

IN CASE OF AN EMERGENCY - NOTIFICATION INFORMATION

Name: Patricia E. Hammond

Address: 6972 Mariposa St. Denver, Co 80221

Home Phone: 720 629 8196

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

1. Name: Hilda Cesneros.

Phone (work): _____

Phone (home): 720 329 7047

2. Name: Karen Hernandez.

Phone (work): _____

Phone (home): 303 525 2601

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

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 \$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 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 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 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/W-4.

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 are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B
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	(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) • 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. • If your total income will be between \$65,000 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	
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**

Employee's Withholding Allowance Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

▶ 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.

2015

1	Your first name and middle initial Patricia E	Last name Lawnett	2	Your social security number 275270042
Home address (number and street or rural route) 6972 mariposa St.		3	☒ Single ☐ Married ☐ 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 Denver, CO 80221		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)		5	3
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. ▶ 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.) ▶

Patricia E Lawnett

Date ▶

08-12-2015

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)

Patricia E Lawnett 6972 mariposa St. Denver, CO



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) <i>Hawmest</i>		First Name (Given Name) <i>Patricia</i>		Middle Initial <i>E</i>		Other Names Used (if any) <i>Esther.</i>	
Address (Street Number and Name) <i>6472 Marlissa St.</i>				Apt. Number	City or Town <i>Denver</i>	State <i>CO.</i>	Zip Code <i>80221</i>
Date of Birth (mm/dd/yyyy) <i>06-12-67</i>		U.S. Social Security Number <i>275-27-0042</i>		E-mail Address		Telephone Number <i>720 629 8196</i>	

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): *088 659 013*
- ☒ 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: *088659013*

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: <i>Patricia E Hawmest</i>	Date (mm/dd/yyyy): <i>08-12-2015</i>
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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

STOP

Employee completes Form I-9

STOP

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 "List 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:

Hammert, Patricia E.

List A		OR	List B	AND	List C
Identity and Employment Authorization			Identity		Employment Authorization
Document Title:	Employment Authorization Card		Document Title:		Document Title:
Issuing Authority:	USA		Issuing Authority:		Issuing Authority:
Document Number:	MSC1590801430		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):	05/28/2016		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):					
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): 08/12/2015 (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
<i>Patricia Hammert</i>	08/12/2015	Administrative Assistant	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name	
Schoell	Patricia	Corporate Management Group	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State
12000 N. Washington St. Ste 350		Thornton	CO
			Zip Code
			80241

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:

UNITED STATES OF AMERICA
EMPLOYMENT AUTHORIZATION CARD

Photo of Patricia E. Hammett

Signature: Patricia E. Hammett

Birth: JUN 12 1967

Surname: HAMMETT
Given Name: PATRICIA E
USCIS#: 0881-659-013
Country of Birth: Mexico
Category Card#: C10 MSC1590801430

Terms and Conditions: None
Date of Birth: 12 JUN 1967
Sex: F
Valid From: 05/28/15
Card Expires: 05/28/16
NOT VALID FOR REENTRY TO U.S.

SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA SOCIAL SECURITY ADMINISTRATION UNITED STATES OF AMERICA

SOCIAL SECURITY

VALID FOR WORK ONLY
WITH DHS AUTHORIZATION
275-27-0042
THIS NUMBER HAS BEEN ESTABLISHED FOR

PATRICIA E HAMMETT
Patricia E Hammett
SIGNATURE

03/26/2013

25381679



**U.S. Citizenship
and Immigration
Services**

This card is not evidence of U.S. citizenship or permanent residence.
This document is void if altered, and may be revoked by the U.S. Government.
The person identified is authorized to work in the U.S. for the validity of this card.
FORM I-796 Rev. (12-2010)

43 If found, drop in any US Mailbox USPS, Mail to USCIS, PO Box 648005, Lee's Summit, MO 64002-8005

IAUSA0886590134MSC1590801430<<
6706120F1605284MEX<<<<<<<<<<<<5
HAMMETT<<PATRICIA<ESTHER<<<<<<<<