



Employer Solutions Staffing Group LLC

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

**New Hire Application**

Personal Data-- PLEASE PRINT LEGIBLY IN INK

Last Name Perez First Name Maria Middle Initial A  
Street Address 3060 Wakefield Dr  
City/State/Zip Carpentersville TLL 60110  
Home Phone (630) 400 3147 Cell / Message Phone \_\_\_\_\_  
Company/Employer Employer Solutions Staffing Group / Accent

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.

Maria Adriana Perez Maria A Perez 06-05-14  
Name (Print or type) Applicant's Signature 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 _____



Nationsearch  
Uncovering the truth

Nationsearch.com 11160 Huron St. #201 Thornton, CO. 80234  
Phone 800.827.9550 Fax 800.827.6118

**AUTHORIZATION FOR RELEASE OF INFORMATION FOR EMPLOYMENT PURPOSES**

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

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 (completed) along with a copy of the rights under the FCRA.

I, Maria Adriana Perez, authorize the release of these records or data pertaining to me which 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)

I hereby release Nationsearch.com and its agents, officials, representatives or assigned agencies, 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.

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.

Maria Adriana Perez 06-05-14  
Applicant Signature Date

Other Names Used: Maria A Ruiz

Social Security Number	327 94- 0817		
Date of Birth: To be used for screening purposes only	03-05-1974		
Drivers License number :	P620-5417-4667		
State of Issue:	ILLINOIS		

Street Address	City	State	Zip Code
3060 Wakefield Dr	Carpentersville	ILL	60110

Form **8850**

(Rev. August 2009)  
Department of the Treasury  
Internal Revenue Service

### 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 Maria Adriana Perez Social security number ▶ 327-94-0817

Street address where you live 3060 Wakefield Dr

City or town, state, and ZIP code Carpentersville IL 60110

County Kane Telephone number (630) 400-3147

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.
- 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
- 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.
- 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 ▶ Maria A Perez

Date 06/05/14

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

Cat. No. 22851L

Form 8850 (Rev. 8-2009)

**For Employer's Use Only**

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

Street address 7301 Ohms 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:

- Recordkeeping . . . . . 3 hrs., 16 min.
- Learning about the law or the form . . . . . 46 min.
- Preparing and sending this form to the SWA . . . . . 42 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.



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: Maria Adriana Perez

Social Security Number: 327 94-0817 Date of Birth: 03-05-74

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: Maria A. Perez Date 06-05-14

**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. Respondent's 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.

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

Name: Maria A Perez  
Address: 3060 Wakefield Dr Carpentersville IL 60110  
Home Phone: (630) 400 3147

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

1. Name: Adam T Perez.  
Phone (work): (708) 339 1610  
Phone (home): 847 873 4864
2. Name: Adriana Ruiz  
Phone (work): \_\_\_\_\_  
Phone (home): 630 400 3173

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

---

---

---

---

---

---

---

---

---

---

# Employer Solutions Staffing Group Direct Deposit Authorization

If you are applying for direct deposit, please make sure that you are mark whether the account is a savings or checking. Failure to provide this information can result in the deposit being delayed for several days. Please also note that it is possible for your direct deposit to be delayed a day or two the first week that your direct deposit is processed. Every bank is different and, although this doesn't happen frequently, it does happen. If you cannot wait a day or two past pay day for your deposit, then we suggest staying with a paper paycheck.

The time that the money goes into your account on pay day varies by bank. Please allow until at least 10 am on your payday for the deposit to show.

Please print

Check one of the following	Effective Date
<input checked="" type="checkbox"/> Start	<input checked="" type="checkbox"/> As Soon As Possible
<input type="checkbox"/> Stop	<input type="checkbox"/> Future Paydate
<input type="checkbox"/> Change	____/____/____

Name (Last, First, Middle Initial) <b>Perez Maria A</b>		Social Security Number <b>327-94-0817</b>
Home Address <b>3060 Wakefield Dr</b>	City <b>Carpentersville</b>	State <b>IL</b>
Date (Mo/Day/Yr) <b>06-05-14</b>	Employee Signature <b>Maria A Perez</b>	Zipcode <b>60110</b>
	Daytime Phone Number <b>630 400 3147</b>	

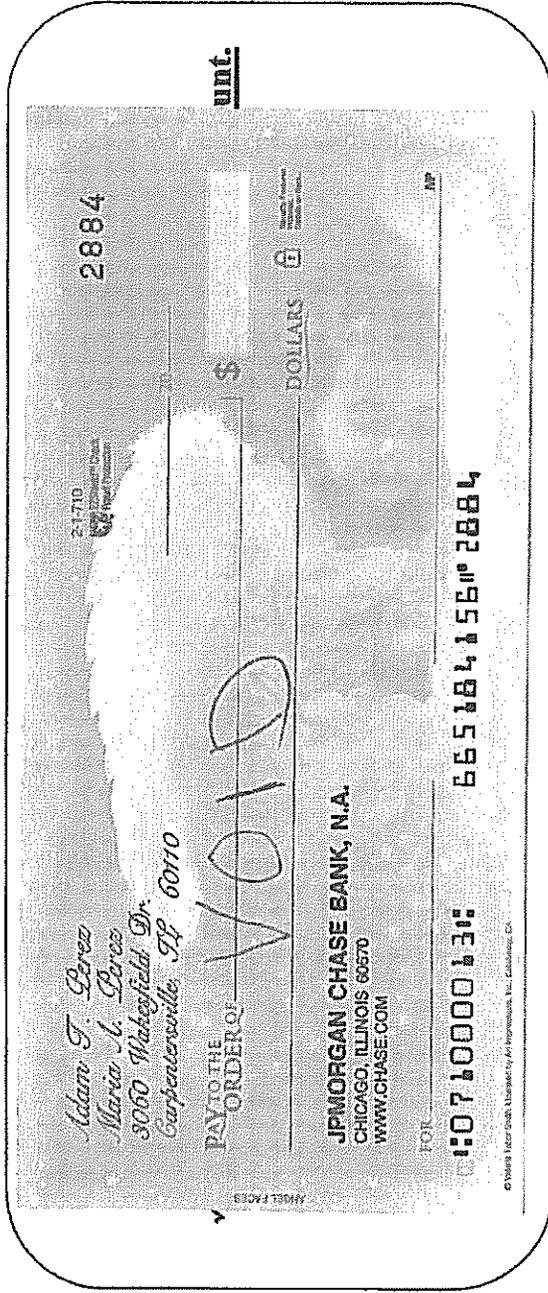
**SUBMISSION OF THIS FORM MEANS YOUR ENTIRE PAYROLL CHECK WILL GO TO THIS FINANCIAL INSTITUTION**

Financial Institution Name (Bank, Savings Institution, Credit Union, etc.)

Type of Account

Checking     Savings     Money Market Checking     Money Market Investment Requires Submission of ACH form from your broker

I authorize Employer Solutions Staffing Group to direct deposit funds to my account in the financial institution listed above. If funds to which I am not entitled are deposited in my account, I authorize Employer Solutions Staffing Group to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Employer Solutions Staffing Group at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to Employer Solutions Staffing Group for distribution. This will delay payment of funds to you.





# 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) <u>Perez</u>		First Name (Given Name) <u>Maria</u>		Middle Initial <u>A</u>	Other Names Used (if any) <u>Maria A Ruiz</u>	
Address (Street Number and Name) <u>3060 Wakefield Dr</u>			Apt. Number	City or Town <u>Carpentersville</u>	State	Zip Code <u>60110</u>
Date of Birth (mm/dd/yyyy) <u>03-05-74</u>	U.S. Social Security Number <u>3217914-0811</u>		E-mail Address		Telephone Number <u>(630) 400 3147</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 nonclizan 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: Maria A Perez Date (mm/dd/yyyy): 03-05-1974



**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 "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:

List A	OR	List B	AND	List C
Identity and Employment Authorization		Identity		Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Driver License		SS Card
Document Number:		Issuing Authority: IL		Issuing Authority: SS Admin
Expiration Date (if any)(mm/dd/yyyy):		Document Number: 6205-4074-667P		Document Number: 327-94-0817
Document Title:		Expiration Date (if any)(mm/dd/yyyy): 3-5-15		Expiration Date (if any)(mm/dd/yyyy):
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): 6-17-14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <i>Licia K...</i>	Date (mm/dd/yyyy) <u>6-19-14</u>	Title of Employer or Authorized Representative <u>Acct Mgr</u>
Last Name (Family Name) <u>Hsui</u>	First Name (Given Name) <u>Tina</u>	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):

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: \_\_\_\_\_

SENSITIVE BUT UNCLASSIFIED

Department of Homeland Security  
E-Verify

Report Prepared: 06/19/2014  
Page: 1 of 1

Case Verification Number: 2014170151206AF

**Case Information:**

**Employee Information:**  
Last Name: Perez  
Middle Initial:  
Social Security Number: \*\*\* \*\* 0817  
Citizenship Status: A citizen of the United States  
**Document Information:**  
List B Document: Driver's license or ID card issued by a U.S. state or outlying possession  
Document Name: Driver's license  
Driver's License or ID Card Number:  
Alien Number:  
Additional Information:  
Hire Date: 07/19/2014  
Three-Day Rule Reason: CKR08357  
Submitted By:  
First Name: Maria  
Other Names Used:  
Date of Birth: 03/05/1974  
Email Address:  
List C Document: Social Security Card  
Document State: Illinois  
Document Expiration Date: 03/05/2015  
I-94 Number:  
Employer Case ID:  
Three-Day Rule - Other:  
Submitted On: 06/19/2014

**Initial Case Result:**

Case Result: Employment Authorized

**Employee Referred to SSA:**

Referred By: Referred On:

**Case Result from SSA (after SSA Tentative Nonconfirmation):**

Case Result: Response Date:

**Resubmitted to SSA (after Review and Update Employee Data):**

Last Name:  
Middle Initial:  
Social Security Number:  
Resubmitted By:  
First Name:  
Other Names Used:  
Date of Birth:  
Resubmitted On:

**Case Result from SSA (after Resubmission):**

Case Result:

**Request Name Review:**

Comments:  
Submitted By: Submitted On:

**Case Result from DHS (after DHS Verification in Process):**

Case Result: Response Date:

**Employee Referred to DHS:**

Referred By: Referred On:

---

**Case Result from DHS (after DHS Tentative Nonconfirmation):**

Case Result:

Response Date:

---

**Photo Matching Results:**

Determination:

---

**Employee Referred to DHS (Additional):**

Referred By:

Referred On:

---

**Case Result from DHS (after Additional DHS Tentative Nonconfirmation):**

Case Result:

Response Date:

---

**Case Closure:**

Closure Statement:

Closed By:

Closed On:

---

---

**SENSITIVE BUT UNCLASSIFIED**

ILLINOIS  
Jesse White, Secretary of State  
ID CARD

IN No.: 6205-4074-667P  
DOB: 03-05-74  
Expires: 03-05-13  
Issued: 04-16-09  
Type: ORG

MARIA PEREZ  
3060 WAKESFIELD DRIVE  
CARPENTERSVILLE IL 60010

Maria A Perez  
Female 5'02" 150 lbs. BRN Eyes



SOCIAL SECURITY

327-94-0917

THIS NUMBER HAS BEEN ESTABLISHED FOR  
MARIA ADRIANA  
PEREZ

Maria A Perez  
SIGNATURE

12/08/2002

# 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 \$300 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.)

- A Enter "1" for yourself if no one else can claim you as a dependent . . . . . 1
- 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. . . . . 1
- 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.) . . . . . 1
- D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return . . . . . 1
- E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above) . . . . . 1
- 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 child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) . . . . . 1
- 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 (\$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. . . . . 2
- 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 . . . . . 2
- 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 2

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>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <b>2013</b>
1 Your first name and middle initial <u>Maria Adriana Perez</u>		Last name <u>Perez</u>		2 Your social security number <u>327-44-0817</u>
Home address (number and street or rural route) <u>3060 Wakefield Dr</u>		3 <input type="checkbox"/> Single <input 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.	
City or town, state, and ZIP code <u>Carpentersville IL 60110</u>		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 <u>5</u>		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ <u>0</u>		
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. ▶ 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.) ▶ Maria A Perez Date ▶ 06-05-14

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)

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

Name Maria A Perez
Address 3060 Wakefield Dr
City Centerville State FL Zip 32110 Social Security # 327 94 0817
Date of Birth 03-05-74 Age 40

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
Relationship 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: 12-13 To: Present
Did you receive unemployment compensation at any point during your unemployment? Yes No
If yes, dates received compensation: From: To:

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: 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: 1989 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 Maria A Perez. DATE 06-05-14

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

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

Nombre Maria A Perez  
 Dirección 3060 Wakefield Dr Estado ILL Código Postal 60110  
 Ciudad Carpentersville Fecha de nacimiento 03-05-74 Edad 40  
 Número del Seguro Social 327 94-0817

**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?  
 Sí  No
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: 12-13 Hasta: Present

¿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: 1989

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

12. ¿Cuanto en sueldos brutos ha ganado usted EN TOTAL durante los últimos seis (6) meses? \$ 0

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 Maria A Perez FECHA 06-05-14

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 \_\_\_\_\_

VSI-IND 219301-EMP OFFICE USE ONLY

ReHire Date / /

**EMPLOYEE INFORMATION**  
(Must Be Filled Out)

**ENROLLMENT FORM - PLAN 2**

USE BLACK or BLUE INK ONLY  
ESC CU(N.A. SAND) P2 1/2 0

Social Security Number 327-94-0817  
Date of Birth 03/05/1974 Sex  M  F  
Name Maria Adriana Perez  
Street Address 3060 Wakefield Dr  
City Carpentersville State IL Zip 60110  
Home Phone 630-400-3147

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
- NO \$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 Adam T Perez  
Social Security Number 344-58-7732  
Date of Birth 06/30/1958 Sex  M  F  
Relationship:  Spouse  Child  Domestic Partner

Name Adriana Ruiz  
Social Security Number 339-86-4362  
Date of Birth 12/05/1990 Sex  M  F  
Relationship:  Spouse  Child  Domestic Partner

Name Eduardo Ruiz  
Social Security Number 352-90-2760  
Date of Birth 01/26/1995 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

Adam T Perez  
RELATIONSHIP  
Husband

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 Maria A Perez

Date 06/05/2014