



**Employer Solutions Staffing Group LLC** *New Hire Application*

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

**Personal Data-- PLEASE PRINT LEGIBLY IN INK**

Last Name Nettes First Name Larena Middle Initial A  
 Street Address 2165 Malvern Ave  
 City/State/Zip Dayton, Oh 45406  
 Home Phone 937-789-3212 Cell / Message Phone \_\_\_\_\_  
 Company/Employer \_\_\_\_\_

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

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

**Applicant Certification and Authorization**

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.

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 release ESSG and other persons or entities from any claims that might be based on ESSG's decision to conduct a background check.

I certify that all statements made in my application are true and accurate and that I have not omitted any material information or provided false or misleading information. I understand that any material omission or misrepresentation will result in my disqualification from consideration for employment or, if discovered after I begin employment, will result in my termination.

If hired, I agree to abide by the policies and procedures of ESSG.

Larena A Nettles  
Name (Print or type)

*Larena A Nettles*  
Applicant's Signature

4-23-14  
Date

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

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

**EMPLOYER SOLUTIONS STAFFING GROUP  
IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION**

Name: Larena A Nettles

Address: 2165 Malvern Ave

Home Phone: 937-789-3212

Person(s) to contact in case of an emergency on the job (in order of preference):

1. Name: Trina Thomas

Phone (work): 937-232-2927

Phone (home): 937-274-2944

2. Name: Lanette Thomas

Phone (work): 937-361-8813

Phone (home): 937-276-2473

Additional information you want Employer Solutions Group and our clients to know in the event of an emergency:

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# Essential StaffCARE

## Health Insurance Enrollment Form

Complete the Enrollment Form to Elect or Decline Coverage

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- You **MUST** Complete the Enrollment Form for the New Hire Process
  - You **MUST** Elect or Decline Medical Coverage on the Enrollment Form
  - You **MUST** Sign the Bottom of the Form, even if you Decline Coverage
  - Return the Enrollment Form to your Branch Manager
  - Keep the Plan Information Packet for Your Records
- 

ANY PERSON WHO KNOWINGLY PRESENTS A FALSE OR FRAUDULENT CLAIM FOR PAYMENT OF A LOSS OR BENEFIT OR KNOWINGLY PRESENTS FALSE INFORMATION IN AN APPLICATION FOR INSURANCE IS GUILTY OF INSURANCE FRAUD AND WILL BE PROSECUTED.



employer solutions staffing group  
Leveraging Resources in a Changing Market

For questions or assistance, please call Essential StaffCARE Customer Service at 1-866-798-0803.

The Essential StaffCARE Medical/Rx and Dental Plans are underwritten by BCS Insurance Company, Oakbrook Terrace, Illinois under Policy Series Numbers 25.204 and 26.212. The Term Life, Accidental Death and Dismemberment, and Short-Term Disability Plans are underwritten by 4 Ever Life Insurance Company, Oakbrook Terrace, Illinois under Policy Series Number 62.200.

Form: ESC CU(NAV\*SAD) P2 v13.0

EMPLOYEE INFORMATION (Must Be Filled Out)

ENROLLMENT FORM - PLAN 2

USE BLACK or BLUE INK ONLY  
ESC/CUNAV-SADD/P2 v1.00

Social Security Number 306-82-8522  
Date of Birth 12/21/1984 Sex  M  F  
Name Larena A Nettles  
Street Address 2165 Malvern Ave  
City Dayton State OH Zip 45406  
Home Phone 937-789-3212

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



- YES \$0.60 Employee Only
- YES \$0.90 Employee + One
- NO \$1.80 Employee + Family

SHORT-TERM DISABILITY



- YES \$4.20 Employee Only
- NO

Short-Term Disability is not available to persons who work in California, Hawaii, New Jersey, New York, or Rhode Island.

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.

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 Larena A Nettles

Date 04/23/2014

# 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 Larena A Nettles Social security number ▶ 300-82-8522

Street address where you live 2165 Malvern Ave

City or town, state, and ZIP code Dayton, Oh 45406

County US / mont Telephone number 937)789-3212

If you are under age 40, enter your date of birth (month, day, year) 12-21-1984

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.
- 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.
- 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 ▶ Larena A Nettles

Date 4/23/14



**Form A (revised 07/09) WORK OPPORTUNITY TAX CREDIT**

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

Name Larena A Nettles  
Address 2165 Malvern Ave  
City Dayton State Oh Zip 45406 Social Security # 300-82-8522  
Date of Birth 12-21-1984 Age 29

**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 Larry Nettles / Laniah Nettles  
Relationship neice City & State where benefits received Dayton, Oh

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: 7/13 To: Present  
Did you receive unemployment compensation at any point during your unemployment?  
If yes, dates received compensation: From: \_\_\_\_\_ To: \_\_\_\_\_ Yes  No

8. Have you been convicted of a felony or released from prison in the last 12 months?  
Date of Conviction: \_\_\_\_\_ Date of Release: \_\_\_\_\_ Yes  No   
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: 6/2004 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? \$ -0-

I hereby authorize any agency, organization, or individuals 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 Larena A Nettles DATE 4-23-14

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

**WORK OPPORTUNITY TAX CREDIT**

**POR FAVOR INDIQUE CON "SÍ" O "NO" Y COMPLETE EL RESTO DEL FORMULARIO**

Nombre \_\_\_\_\_  
 Dirección \_\_\_\_\_  
 Ciudad \_\_\_\_\_ Estado \_\_\_\_\_ Código Postal \_\_\_\_\_  
 Número del Seguro Social \_\_\_\_\_ Fecha de nacimiento \_\_\_\_\_ Edad \_\_\_\_\_

**Favor de marcar UNA RESPUESTA para cada pregunta y complete pregunta número cinco (5):**

1. ¿Ha recibido usted o algún miembro de su domicilio Ayuda Provisional a Familias Necesitadas (TANF) o La Ayuda a las Familias con Hijos Dependientes (AFDC) durante los últimos veinticuatro (24) meses?

2. ¿Ha recibido usted o algún miembro de su domicilio las Estampillas para la Comida (SNAP) alguna vez durante los últimos quince (15) meses? Sí  No

3. ¿Ha recibido usted Ingreso por Seguro Suplemental (SSI) durante los últimos sesenta (60) días? Sí  No

4. ¿Es usted miembro del programa del Boleto para trabajar? Sí  No

5. Nombre del recipiente \_\_\_\_\_ Parentesco \_\_\_\_\_  
 Ciudad y estado donde recibió los beneficios \_\_\_\_\_

6. ¿Es usted veterano? Sí  No  ¿y discapacitado? Sí  No   
 Las fechas del servicio: De: \_\_\_\_\_ Hasta: \_\_\_\_\_ Rama: \_\_\_\_\_

7. ¿Ha estado usted desempleado alguna vez durante los últimos doce (12) meses? Sí  No   
 Fechas de desempleo: De: \_\_\_\_\_ Hasta: \_\_\_\_\_

¿Ha recibido usted Compensación por desempleo? Sí  No   
 Fechas que recibió Compensación por desempleo: De: \_\_\_\_\_ Hasta: \_\_\_\_\_

8. ¿Ha estado usted condenado de un crimen o ha estado usted liberado del cárcel en los últimos doce (12) meses? Sí  No   
 Fecha de convicción: \_\_\_\_\_ Fecha de liberar: \_\_\_\_\_  
 Nombre del oficial de libertad condicional bajo palabra: \_\_\_\_\_  
 Número de teléfono del oficial de libertad condicional bajo palabra: \_\_\_\_\_

9. ¿Ha recibido usted ayuda de una agencia de rehabilitación vocacional aprobada por el estado o los veteranos? Sí  No   
 Nombre de la agencia: \_\_\_\_\_ Número de teléfono: \_\_\_\_\_  
 Dirección de la agencia: \_\_\_\_\_ Nombre del consejero: \_\_\_\_\_

10. ¿Ha asistido usted regularmente a un colegio o a una universidad para más que un promedio de diez (10) horas a la semana alguna vez durante los últimos seis (6) meses? Sí  No

11. ¿Ha recibido usted un bachillerato or GED? Sí  No   
 Fecha cuando lo recibió: \_\_\_\_\_

¿Ha estado usted empleado o admitado a un colegio desde entonces? Sí  No

12. ¿Cuanto en sueldos brutos ha ganado usted EN TOTAL durante los últimos seis (6) meses? \$ \_\_\_\_\_

*Yo por la presente autorizo cualquier agencia, organización, o individuos a suministrar tal comprobación o información necesaria para determinar elegibilidad del crédito tributario a mi empleador, a representante del empleador, o al Departamento de Trabajo.*

→ FIRMA DEL EMPLEADO \_\_\_\_\_ FECHA \_\_\_\_\_

**El jefe debe responder a las siguientes preguntas**  
**Questions below to be completed by manager**  
 Starting Wage \_\_\_\_\_ Position \_\_\_\_\_  
 Has employee worked for this company before? \_\_\_\_\_ If yes, date \_\_\_\_\_



U.S. Department 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: Larena A Nettles

Social Security Number: 300-82-8522 Date of Birth: 12-21-1984

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: *Larena A Nettles* Date 4-23-14

**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.

**YOUTH SELF-ATTESTATION FORM**  
**(Forma de Auto-Juramentación o Declaración Personal)**  
**"Work Opportunity Tax Credit Program"**

Instrucciones: Esta forma debe ser completada, debidamente firmada, y fechada por el joven empleado. El patrón, o su representante, deberá enviar esta Auto-Juramentación o Declaración Personal junto con la forma ETA 9061 a la Agencia Estatal de Empleo o SWA.

Nombre del Empleado: \_\_\_\_\_

Numero de Seguro Social: \_\_\_\_\_ Fecha de Nacimiento: \_\_\_\_\_

Nombre del Patrono \_\_\_\_\_

Numero o ID Federal (EIN) del Patrono: \_\_\_\_\_

Por favor marque todos los encasillados que le apliquen a Usted. Luego firme y feche esta forma en los blancos al final de la forma.

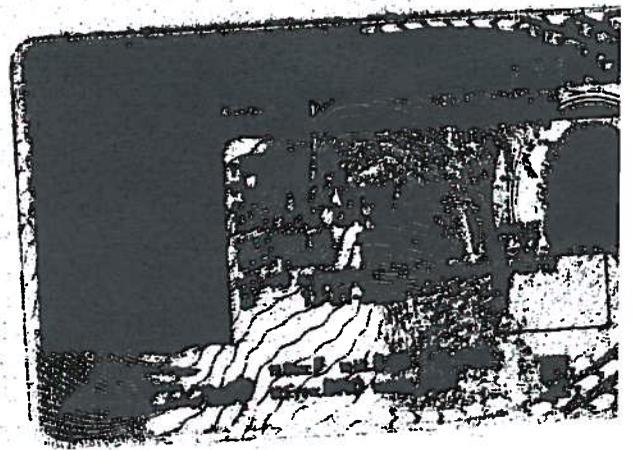
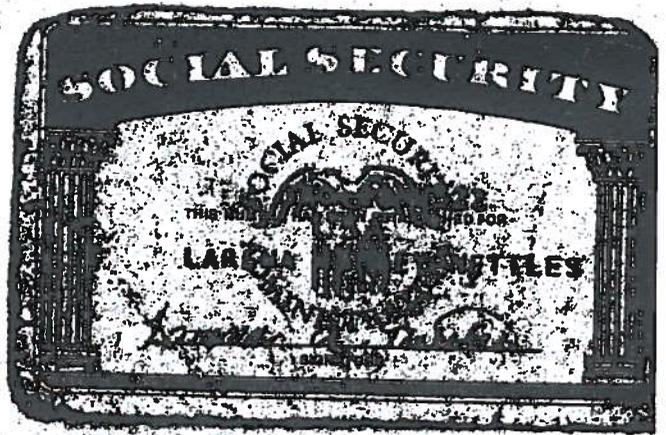
- En los últimos 6 meses, no he asistido a ninguna escuela secundaria o técnica, ni he cursado estudios post secundarios durante mas de un promedio de 10 horas por semana, sin contar los periodos durante los cuales la escuela esta cerrada por vacaciones programadas.
- No tengo ni un Diploma de Escuela Secundaria ni un Certificado GED.
- Tengo un Diploma de Escuela Secundaria o un Certificado GED otorgado hace mas de 6 meses y no he asistido ni he sido aceptado en una escuela técnica o de estudios post secundarios. Tampoco he tenido ningún empleo (excepto de vez en cuando) desde que recibí mi Diploma de Escuela Secundaria o mi Certificado de GED.

Bajo las sanciones o penalidades de perjurio, declaro que esta información es correcta y verdadera.

Firma del Empleado: \_\_\_\_\_ Fecha: \_\_\_\_\_

Privacy Act Notice (Aviso): El Código de Rentas Internas (Departamento del Tesoro de E.U.A.) de 1986, Sección 51, como legislación enmendada, y P.L. 104-188, deciden que la Agencia Estatal de Empleo es la única agencia gubernamental autorizada y responsable para administrar los procedimientos de certificación del programa WOTC. La información que usted ha proporcionado al llenar este formulario, incluyendo el Número de Seguro Social, será divulgada por su patrón a la Agencia Estatal de Empleo. La disposición de esta información es voluntaria; sin embargo la información se requiere para poder determinar la elegibilidad de su patrón para reclamar el WOTC o crédito de impuesto federal.

"Public Burden Statement (Declaración):" Las personas no están obligadas a proveer la información que esta forma pide a menos que dicha forma despliegue o muestre un número de control valido de OMB. Las personas interesadas en obtener y mantener los beneficios que este programa ofrece tienen la obligación de responder a las preguntas en esta forma. (P.L. 111-5). El tiempo que toma contestar esta forma se ha estimado que toma un promedio de 5 minutos por cada contestación, incluyendo el tiempo para leer las instrucciones, reunir y mantener los datos necesarios y completar y revisar esta colección de información. Puede enviar comentarios sobre este estimado de tiempo al Departamento del Trabajo, División de Servicios a Personas Adultas (Division of Adult Services) Room S-4209, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371).



# Form W-4 (2013)

**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 2013 expires February 17, 2014. 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 \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

**Basic instructions.** If you are not 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 2013. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for yourself if no one else can claim you as a dependent . . . . .	<b>A</b>	<u>1</u>
<b>B</b>	Enter "1" if: <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	<u>1</u>
<b>C</b>	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.) . . . . .	<b>C</b>	<u>0</u>
<b>D</b>	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	<u>2</u>
<b>E</b>	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . .	<b>E</b>	<u>1</u>
<b>F</b>	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . .	<b>F</b>	<u>0</u>
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.</li> <li>• If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child . . . . .</li> </ul>	<b>G</b>	<u>0</u>
<b>H</b>	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.) ▶	<b>H</b>	<u>5</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 \$40,000 (\$10,000 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.

<b>W-4</b>	<b>Employee's Withholding Allowance Certificate</b>	OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<b>2013</b>
▶ 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 <u>Larena A</u>	Last name <u>Nettes</u>	2 Your social security number <u>306-82-8522</u>
Home address (number and street or rural route) <u>2165 Malvern Ave</u>		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 <u>Dayton OH 45406</u>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>5</u>
6 Additional amount, if any, you want withheld from each paycheck		6 \$
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here.		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.) ▶ <u>Larena A Nettes</u>		Date ▶ <u>4-23-14</u>
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)



# 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 (Employee 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) <u>Nettles</u>		First Name (Given Name) <u>Larena</u>		Middle Initial <u>A</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>2165 Malvern Ave</u>			Apt. Number	City or Town <u>Dayton</u>	State <u>OH</u>	Zip Code <u>45406</u>
Date of Birth (mm/dd/yyyy) <u>12/12/1984</u>	U.S. Social Security Number <u>300-82-8527</u>		E-mail Address <u>larenanettles@yahoo.com</u>		Telephone Number <u>3212</u> <u>937-789-3212</u>	

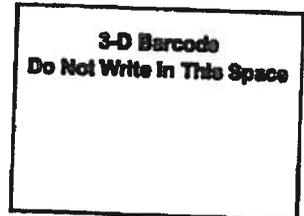
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

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

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: \_\_\_\_\_
- OR
2. Form I-94 Admission Number: \_\_\_\_\_



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: \_\_\_\_\_

Country of Issuance: \_\_\_\_\_

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See Instructions)

Signature of Employee: <u>Jenna O Nettles</u>	Date (mm/dd/yyyy): <u>4/23/14</u>
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### 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



**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:

List A Identify and Employment Authorization	OR	List B Identify	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode  
Do Not Write in This Space**

**Certification**

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

The employee's first day of employment (mm/dd/yyyy): \_\_\_\_\_ (See Instructions for exemptions.)

Signature of Employer or Authorized Representative		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)			City or Town	State    Zip Code

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

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

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

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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