



Employee Personnel File Checklist

Employee ☐ I.D. Number _____

- Application: ☐
- Non-Competition Agreement: ☐
- Consent Form/Drug Screen: ☐
- Medical Questionnaire: ☐
- Safety Agreement: ☐
- Position & Rate Terms Form: ☐
- Background Check: ☐
- Direct Deposit Authorization: ☐
- Supply Receipt/Acknowledgement Form: ☐
- I – 9 Form: ☐
- Form 8850: ☐
- W – 4 Form: ☐
- Email Address: ☐ _____

Assemblers, Inc.

Employment Application Page 1 of 2



APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Primary Phone #	
City	State	ZIP	Alternate Phone #
Social Security Number		Email Address	
Position Applied for	Date Available	Desired Salary	
How did you learn about this position? (check one)			
<input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Internet Ad (specify site): _____ <input type="checkbox"/> Referred by Assemblers Employee (name): _____			
Are you a citizen of the United States? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, are you authorized to work in the U.S.? Yes <input type="checkbox"/> No <input type="checkbox"/>			
Have you ever worked for this company? Yes <input type="checkbox"/> No <input type="checkbox"/> If so, when?			
Have you ever been convicted of a crime?* Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, explain:			
*Answering yes will not necessarily exclude you from employment ? Not required for MN applicants.			

EDUCATION			
High School		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
College		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree
Other		Address	
From	To	Did you graduate? Yes <input type="checkbox"/> No <input type="checkbox"/>	Degree

REFERENCES	
Please list two professional references.	
Full name	Relationship
Company	Phone ()
Address	
Full name	Relationship
Company	Phone ()
Address	
Full name	Relationship
Company	Phone ()
Address	

Employment Application Page 2 of 2

PREVIOUS EMPLOYMENT		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Company		Phone ()
Address		Supervisor
Job Title	Starting Salary \$	Ending Salary \$
Responsibilities		
From	To	Reason for Leaving
May we contact your previous supervisor for a reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		

MILITARY SERVICE	
Branch	From To
Rank at Discharge	Type of Discharge
If other than honorable, explain	

DISCLAIMER AND SIGNATURE	
I certify that my answers are true and complete to the best of my knowledge.	
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.	
Signature	Date



Non-Competition Agreement

Non Competition/No Startup Agreement

IN CONSIDERATION OF EMPLOYMENT AND OTHER VALUABLE CONSIDERATION, the receipt and sufficiency of which is hereby acknowledged, the undersigned _____ (hereinafter referred to as the "Employee") and Assemblers, Inc. (hereinafter referred to as the "Company"), covenant and agree as follows:

1. The Employee shall not engage in a business in any manner similar to, or in competition with, the Company or the Company's affiliated business during the term of his or her employment or for a period of 1 year from date of termination of his or her employment with the Company for any reason.
 2. Furthermore, the Employee shall not engage in a business in any manner similar to, or in competition with, the Company's business within a twenty five (25) mile radius from the geographical area in which Employee worked at any time for the Company. For the purpose of this Agreement, the Employee shall be regarded as engaging in a "business in any manner similar to, or in competition with, the Company's business" if, directly or as an employee, independent contractor, or agent of any third-party business, person, firm or corporation the Employee is engaged in the business of Merchandise Assembly, Installation, Delivery, Service, Maintenance or Repair or such other business or businesses as the Company is engaged in either individually or as part of some other business entity or affiliate. The Employee agrees that the above restriction is reasonable as to length of time and geographical area and hereby irrevocably waives any objection thereto.
 3. The Employee shall not request or induce any customers of any business then being conducted or contemplated by the Company or its affiliates to curtail or cancel their business with the Company or its affiliates during and after Employee's employment by the Company.
 4. The Employee shall not disclose to any person, firm or corporation any trade, technical, or technological secrets, any details of organizations or business affairs, any names, of past or present customers or vendors of the Company or its affiliates, or any other information relating to the Company or its affiliates, owners, shareholders, officers, directors, employees, independent contractors, or agents that the Employee knows, or reasonably should know, is a trade secret or confidential information of the Company.
 5. The Employee shall not solicit or canvass any business, transaction, or compensation for any other business, person, firm, or corporation similar to any business of the company or its affiliates.
 6. The Employee shall not induce, or attempt to influence, any employee, independent contractor, or agent of the Company or its affiliates to terminate or curtail its relationship with the Company or its affiliates or to enter into any employment or other business relationship with any other person (including the Employee), firm, or corporation, concerning any business of the Company or in competition with the Company.
 7. The Employee shall not perform any act in violation hereof through any other person or entity, or through any plan, scheme, design, or subterfuge calculated to circumvent the requirements of this Non-Competition Agreement.
 8. This agreement shall be governed by and construed in accordance with the substantive laws of the State of Tennessee, without regard to its choice of law provisions.
 9. Employee irrevocably consents to the jurisdiction of the courts of the State of Tennessee (and the federal courts having jurisdiction in the State of Tennessee), as located in the city of Chattanooga, Tennessee, for purposes of any judicial proceeding that may be instituted in connection with any matter arising out of, under or relating to this agreement. The choice of the forum shall solely be in the discretion of Assemblers, Inc., without regard to the possible removal to Federal Court under the diversity statutes by Employee.
- By signing below, the Employee represents and warrants to the Company that the Employee understands and intends to be bound by all of the terms of this Agreement, has had the opportunity to seek independent legal counsel regarding the Agreement, and has received a signed copy of this Agreement as of the date below.

Employee Signature

Date



Consent Form

Background Screening

Assemblers, Inc. will conduct background screening on all potential Employees and or Sub Contractors. The background screening will include verification of your identity and eligibility to work in the U.S. using the E-Verify program, a criminal history record check, a driving history check and for some positions, a credit check.

Drug Screening

This consent form is to serve as notice and authorization for job applicant drug screening. As a matter of policy and to help ensure a safe work environment free of the use of illegal drugs that may impair your ability to perform the essential functions of the position, Assemblers, Inc. screens job applicants for the presence of illegal drugs. A negative drug screen is a condition of employment and or sub contracting for Assemblers, Inc. Applicants refusing to perform a drug screen will not be considered for employment or sub contracted work at Assemblers, Inc. Furthermore, positive screening findings will result in any offer of employment or sub contracted work being withdrawn (or termination if the results are received after your start date).

Submitting an altered saliva or urine sample will be treated as a positive test result.

This consent form is to serve as consent of agreement and release of liability

- I authorize Assemblers, Inc. to collect a specimen of saliva or urine for chemical analysis.
- I understand that decisions regarding my application for employment or sub contracting at Assemblers, Inc. will be made from the result of this test.
- I consent to be screened for drugs and authorize the attending physician, screening laboratory, and or agents of Assemblers, Inc. to provide screening results to Assemblers, Inc. In consideration for your review of my application, I hereby release Assemblers, Inc., its affiliates, agents, and employees from any liability resulting from employment or sub contracting decisions made from the results of this drug screen.

I, _____, verify that a drug test was administered and the result was:
(Manager)

☐ Negative ☐ Positive.

Manager Name _____

Manager Signature _____ Date _____

Employee/Contractor Name

Date



MEDICAL QUESTIONNAIRE

To be completed after an offer of employment is extended.

				Today's Date:	
Name:			Job Title:		
Date of Birth:	Height:	ft.	in.	Weight:	Sex: M / F
					<input type="checkbox"/> <input type="checkbox"/>

	Yes	No
Do you now have, or have you ever had, any of the following?		
Epilepsy (convulsions, seizures)	<input type="checkbox"/>	<input type="checkbox"/>
Diabetes		
If yes, are you on medication?	<input type="checkbox"/>	<input type="checkbox"/>
Cardiac disease	<input type="checkbox"/>	<input type="checkbox"/>
Menisectomy (inflammation of cartilage of certain joints—e.g., knee)	<input type="checkbox"/>	<input type="checkbox"/>
Patellectomy (surgically removed kneecap)	<input type="checkbox"/>	<input type="checkbox"/>
Ruptured cruciate ligament (knee ligament)	<input type="checkbox"/>	<input type="checkbox"/>
Hemophilia	<input type="checkbox"/>	<input type="checkbox"/>
Chronic osteomyelitis (infection in bone)	<input type="checkbox"/>	<input type="checkbox"/>
Surgical or spontaneous fusion of a major weight-bearing joint (frozen joint)	<input type="checkbox"/>	<input type="checkbox"/>
Hyperinsulinism	<input type="checkbox"/>	<input type="checkbox"/>
Thrombophlebitis	<input type="checkbox"/>	<input type="checkbox"/>
Herniated intervertebral disk	<input type="checkbox"/>	<input type="checkbox"/>
Surgical removal of an intervertebral disk, or spinal fusion	<input type="checkbox"/>	<input type="checkbox"/>
One or more back or neck injuries, or a disease process of the back or neck, substantiated by a doctor's opinion and resulting in disability over a total of 120 or more days	<input type="checkbox"/>	<input type="checkbox"/>
Other (please list)	<input type="checkbox"/>	<input type="checkbox"/>
Have you previously received workers' compensation for an on the job injury?		
If yes, when? _____ and where? _____	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No
Have you ever received a disability rating or had one assigned to you by an insurance company or state/federal agency? If yes, what percentage? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever injured or sprained your back? If yes, did you have surgery? If yes, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever injured or sprained your neck? If yes, did you have surgery? If yes, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever injured or sprained your knee? If yes, did you have surgery? If yes, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had any other type of surgery not mentioned above? If yes, please explain: If yes, when? _____	<input type="checkbox"/>	<input type="checkbox"/>
Do you have arthritis? If yes, are you on medication? If yes, which parts of the body are affected?:	<input type="checkbox"/>	<input type="checkbox"/>
Do you require reasonable accommodation to perform the functions of this job safely and effectively? If yes, please describe the accommodation you are requesting:	<input type="checkbox"/>	<input type="checkbox"/>

The information on this form shall not be used to discriminate against a qualified individual with a disability because of the existence of the disability in regard to the following: job application procedures; hiring, advancement or discharge of the employee; employee compensation; job training; and other terms, conditions and privileges of employment.

Under penalty of perjury, I declare that I have read the foregoing and that the facts alleged are true to the best of my knowledge and belief.

Employee's signature _____ Date _____

Supervisor's signature _____ Date _____



Safety Agreement

I understand that it is required to work in a safe manner at all times and to abide by all safety policies and procedures outlined in the Employee Handbook.

I will pay extra attention while using a cutting knife, always cutting away from my body and keeping my hands and fingers out of the path of the knife. I will only use company approved safety knives when performing any task requiring a cutting knife.

I will follow all safe lifting guidelines, lifting with my legs rather than my back, carrying the load close to my body, and never twisting while a lift is in process. I will safely determine if an item requires a team lift and get assistance when necessary.

I will always be aware of my working environment, assuring that there are no hazards that would result in a trip, slip or fall.

I will assess the overhead space to ensure that there is no risk of falling objects or chance for direct contact with my head or body.

I understand that in the event of a work related injury I will be required to take a post-accident drug test.

I understand that if I am injured, due to my failure to follow safety procedure, I will be issued a counseling notice. Repeated violations will lead to further disciplinary action up to and including termination of employment.

Signature

Date



Position & Rate Terms

Area: _____

Name of Employee
or Sub-Contractor: _____

I.D. Number: _____

Position: _____

New Hire Payment Terms

Start Date: _____

In Store _____ %

In Home _____ %

In Home Rebate _____ %

Academy Bikes

☐ \$3.50 (16" Bikes \$2.69)

☐ \$3.75 (16" Bikes \$2.88)

☐ \$4.00 (16" Bikes \$3.07)

Hourly Rate (if applicable) \$ _____

Manager Only:

Annual Salary \$ _____

Rate Increase/Change of Position

Effective Date: _____
(Must be beginning of pay period)

New Position Title: _____

In Store _____ %

In Home _____ %

In Home Rebate _____ %

Academy Bikes

☐ \$3.50 (16" Bikes \$2.69)

☐ \$3.75 (16" Bikes \$2.88)

☐ \$4.00 (16" Bikes \$3.07)

Hourly Rate (if applicable) \$ _____

Manager Only:

Annual Salary \$ _____

Sub-Contractor Only: WC Insurance = 6% of payment _____ *Sub-Contractor
Initials Required*

Employee/Sub Contractor Signature Date

Email Address

Management Approval Date

Operations Manager Approval Date
(Not required for new hires.)



Background Check Authorization Form

DISCLOSURE AND AUTHORIZATION

Assemblers, Inc. (the "Company"), may request background information about you from a consumer reporting agency in connection with your employment application and for employment purposes. This information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports may be obtained at any time after receipt of your authorization and, if you are hired by the Company, throughout your employment.

A consumer reporting agency will obtain the reports for the Company. The consumer reporting agency's contact information can be obtained by contacting the Assemblers, Inc., corporate Human Resources Department at 800-499-2720. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you live in or are applying for a job in the state of California, Maine or New York, please review these additional notices.

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by the consumer reporting agency during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at the consumer reporting agency's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. The consumer reporting agency has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

NEW YORK: You have the right, upon written request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such consumer reporting agencies copies of any such investigative consumer reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency to the Company and its designated representatives and agents. I understand that if the Company hires me, my consent will apply, and the Company may obtain reports, throughout my employment.

I also understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only – You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

☐

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____

Applicant Signature _____ Date _____

Social Security # _____ Date of Birth (for ID purposes only) _____

Present Address _____

City/State/Zip _____

Driver's License # _____



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT (ACH CREDITS)

Assembler's Inc requires that all payroll be distributed through direct deposit. We offer the choice of using an existing account (bank or paycard) or a new paycard issued through our company.

I hereby authorize Assembler's, Inc, herein called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my:

☐ Bank or Existing Paycard Account

* When electing a bank account or existing paycard account please include a voided check or a direct deposit form that includes **preprinted** routing and account numbers

☐ Company-Issued Paycard

* When electing a company-issued paycard, the paycard will be mailed to your residence prior to the first pay date.

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

Name: _____
(PLEASE PRINT)

Signature: _____

Date: _____

Assemblers, Inc. cannot control nor will be responsible for the time it takes for an electronic funds transfer to be deposited into your account once it has been processed.

Please note that all final pay due to an employee after termination will be issued in the form of a paper check. Direct deposit will not occur.



Supply Receipt & Acknowledgement

I hereby acknowledge receipt of the following supply items from Assemblers, Inc. I understand that I will be charged a one time fee that will be deducted from my paycheck. I understand that this is a non-refundable fee. By signing below I authorize Assemblers, Inc. to deduct this one time fee.

Your supply fee is as follows:

Assembly/In Home Technician: \$35.00 deducted from 1st Paycheck.

New hire processing supplies which may include:

- 5 T-shirts size: _____ Received ____ Needs to be Shipped ____
- Employee Manual
- Technician Handbook
- Initial Supplies as needed

Manager: \$100.00 deducted (\$50.00 from 1st & 2nd Paycheck)

New hire processing supplies which may include:

- 5 T-shirts size: _____
- 5 Polo shirts size: _____
- Employee Manual
- Management Handbook
- Cell Phone
- Business cards
- Company credit card
- Initial Supplies as needed

Employee Manual/Handbook Acknowledgement

I acknowledge receipt of my copy of the Assemblers, Inc. Employment Manual and Technician Handbook (Management Handbook in the case of Supervisors), and understand that it is my responsibility to be familiar with, understand, and abide by its contents. The Manual and Handbook have been prepared for me as a guide and intended as a handy reference when needed. The policies stated in this Manual and Handbook are guidelines only and are subject to change at the sole discretion of the Company's Management. This Manual and Handbook are not a contract or promise, express or implied, guaranteeing employment or work assignments for any specific duration or level of compensation. Although we hope that your employment or sub contracted relationship with the Company will be long term, either you or the Company may terminate this relationship at any time, for any reason, with or without cause or notice. Please understand that no Supervisor, Manager, or Company representative, other than in writing by the President of the Company, has the authority to enter into any agreement with you for employment or sub contracted work for any specified period of time or to make any promises or commitments contrary to the foregoing.

Name (Please Print) _____

Signature _____

Area _____

Hiring Manager _____

Assigned Store Number _____



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)		First Name (Given Name)		Middle Initial	Other Names Used (if any)		
Address (Street Number and Name)			Apt. Number	City or Town		State	Zip Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [] - [] - []		E-mail Address			Telephone Number	

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

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

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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

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

Foreign Passport Number: _____

Country of Issuance: _____

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

3-D Barcode
Do Not Write in This Space

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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

3-D Barcode
Do Not Write in This Space

Certification

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

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

Signature of Employer or Authorized Representative	Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)	First Name (Given Name)	Employer's Business or Organization Name Assemblers, Inc	
Employer's Business or Organization Address (Street Number and Name)	City or Town	State	Zip Code
7155 South Lee Hwy Suite 200	Chattanooga	TN	37421

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

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

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
-----------------	------------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

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

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 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 		<ol style="list-style-type: none"> 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 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. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 		<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 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. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

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

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.



Dear Prospective Employee

Please Read

In 2009 the government initiated the American Recovery and Reinvestment act better known as the Stimulus Package. You are being asked for the following information to determine if your employer will be eligible for certain tax credit benefits for hiring employees that meet specific eligibility requirements.

The company that you are interviewing with may be able to obtain certain valuable tax credits based on your answers to the questions on the two documents. Please take your time and answer the questions carefully, completely, and accurately. This information is requested voluntarily. You are not required to complete this questionnaire; however the information is required for your potential employer to receive the federal tax credit.

Government Tax Credits have been expanded in recent years. Your answers to these questions will not affect your eligibility for employment or any benefits you or your family may currently be receiving. In fact, you could be more employable due to your complete and truthful answers. Your assistance is appreciated.

Sincerely,

Tina Belau
Operations Manager/HR Recruiting
Assemblers, Inc.

Paycom

Answering the following questions is voluntary and does not affect any benefits you or your family may be receiving or your job opportunity. I hereby authorize the release of any information from any federal or state Government Agency including SSA, Dept. of Veterans Affairs, or DMV of any state as to my eligibility for federal or state tax credit programs.

--

Print Name: First		Last	Social Security Number (last 4 digits only) XXX -- XX --
Street Address			Phone Number
City		State	Zip Code

- | | | | |
|----|--|--|---|
| 1. | If you are under age 40, enter date of birth (month, day, year) _____ | | |
| 2. | Have you ever worked for this employer before?
If Yes, enter last date of employment _____ | Yes ____ | No ____ |
| 3. | Have you been unemployed or have not worked for anyone for more than 40 hours during the past 60-day period? If Yes, please complete W-11 HIRE Act Affidavit. | Yes ____ | No ____ |
| 4. | Are you a Veteran of the U.S. Armed Forces?
If NO, go to Question 5
If YES, are you a member of a family that received SNAP (Food Stamps) benefits for at least a 3-month period during the past 15 months before you were hired?
If YES, enter name of primary recipient _____ and city and state 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 the 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 ____

Yes ____
Yes ____
Yes ____
Yes ____ | No ____

No ____
No ____
No ____
No ____ |
| 5. | Are you a member of a family that received Supplemental Nutritional Assistance Program (SNAP) (Food Stamps) benefits for the 6 months before you were hired?
OR, received SNAP benefits 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 primary recipient _____ and city and state where benefits were received _____. | Yes ____

Yes ____ | No ____

No ____ |
| 6. | 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 ____
Yes ____
Yes ____ | No ____
No ____
No ____ |
| 7. | 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 primary recipient _____ and the city and state where benefits were received _____. | Yes ____

Yes ____
Yes ____
Yes ____ | No ____

No ____
No ____
No ____ |

8. In the past 12 months, have you had a felony conviction, felony probation, work release, or prison release? Yes ____ No ____
If YES, enter date of conviction _____ and date of release _____.
Was it a Federal _____ or a State _____ conviction? (Check one)

9. Did you receive Supplemental Security Income (SSI) benefits for any month ending within 60 days before you were hired? Yes ____ No ____

10. Are you an unemployed veteran who served on active duty (other than active duty for training) in the Armed Forces of the United States for a period of more than 180 days? Yes ____ No ____
OR, were you discharged or released from active duty in the Armed Forces for a service-connected disability? Yes ____ No ____
If YES, were you discharged or released from active duty in the Armed Forces at any time during the 5-year period ending on the hiring date? Yes ____ No ____
If YES, did you receive unemployment compensation for not less than four weeks during the one-year period ending on your hiring date? Yes ____ No ____

11. Are you at least 16 but under age 25? Yes ____ No ____
If YES, did you not regularly attend any secondary, technical, or post-secondary school during the 6-month period before your hiring date? Yes ____ No ____
If YES, were you not regularly employed during that 6-month period? Yes ____ No ____
If YES, were you not employable because you lacked basic skills? Yes ____ No ____
*If you answered 'Yes' to all 4 questions, please complete the Self-Attestation Form.

12. If you lived in the area impacted by Hurricane Katrina on August 28, 2005, please enter the address, including county or parish and state where you lived at that time.

Street Address

City, State, Zip

County or Parish

Employer use only

Please send both pages of this Questionnaire, both pages of the 8850 (all with original signatures), supporting documentation to:
Paycom, ATTN: Tax Credit Dept.
4005 NW Expressway, Suite 500
Oklahoma City, OK 73116

This documentation is time sensitive and must be received by Paycom no later than 21 days from the new employee's start date to allow Paycom to time to review and submit the new employee's package to the State Workforce Agency. Request for certification does not guarantee approval.

Starting Wage \$ _____

Position Title _____

Hire Date _____

Start Date _____

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 _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 ☐ Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 ☐ 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 unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 ☐ Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 ☐ Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 ☐ 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 Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 22851L

Form **8850** (Rev. 1-2012)

For Employer's Use OnlyEmployer's name Assemblers Inc Telephone no. (423) 499-2720 EIN ► 11 - 3711100Street address 7155 Lee HwyCity or town, state, and ZIP code Chattanooga, TN 37421Person to contact, if different from above Paycom, Tax Credit Department Telephone no. (405) 722-6900Street address 7501 W Memorial Rd, MS # 150City or town, state, and ZIP code Oklahoma City, OK 73142

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
_____	_____	_____	_____

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 . . . 6 hr., 27 min.

**Learning about the law
or the form** 30 min.

**Preparing and sending this form
to the SWA** 37 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:M:S, 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.

Form W-4 (2014)

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 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. 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.

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: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B _____
• 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.						
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____				
G	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. • 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	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. <table><tr><td>• 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.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>			• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.						
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.						
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.						

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
► 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.		2014		
1 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)	5		
6	Additional amount, if any, you want withheld from each paycheck	6	\$	
7	I claim exemption from withholding for 2014, 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.) ►				
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)	

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$3,950 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$6,000	0
6,001 - 13,000	1	6,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 34,000	3
26,001 - 33,000	4	34,001 - 43,000	4
33,001 - 43,000	5	43,001 - 70,000	5
43,001 - 49,000	6	70,001 - 85,000	6
49,001 - 60,000	7	85,001 - 110,000	7
60,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
74,001 - 130,000	990	37,001 - 80,000	990
130,001 - 200,000	1,110	80,001 - 175,000	1,110
200,001 - 355,000	1,300	175,001 - 385,000	1,300
355,001 - 400,000	1,380	385,001 and over	1,560
400,001 and over	1,560		

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. 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 Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.