

Golightly & Long, LLC

New Hire Packet Checklist

- | <u>Team Member Name</u> | <u>Store #</u> |
|-------------------------|--|
| 1 _____ | Drug Screening Results received and passed. |
| 2 _____ | Background Check Results received and passed. |
| 3 _____ | Pre-Employment Test given and passed. |
| 4 _____ | All pages of New Hire packet filled out completely. |
| 5 _____ | Copy made of identification. |
| 6 _____ | Original copy of Work Opportunity Credit forms and copy of ID mailed to HR Screening Services. |
| 7 _____ | New Hire packet, copy of ID, application, Background check Results, Drug Test Result and Pre-Employment test sent to supervisor. |

Please verify all tasks are completed and return this form with the New Hire packet.

Manager Signature

Date

Golightly and Long, LLC

New Employee Data Sheet

(Please print)

ILLINOIS

Effective Date: ____/____/____ **Store #** _____

Job Title: Customer Service Representative
 Assistant Manager
 Store Manager

Mr. Mrs. Ms.

First Name: _____ **MI** _____

Last Name: _____

(As it appears on your Social Security Card)

Name to be printed on check: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: () _____ - _____

Social Security Number: _____ - _____ - _____

Gender: _____ **Race:** _____

Hourly Rate of Pay: \$ _____

Withholding Information: Single Married
 Married but withhold at Single Rate

of Federal Exemptions: _____

of State Exemptions: _____ **What state?** _____

(Federal and State Forms must be completed in attached forms and must match numbers above.)

Comments: _____

Store Manager Signature: _____

**Golightly & Long
Team Member Handbook Receipt**

This handbook is a condensed explanation of our policy and benefits. It is not an employee agreement or employment contract. Employment with the company is “at-will” meaning that an employee may resign or be discharged with or without cause and with or without notice at any time. No representative of the company, other than the President, has any authority to enter into any agreement for employment for any specified period of time or to change the non-contractual nature of any policy or practice or to make any agreement contrary to the foregoing. Any such agreement, to be enforceable must be in writing, must specifically acknowledge that it is a modification of normal company practice, policy and procedure and must be signed by the President of the company. The company reserves the right to change or terminate any policy or benefit at any time.

Your signature below indicates that you have received the Golightly & Long Team Member Handbook and accept the responsibility of reading, understanding and complying with the entire contents of the handbook.

Print Team Member's Name _____

Team Member's Signature _____

Date ____/____/____

Form W-4 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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-earner/multiple job 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 may 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. 919, How Do I Adjust My Tax Withholding, 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. 919 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. 919 for details.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: <div style="display: inline-block; vertical-align: middle; border-left: 1px solid black; border-right: 1px solid black; padding: 0 10px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </div>	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 \$1,800 of child or dependent care expenses for which you plan to claim a credit	F	_____
(Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)			
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children. 	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. <ul style="list-style-type: none"> • 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 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 (\$25,000 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. 			

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ 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.</p>	OMB No. 1545-0074 2009
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1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input 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		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)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 (Form is not valid unless you sign it.) ▶	Date ▶
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)

Illinois Withholding Allowance Worksheet

General Information

Complete this worksheet to figure your total withholding allowances.

Everyone must complete Step 1.

Complete Step 2 if

- you (or your spouse) are age 65 or older or legally blind, or
- you wrote an amount on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4.

If you have more than one job or your spouse works, you should figure the total number of allowances you are entitled to claim. Your withholding usually will be more accurate if you claim all of your allowances on the Form IL-W-4 for the highest-paying job and claim zero on all of your other IL-W-4 forms.

You may reduce the number of allowances or request that your employer withhold an additional amount from your pay, which may help avoid having too little tax withheld.

Step 1: Figure your basic personal allowances (including allowances for dependents)

Check all that apply:

- No one else can claim me as a dependent.
- I can claim my spouse as a dependent.

- Write the total number of boxes you checked. 1 _____
- Write the number of dependents (other than you or your spouse) you will claim on your tax return. 2 _____
- Add Lines 1 and 2. Write the result. This is the total number of basic personal allowances to which you are **entitled**. 3 _____
- If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of basic personal allowances or have an additional amount withheld. Write the total number of basic personal allowances you elect to claim on Line 4 and on Form IL-W-4, Line 1. 4 _____

Step 2: Figure your additional allowances

Check all that apply:

- I am 65 or older.
- I am legally blind.
- My spouse is 65 or older.
- My spouse is legally blind.

- Write the total number of boxes you checked. 5 _____
- Write any amount that you reported on Line 4 of the Deductions and Adjustments Worksheet for federal Form W-4. 6 _____
- Divide Line 6 by 1,000. Round to the nearest whole number. Write the result on Line 7. 7 _____
- Add Lines 5 and 7. Write the result. This is the total number of additional allowances to which you are **entitled**. 8 _____
- If you want to have additional Illinois Income Tax withheld from your pay, you may reduce the number of additional allowances or have an additional amount withheld. Write the total number of additional allowances you elect to claim on Line 9 and on Form IL-W-4, Line 2. 9 _____

Note: If you have non-wage income and you expect to owe Illinois Income Tax on that income, you may choose to have an additional amount withheld from your pay. On Line 3 of Form IL-W-4, write the additional amount you want your employer to withhold.

----- Cut here and give the certificate to your employer. Keep the top portion for your records. -----

Illinois Department of Revenue IL-W-4 Employee's Illinois Withholding Allowance Certificate

_____-_____-_____-
Social Security number

Name

Street address

_____-_____-_____- State ZIP

Check the box if you are exempt from federal and Illinois Withholding Income Tax.

- Write the total number of basic allowances that you are claiming (Step 1, Line 4, of the worksheet). 1 _____
- Write the total number of additional allowances that you are claiming (Step 2, Line 9, of the worksheet). 2 _____
- Write the additional amount you want withheld (deducted) from each pay. 3 _____

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Your signature Date

Employer: Keep this certificate with your records. If you have referred the employee's federal certificate to the Internal Revenue Service (IRS) and the IRS has notified you to disregard it, you may also be required to disregard this certificate. Even if you are not required to refer the employee's federal certificate to the IRS, you may still be required to refer this certificate to the Illinois Department of Revenue for inspection. See Illinois Income Tax Regulations 86 Ill. Adm. Code 100.7110.

This form is authorized as outlined by the Illinois Income Tax Act. Disclosure of this information is REQUIRED. Failure to provide information could result in a penalty. This form has been approved by the Forms Management Center. IL-492-0039

Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

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 documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification (To be completed and signed by employee at the time employment begins.)

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #

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 #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date (month/day/year)
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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.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

Section 2. Employer Review and Verification (To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

Section 3. Updating and Reverification (To be completed and signed by employer.)

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date (if any): _____
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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 (month/day/year)
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

Documents that Establish Both
Identity and Employment
Authorization

LIST B

Documents that Establish
Identity

LIST C

Documents that Establish
Employment Authorization

OR

AND

1. U.S. Passport or U.S. Passport Card	1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	1. Social Security Account Number card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form	4. Voter's registration card	
	5. U.S. Military card or draft record	5. Native American tribal document
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	6. U.S. Citizen ID Card (Form I-197)
	8. Native American tribal document	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
9. Driver's license issued by a Canadian government authority		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	For persons under age 18 who are unable to present a document listed above:	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)

Store#

Emergency Contact Information

A time may arise that we need to contact someone in your family due to an emergency. Please complete the following information and return to Human Resources.

Employee Name: _____
(Please Print)

Address: _____

Phone Number: _____

Please list two emergency contacts. When listing, please remember to list by your preference of contact.

First person to contact in case of an emergency:

Name

Relationship

Address

City, State, and Zip

Telephone number with area code

Second person to contact in case of an emergency:

Name

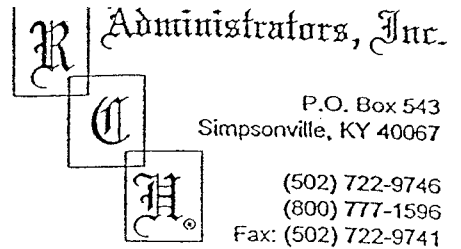
Relationship

Address

City, State, and Zip

Telephone number with area code

Section 125 Flexible Benefits Cafeteria Plan Enrollment Form Salary Redirection/Reduction Agreement



Plan Year: 01/01/2006 through 12/31/2006

Your Employer's Name: **GOLIGHTLY & LONG, LLC**

Caf  Plan Open Enrollment
 New Hire
 Termination from [] Plan [] Employer Term date ___/___/___ Last ded. date ___/___/___ YTD deductions \$ _____
 Revocation/Change in Status** Date of Qualifying Event ___/___/___ Reason for change _____
** Please indicate ALL benefits below

Your Name (please print): _____
Last First M.I.
Social Security Number: _____ Hire Date: _____ Birth Date: _____
Address: _____
Street City State Zip
Salary: _____ Pay Period: Weekly (52) Bi-Weekly (26) Semi-Monthly (24) Monthly (12)

PARTICIPATION ELECTION:

BENEFIT OPTIONS:

Medical/Dental/Vision Reimbursement Account.....
Dependent (Child's Day Care up to age 13) Reimbursement Account.....
Insurance Premium Reimbursement Account

TOTAL SALARY REDUCTION:

Employee Per Pay Deduction

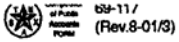
Dependent Information is required for reimbursement account participants. Please list all dependents that you claim on your IRS tax return.

Spouse Name: _____ BirthDate: _____ Dependent Name: _____ BirthDate: _____
Dependent Name: _____ BirthDate: _____ Dependent Name: _____ BirthDate: _____
Dependent Name: _____ BirthDate: _____ Dependent Name: _____ BirthDate: _____

With this irrevocable benefit election form, I hereby enroll in my employer's Section 125 Flexible Benefits (Cafeteria) Plan and I authorize my employer to make deductions from my pay each pay period on the basis of the selections I have made above. I understand that I cannot change this election during the Plan Year unless I have a change in status as defined by IRC Section 125. As a participant in the cafe plan, I am entitled to revoke my prior benefit election and make a new election in the event of certain changes in status. If the "Revocation/Change in Status" line is marked above, I certify that I have incurred the above change and understand that I have 30 days from the date of this qualifying event to submit this form to my employer showing my new elections. All changes made to the cafeteria plan due to change in status MUST be consistent with the reason for the change. I am aware that any balance remaining in my reimbursement account(s) at the end of the Plan Year WILL BE FORFEITED BY ME after all of the submitted claims have been approved and paid. This is the "use it or lose it" feature of the Cafeteria Plan. I understand that my Social Security benefits may be reduced by this election and that my Employer may reduce or cancel this election, if necessary, to comply with the provisions of the Internal Revenue Code. If no box is checked below, pre-tax deductions are assumed.

I want these deductions pre-tax I want these deductions post-tax I don't want any of these benefits

Employee Signature: _____ Dated: ___/___/___ First Deduct Date: ___/___/___



CIGARETTE AND TOBACCO PRODUCTS RETAIL EMPLOYEE NOTIFICATION

Completed notification forms must be kept at the retail location.

RETAILER INFORMATION	Retailer name <input style="width: 100%; height: 20px;" type="text"/> Location address Street <input style="width: 100%; height: 20px;" type="text"/> City State ZIP code <input style="width: 100%; height: 20px;" type="text"/> Taxpayer number Permit number Outlet number <input style="width: 30%; height: 20px;" type="text"/> <input style="width: 30%; height: 20px;" type="text"/> <input style="width: 30%; height: 20px;" type="text"/> Notice and explanation given by: Name Title <input style="width: 100%; height: 20px;" type="text"/>
PROVISIONS OF THE LAW	Effective January 1, 1998, retailers are required to notify each employee engaged in the retail sale of cigarettes and/or tobacco products that state law: (1) prohibits retailers and their employees from selling or providing tobacco products, or giving coupons for tobacco purchases to any person under 18 years of age. A violation is a Class C misdemeanor; (2) requires retail employees to request proof of age from anyone under 27 years of age who attempts to purchase cigarettes or tobacco products. Retailers may be fined up to \$1,000 per violation or have their permit revoked or suspended for selling tobacco products to any person under 18 years of age; (3) subjects retail employees to criminal prosecution for a Class C misdemeanor if they knowingly sell tobacco products to minors; (4) prohibits the sale of loose cigarettes or cigarettes in individual packages containing fewer than 20 cigarettes and imposes a \$100 fine for violations; (5) prohibits the distribution of free samples of tobacco products to any person under 18 years of age; (6) requires each person who sells cigarettes or tobacco products at retail or by vending machine to post a sign in a conspicuous location warning employees and customers about the tobacco law and the penalties for violations of the law. The Comptroller, on request, will provide the sign without charge to any person who sells cigarettes or tobacco products. Retail employees must ensure that the appropriate sign is always properly displayed while they are on duty. A violation is a Class C misdemeanor. (7) prohibits the sale of cigarettes or tobacco products in a manner that allows customers direct access to the cigarettes or tobacco products. This provision does not apply to: a facility or business that is not open at any time to persons younger than 18 years of age; that part of a facility or business that is a humidor or other enclosure designed to store cigars in a climate-controlled environment; or a package store properly permitted under the Alcoholic Beverage Code. A violation is a Class C misdemeanor; (8) prohibits the placement of tobacco vending machines in a manner permitting direct customer access in any business that is accessible to minors. The Comptroller or a peace officer may, with or without a warrant, seize, seal, or disable a vending machine installed or maintained in violation of this provision. A violation is a Class C misdemeanor.
EMPLOYEE INFORMATION	Employee Name Social Security Number <input style="width: 60%; height: 20px;" type="text"/> <input style="width: 30%; height: 20px;" type="text"/> Current Address Street <input style="width: 100%; height: 20px;" type="text"/> City State ZIP code <input style="width: 100%; height: 20px;" type="text"/> Employment Date Termination Date <input style="width: 30%; height: 20px;" type="text"/> <input style="width: 30%; height: 20px;" type="text"/>
EMPLOYEE STATEMENT	I, _____, have been notified of the provisions of cigarette and tobacco products law as required under Health & Safety Code, §161.085. By signing this form, I acknowledge that the law has been fully explained to me and that I understand and agree to comply with the law as a condition of employment. Employee Signature Date <input style="width: 40%; height: 20px;" type="text"/> <input style="width: 30%; height: 20px;" type="text"/>



GOLIGHTLY & LONG, LLC
5820 CAIRO RD
PADUCAH, KY 42001

Direct Deposit Authorization

Please complete the form as indicated below, attach a voided check and return it to the office. Any questions call the office.

Authorization for Direct Deposit to your bank account

Name: _____ SSN: _____ - _____ - _____

Bank: _____ City: _____ State: _____

Account Number: _____

I hereby authorize and request GOLIGHTLY & LONG, hereinafter called GOLIGHTLY & LONG, to initiate credit entries to my **Checking** / **Savings** account at the depository financial institution hereafter called DEPOSITORY as indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

This authorization is to remain in full force and effect until GOLIGHTLY & LONG has received written notification from me of its termination in such time and in such manner as to afford GOLIGHTLY & LONG and DEPOSITORY a reasonable opportunity to act on it.

Signature

Date

Please attach a voided check in the box below:

Note: We must receive a voided check for the bank account you wish for us to use.

VOID-VOID-VOID-VOID

**note- do not use a deposit ticket

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 _____ Social security number ▶ _____

Street address where you live _____

City or town, state, and ZIP code _____

Telephone number (____) _____ - _____

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, 2007, 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 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 food stamps for the past 6 months, **or**
 - b Received 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.
- 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 ▶ _____

Date ____ / ____ / ____

For Employer's Use Only

Employer's name _____ Telephone no. () - EIN ▶ _____

Street address _____

City or town, state, and ZIP code _____

Person to contact, if different from above _____ Telephone no. () - _____

Street address _____

City or town, state, and ZIP code _____

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 completed 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 5 hrs., 30 min.
Learning about the law or the form 24 min.
Preparing and sending this form to the SWA 30 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:T:SP, 1111 Constitution Ave. NW, IR-6406, Washington, DC 20224.

Do not send this form to this address. Instead, see *When and Where To File* in the separate instructions.

**Individual Characteristics Form (ICF)
Work Opportunity Tax Credit**

U.S. Department of Labor
Employment and Training Administration

1. Control No. (For Agency use only)		APPLICANT INFORMATION (See instructions on reverse)	OMB No. 1205-0371
			Expiration Date: November 30, 2011
		2. Date Received (For Agency Use only)	
EMPLOYER INFORMATION			
3. Employer Name		4. Employer Address and Telephone	5. Employer Federal ID Number (EIN)
APPLICANT INFORMATION			
6. Applicant Name (Last, First, MI)		7. Social Security Number.	8. Have you worked for this employer before? Yes ___ No ___ If YES, enter last date of employment: _____
APPLICANT CHARACTERISTICS FOR WOTC TARGET GROUP CERTIFICATION			
9. Employment Start Date		10. Starting Wage	11. Position
12. Are you at least age 16, but under age 40? If YES, enter your <i>date of birth</i> _____			Yes ___ No ___
13. Are you a Veteran of the U.S. Armed Forces? If NO, go to Box 14. If YES, are you a member of a family that received Food Stamps for at least 3 months during the 15 months before you were hired? If YES, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____. OR, are you a veteran entitled to compensation for a service-connected disability? If YES, were you discharged or released from active duty within a year before you were hired? OR, were you unemployed for a combined period of at least 6 months during the year before you were hired?			Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___
14. Are you a member of a family that received Food Stamps for the 6 months before you were hired? OR, received Food Stamps for at least a 3-month period within the last 5 months But you are no longer receiving them? If YES to either question, enter name of <i>primary recipient</i> _____ and <i>city and state</i> where benefits were received _____.			Yes ___ No ___ Yes ___ No ___

15. Were you referred to an employer by a Vocational Rehabilitation Agency approved by a State? OR , by an Employment Network under the Ticket to Work Program? OR , by the Department of Veterans Affairs?	Yes ___ No ___ Yes ___ No ___ Yes ___ No ___
16. Are you a member of a family that received TANF assistance for at least the last 18 months before you were hired? OR , are you a member of a family that received TANF benefits for any 18 months beginning after August 5, 1997, and the earliest 18-month period beginning after August 5, 1997, ended within 2 years before you were hired? OR , did your family stop being eligible for TANF assistance within 2 years before you were hired because a Federal or state law limited the maximum time those payments could be made? If NO , are you a member of a family that received TANF assistance for any 9 months during the 18 month period before you were hired? If YES, to any question , enter name of <i>primary recipient</i> _____ and the <i>city and state</i> where benefits were received _____.	Yes ___ No ___ Yes ___ No ___ Yes ___ No ___ Yes ___ No ___
17. Were you convicted of a felony or released from prison after a felony conviction during the year before you were hired? If YES , enter <i>date of conviction</i> _____ and <i>date of release</i> _____. Was this a Federal _____ or a State conviction _____? (Check one)	Yes ___ No ___
18. Do you live in an Empowerment Zone or Renewal Community? OR , in a Rural Renewal County (RRC)? If YES , enter <i>name of the RRC</i> : _____	Yes ___ No ___ Yes ___ No ___
19. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired?	Yes ___ No ___
20. Sources used to document eligibility: (Employers/Consultants : List all documentation provided or forthcoming. SWAs : List all documentation used in determining target group eligibility and enter your initials and date when determination was made.)	
I certify that this information is true and correct to the best of my knowledge. I understand that the information above may be subject to verification.	
21(a). Signature: (See instructions for Box 21 for who signs this signature block)	21. (b) Indicate with a ✓ who signed the form: <input type="checkbox"/> Employer, <input type="checkbox"/> Consultant, <input type="checkbox"/> SWA, <input type="checkbox"/> Participating Agency, <input type="checkbox"/> Applicant, or <input type="checkbox"/> Parent/Guardian (if applicant is a minor)
22. Date:	



Illinois

Your Name: _____ Social Security # _____ - _____ - _____

Were you a member of the United States Armed Forces (including any reserve component) or of the Illinois National Guard?

Yes _____ No _____

Did you serve on active duty in connection with Operation Desert Storm, Operation Enduring Freedom or Operation Iraqi Freedom?

Yes _____ No _____

Can you provide proof of honorable discharge? (If yes please attach)

Yes _____ No _____