses and the party against whom allegations have been filed to every possible extent.

Harassment is unlawful and has a negative impact on employees. Violation of the Anti-harassment Policy will not be tolerated by CMG and may result in discipline up to and including termination. Offensive acts or conduct have no legitimate business purpose; accordingly, any employee, regardless of his/her position within CMG, who it is determined has engaged in such conduct will be made to bear the full responsibility for such unlawful conduct.

With respect to sexual harassment, the following is prohibited:

1. Unwelcome sexual advances, request for sexual favors, and all other verbal or physical conduct of a sexual or otherwise offensive nature, especially where:
 - Submission to such conduct is made either explicitly or implicitly a term or condition of employment;
 - Submission to or rejection of such conduct is used as the basis for decisions affecting an individual's employment; or
 - Such conduct has the purpose or effect of creating an intimidating, hostile or offensive working environment.
2. Offensive comments, jokes, innuendoes and other sexually-oriented statements.

If Harassment Occurs:

1. When possible, confront the harasser and tell him/her to stop. Sometimes a simple confrontation will end the situation.
2. If confrontation is unsuccessful, immediately contact your CMG supervisor to report the harassment.
3. An investigation will be conducted and appropriate action taken, including disciplinary measures. We will investigate, in confidence, all reported incidents of harassment and retaliation.

Employee Signature: _____

Matthew J. Long

Date: 1/27/15



Form W-4 (2015)

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 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$50 of unearned income (for example, interest and dividends).

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

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

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

Basic instructions. If you are not exempt, complete the Personal Allowances Worksheet below. The worksheet 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 (even for 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.

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 2015. 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.	1
B	Enter "1" if: <ul style="list-style-type: none"> • 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. 	0
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.)	0
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.	0
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).	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.	0
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 \$65,000 (\$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.	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.)	2

• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheets** 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.

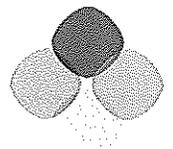
Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1	Your first name and middle initial Martin I.
2	Your social security number 490-80-5634
3	<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but withold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
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) 2
6	Additional amount, if any, you want withheld from each paycheck \$ 6
7	I claim exemption from withholding for 2015, 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.

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)

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

Date: 1/27/15



importante

LOST OR STOLEN PAYCHECKS

If a paycheck is **lost** (*missing, misplaced, destroyed, lost in the mail, etc.*), you must notify your staffing recruiter that the check cannot be found. If it can be verified that the check has not been cashed, ESSG will stop payment on the check and re-issue the check to you, deducting a fee of between \$25-\$35.

If your paycheck was **stolen**, you must first file a police report before we can re-issue the check. Once you have done so, you must provide a copy of the policy report to your staffing recruiter that the check was stolen. If the check has not been cashed and if the loss of the check was not your fault, ESSG will issue a new check and no fee will be deducted.

CHEQUES DE PAGO PERDIDOS O ROBADOS

Si un cheque de pago se pierde (que falta, fuera de lugar, destruido, perdido en el correo, etc), usted debe notificar a su reclutador de personal que el cheque no se puede encontrar. Si se puede verificar que el cheque no ha sido cobrado, ESSG se detendrá el cheque de pago y reemitir el cheque a usted, descontando un cargo de entre \$ 25 - \$ 35.

Si su cheque de pago fue robado, primero debe denunciar el robo a la policía antes de que podamos volver a emitir el cheque. Una vez hecho esto, usted debe proporcionar una copia de la denuncia a su reclutador de personal que el cheque fue robado. Si el cheque no ha sido cobrado y si la pérdida del cheque no fue su culpa, ESSG emitirá un nuevo cheque y no hay cuota se deducirá.

—ACUERDA/SE ACUERDA—

Name/Nombre (con letra de molde): Martin Tiley

Signature/Firma: [Handwritten Signature]

EMPLOYEE INFORMATION (Must Be Filled Out) **ENROLLMENT FORM - PLAN 2** USE BLACK or BLUE INK ONLY ESC CU(NAV*SAD) P2 v130

Social Security Number: 490-80-5634
 Date of Birth: 12/17/61 Sex: M F
 Name: Martin T. Levy
 Street Address: 4101 Brevity Dr.
 City: St. Louis State: MO Zip: 63129
 Home Phone: 314-845-9278

Do you or any dependents have Medicare? Yes No IF Yes:
 Medicare Health Insurance Claim Number (HICN):
 Medicare Effective Date: / /
 Names of Covered Person(s):
 1. _____
 2. _____
 3. _____

BENEFIT SELECTION Weekly Rates

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

- DENTAL** \$5.99 Employee Only
 \$11.98 Employee + One
 \$19.77 Employee + Family
 NO

- TERM LIFE** \$0.60 Employee Only
 \$0.90 Employee + One
 \$1.80 Employee + Family
 NO

- SHORT-TERM DISABILITY** YES NO
 \$4.20 Employee Only
 Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

I have read the benefit packet and understand its limitations. I understand that open enrollment is only available for a limited time and I understand that making no benefit selection is a declination of coverage. **Signature** _____ Date: 01/27/2015

You **MUST** enroll in the Medical Insurance Plan before adding Term Life or STD. Your coverage level for Term Life will be identical to your medical plan selection.

REQUIRED DEPENDENT INFORMATION

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

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

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

BENEFICIARY INFORMATION

For Term Life / Accidental Death & Dismemberment, please write in your beneficiary information.
 NAME OF BENEFICIARY: _____
 RELATIONSHIP: _____

Accidental Death & Dismemberment is part of the Term Life Benefit.