

ESSG Location: CMG-SM

Rev. 01/2013

Employee's Signature: Ray E Toney Date: 06-24-13

*E-mail: RET1165@007.COM

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.

SECTION 2 AUTHORIZATION

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.

Date: _____

Employee's Signature: _____

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

Payroll Debit Card Routing #: 122242597

Payroll Debit Card Account #: _____

City: _____ State: _____ Zip: _____ Primary Phone: _____

Street Address (no box not acceptable): _____

First Name: _____ M.I.: _____ Last Name: _____

Social Security #: _____ Date of Birth: _____

SECTION 3 CARDHOLDER INFORMATION (as you want your Payroll Debit Card to be issued)

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.

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.

SECTION 4 PAYROLL DEBIT CARD

- 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.

Bank Name: CHASE

Routing #: 091000013

Account #: 1720-177309

Account Type: Checking Savings Other

Initial: RET Date: 06-24-13

I understand and acknowledge that if I do not provide a voided check (a deposit slip will not work) with this direct deposit form, I am responsible for any delay in payroll or value issues incurred if the account number that I provide is incorrect.

SECTION 5 DIRECT DEPOSIT

Direct Deposit (Please complete Sections 3 and 5 below)

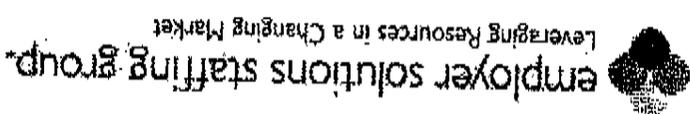
Payroll Debit Card (Please complete Sections 4 and 5 below)

SECTION 6 PAYROLL INFORMATION

Employee Name: RONALD E TONEY SSN# (last 4 digits): 5928 Effective Date: 04-24-13

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.

Direct Deposit/Payroll Debit Card Authorization



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 you meet the \$3,000 and \$1,000 tests. (For example, interest and dividends are exempt from withholding if you are not exempt, complete Basic Instructions. If you are not exempt, complete worksheets on page 2 further adjust your withholding allowances based on itemized deductions, marital status, adjustments to income, or two-earner/multiple jobs situations.

Basic Instructions. If you are not exempt, complete the Personal Allowances Worksheet on page 2. The amount of your withholding allowances will be based on the number of allowances you claim. You can claim head of household. Generally, you can claim head of household if you are unmarried and you are the only person for whom you are claiming a dependent (or other qualifying individual. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits (such as the earned income tax credit or child tax credit) 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. Do not claim more than 100 allowances. If you have a large amount of nonwage income, such as interest or dividends, 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, you may want to make estimated tax payments.

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 legislative changes) 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.

B Enter "1" if:

- You are single and have only one job; or
- You are married and have only one job, and your spouse does not work.

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.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

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

F 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 additional child tax credit). See Pub. 503, Child Tax Credit, for more information.

G 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.

H 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. 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.)

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.

Employer's Withholding Allowance Certificate

Form W-4
Department of the Treasury
Internal Revenue Service

1 Your first name and middle initial: **KONRAD**
Last name: **TONERY**

2 Your social security number: **329-70-5928**

3 Home address (number and street or rural route): **12326 SO. STEWART**
City or town, state, and ZIP code: **Chicago IL 60628**

4 If your last name differs from that shown on your employer's records, check the "Single" box. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.

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: **\$ 5.00**

7 I claim exemption from withholding for 2013, 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)

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: **Luigi S**
 Date: **06-24-13**

OMB No. 1545-0047
2013

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.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Form W-4 (2013)

Address (Street Number and Name)		City or Town	State	Zip Code
Last Name (Family Name)				
First Name (Given Name)				
Signature of Preparer or Translator				
Date (mm/dd/yyyy)				

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 Employee: <i>Walter Toney</i>	Date (mm/dd/yyyy): 6-24-13
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Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Country of Issuance: _____

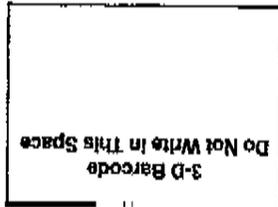
Foreign Passport Number: _____

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

2. Form I-94 Admission Number: _____

OR

1. Alien Registration Number/USCIS Number: _____



For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission 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)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- A noncitizen national of the United States (See instructions)
- A citizen of the United States

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

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.

Date of Birth (mm/dd/yyyy): 11-29-1965		U.S. Social Security Number: 326-70-5928		E-mail Address: RET-1165@aol.com		Telephone Number: 998-621-1878	
Address (Street Number and Name): 12286 SO. STEWART		Apt. Number: _____		City or Town: CHICAGO		State: IL Zip Code: 60628	
Last Name (Family Name): TONEY		First Name (Given Name): RONALD		Middle Initial: E		Other Names Used (if any): _____	

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which expiration date may also constitute illegal discrimination.



Revised 2/22/2011

Street Address	12286 SO STEWART	City	Chicago	State	IL	Zip Code	60628
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Social Security Number	326-70-5928
Date of Birth: To be used for screening purposes only	11-27-1965
Drivers License number:	7-500-2256-537

Other Names Used:

Applicant Signature: *[Signature]* Date: 06-24-15

Please provide the following information, which is required by government agencies and other entities for identification purposes when conducting the background screening process. This information is confidential and will not be used for any other purpose.

I hereby authorize Nationsearch.com, and its designated agents and representatives to conduct a review of my background through a consumer report and/or an investigative consumer report to be generated for employment purposes, promotion, reassignment or retention as an employee of Nationsearch.com.

I understand and am aware that the scope of the consumer report/investigative consumer report may include, but is not limited to the following areas: names and dates of previous/current employment, work experience, criminal history, records, sexual offenders lists, motor vehicle records, educational records, professional license verification, credit history, civil cases, OFAC list, OIG/GSA lists and any other sanctions lists. Upon request, Nationsearch.com will supply a copy of the consumer report (unredacted) along with a copy of the rights under the FCRA.

I, Nationsearch.com, authorize the release of these records or data pertaining to Nationsearch.com, an individual, company, firm, corporation, or public agency may have. I authorize the full release of the information described above, without any reservation, throughout any duration of my employment at (company name) Nationsearch.com.

I hereby release Nationsearch.com and its agents, officials, representatives or assigned agents, including officers, employees or related personnel both individually and collectively, from any and all liability for damages of any kind, which may at any time, result to me, my heirs, family or associates because of compliance with this authorization for release of information. I hereby certify that all information provided below and on my resume, CV or questionnaire is correct to the best of my knowledge. Any false statements provided on this form and/or on my resume, CV or application questionnaire will be considered just cause for the termination of employment at any time. This authorization and consent shall be valid in original, fax, copy or scanned form.

ATTENTION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES

Nationsearch.com 1160 Huron St. #201 Thornton, CO. 80234
 Phone 800.827.9550 Fax 800.827.6118



MEMO
 JPMorgan Chase Bank, N.A.
 UNICREDIT, BRANCH 80870
 WWW.CHASE.COM

CHASE

ORDER OF

PAY TO THE

RONALD E. TONEY 09-06
 12236 S STEWART ST.
 CHICAGO, IL 60628

DATE 7/10/2013
 2-1900

DOLLARS

381

MEMO: RONALD E. TONEY

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0710000131

