



WE'VE GOT A TALENT FOR BUSINESS.™



An Introduction to QTIHR

W elcome to QTI Human Resources!

QTI Human Resources, Inc. (QTI HR) is a Professional Employer Organization (PEO) who provides comprehensive and integrated Human Resources services. QTI HR handles all administrative aspects of employment (HR, payroll, benefits sponsorship and administration and worker's compensation and unemployment insurance administration). Therefore, we are your W-2 employer-of-record and can be listed as your employer solely for employment verification unemployment insurance, and worker's compensation purposes. Our Client for which you perform your job duties handles the operational aspects of employment (the

The following are a few of the services included in the co-employment fee to be charged to your employer:

1. Payroll Processing services:
 - ✓ Direct deposit
 - ✓ Employment tax filings for your employer
 - ✓ Pay check processing
 - ✓ Payroll deductions
 - ✓ W-2 forms
 - ✓ Withholdings
 - ✓ New Hire reports
2. Benefits Administration:
 - ✓ General Benefits/Insurance-related inquiries
 - ✓ Plan Provider interaction
 - ✓ New Employee benefit/insurance enrollment
 - ✓ Section 125 Cafeteria Plan administration
3. Human Resource Administration:
 - ✓ At QTI HR, we provide you the "advice and counsel" for any human resources-related questions you may have, including workplace policies, wage and hour questions, and all other employment-related areas of concern.
4. Worker's Compensation:
 - ✓ QTI HR handles the coverage for work-related injuries only for clients who are covered by our Workers' Compensation Insurance. If an accident occurs, we ask that you contact us immediately.
5. Unemployment Insurance:
 - ✓ QTI HR manages Unemployment Insurance benefits.

Feel free to call us at any time with any questions during our employment relationship at 608-258-5525 or email us at qtibr@qtigroup.com. Enclosed are some documents that must be completed in ink and received by QTI Human Resources, Inc. BEFORE your paychecks are processed. These documents are mandatory according to federal and state laws and must be submitted to us from you to remain on the payroll of QTI Human Resources, Inc.

LOCATIONS & CONTACT INFORMATION

Madison Downtown	608-257-1057	Baraboo	608-355-3000	Milwaukee State Fair	414-744-5062	Sun Prairie	608-825-9511
QTI Consulting	608-663-4801	Beaver Dam	920-885-7920	Platteville	608-348-8113	Middleton	608-664-2180
QTI Human Resources	608-258-5525	Fox Valley	920-882-0559	Portage	608-742-7800	Website	qtigroup.com
QTI Professional Staffing	608-232-2650	Milwaukee Bluemound	414-777-7788	Reedsburg	608-524-2003		

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Call any of our offices and ask to speak with one of our Business Development Managers. They'll connect you to the right QTI professional that fits your needs.



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Contact Information

Thank you for choosing QTI Human Resources

QTI Human Resources, Inc. (QTIHR) can assist with all of your Human Resource needs from payroll processing and benefits administration to employment compliance. We take pride in providing the specific services our clients need. Please contact our staff at any time with any questions or concerns you may have. We want to help.

How to Reach Us

QTI Human Resources • 4476 Robertson Road • P.O. Box 552 • Madison, WI 53701

Main Telephone: (608) 258-5525
Fax: (608) 259-6304
Toll Free: (888) 575-3273

Please Note: To allow us to address your question or concern in the most expedient manner, we ask that you please utilize the group e-mail: qtih@qtigroup.com

Jane Clark Chief Operating Officer janec@qtigroup.com

HR Administration

Tricia Perkins	Director of HR Operations	triciap@qtigroup.com
Cindy Schmelzer	Director of Human Resources	cindys@qtigroup.com
Jennifer Lindberg	Human Resources Manager	jenniferl@qtigroup.com
Bridget Travnick	Human Resources Generalist	bridgett@qtigroup.com
Ger Vang	Asst. HR Generalist	gerv@qtigroup.com
Alicia Darden	Human Resources Assistant	aliciad@qtigroup.com

Benefits Administration

Tina Thompson	Benefits Manager	tinat@qtigroup.com
Brooke Cody	Sr. Benefits Specialist	brookec@qtigroup.com
Cassie Petersen	Benefits Assistant	cassiep@qstaff.com

Payroll Administration

Debbie Haines	Mgr. of Payroll & Benefits Operations	debbieh@qtigroup.com
Kathy Hamre	Sr. Payroll/Accounting Specialist	kathyh@qtigroup.com
Joe Neill	Payroll Specialist	joen@qtigroup.com
Laurie McFarland	Payroll Specialist	lauriem@qtigroup.com

Additional Resources

Delta Dental
1-800-236-3712
www.deltadental.com

Great West Retirement
1-877-872-3250
www.gwrs.com/bsg

Health Choice
1-800-334-7988
www.CareQuestOnLine.com

Physician Plus
1-608-282-8900
www.ppicinfo@pplusic.com

Total Administrative Services Corporation (TASC)
1-800-422-4661
www.tasconline.com

UnumProvident Corporation
1-800-854-1446
www.unum.com

Vision Insurance Plan of America, Inc. (VIPA)
1-(800) 883-5747
www.visionplans.com

Work/Life Balance Employee Assistance Program via UNUM
For English: 1-800-854-1446
For Spanish: 1-877-858-2147

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Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

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: { <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. 	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 \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	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. { <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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

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

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 2013
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 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		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) _____

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 2013 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, 1949) of your income, and miscellaneous deductions. For 2013, you may have to reduce your itemized deductions if your income is over \$300,000 and you are married filing jointly or are a qualifying widow(er); \$275,000 if you are head of household; \$250,000 if you are single and not head of household or a qualifying widow(er); or \$150,000 if you are married filing separately. See Pub. 505 for details.	1	\$	
2	Enter: $\left\{ \begin{array}{l} \$12,200 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,950 \text{ if head of household} \\ \$6,100 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	
4	Enter an estimate of your 2013 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 2013 Form W-4</i> worksheet in Pub. 505.)	5	\$	
6	Enter an estimate of your 2013 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 \$3,900 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 2013. 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 2013. 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

Table 2

Married Filing Jointly		All Others		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	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 - \$5,000	0	\$0 - \$8,000	0	\$0 - \$72,000	\$590	\$0 - \$37,000	\$590
5,001 - 13,000	1	8,001 - 16,000	1	72,001 - 130,000	980	37,001 - 80,000	980
13,001 - 24,000	2	16,001 - 25,000	2	130,001 - 200,000	1,090	80,001 - 175,000	1,090
24,001 - 26,000	3	25,001 - 30,000	3	200,001 - 345,000	1,290	175,001 - 385,000	1,290
26,001 - 30,000	4	30,001 - 40,000	4	345,001 - 385,000	1,370	385,001 and over	1,540
30,001 - 42,000	5	40,001 - 50,000	5	385,001 and over	1,540		
42,001 - 48,000	6	50,001 - 70,000	6				
48,001 - 55,000	7	70,001 - 80,000	7				
55,001 - 65,000	8	80,001 - 95,000	8				
65,001 - 75,000	9	95,001 - 120,000	9				
75,001 - 85,000	10	120,001 and over	10				
85,001 - 97,000	11						
97,001 - 110,000	12						
110,001 - 120,000	13						
120,001 - 135,000	14						
135,001 and over	15						

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.



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Personal Info Sheet

Employee Name _____ Soc. Sec. #: _____
Last First MI

Address: _____ City: _____ State: _____ Zip Code: _____

Sex: M F Home Phone: _____ Date of Birth: _____

Email Addresses: (home) _____ (work) _____

Worksite Employer: _____ Date of Hire: _____

Position/Title: _____ Full-time Part-time (If PT, Hrs Scheduled Per Week: _____)

Emergency Contact: _____ Relationship: _____ Phone: _____

Can you furnish proof that you are legally permitted to work in the U.S.? Yes No

Have you worked with QTICR before? Yes No

Have you ever worked under another name? Yes No If so, what name? _____

Have you ever been convicted of any violations of the law, or are you subject to a pending charge? Yes No

If yes, please describe:

In accordance with the law, pending charges or convictions will not be used or considered for employment practices unless they are substantially related to the circumstances of the particular position.

I certify that the answers given by me to the foregoing questions and statements are true, correct and complete.

I hereby allow QTI Human Resources, Inc. the right to verify all statements and material information on this application. I hereby indemnify, release and forever discharge and hold QTI Human Resources, Inc. and its subsidiaries and affiliated companies, agents and employees, as well as all third parties supplying such information, harmless from any and all claims, demands, judgments and legal fees arising out of or in connection with this verification process, the results, or any lawful use of the results or disclosure thereto.

I understand that falsification of any material information on this application may be considered sufficient cause for immediate termination. I also understand that if employed, I can be terminated at any time with or without cause. I further agree that I will abide by all of the rules, regulations and policies of QTI Human Resources, Inc. and that failure to do so may be cause for termination.

Signature

Date

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

NOTE: DO NOT USE FOR HSA ACCOUNTS—ASK FOR SPECIAL HSA FORM

Name: _____ Worksite Employer: _____

I (we) hereby authorize QTI Human Resources (hereinafter called COMPANY) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my (our) account indicated below and the depository named below (hereinafter called DEPOSITORY), to credit and/or debit the same to such account.

IMPORTANT!! We MUST have a copy of a voided check with your name as the account holder before we can process a direct deposit for a checking account. Deposit slips are not acceptable in lieu of a voided check.

If you do not have checks to provide for your account or if you elect to directly deposit some or all of your paycheck to a savings account, please provide us with the phone number of your bank—we will attempt to verify your account & routing numbers via phone; in the event the bank will not verify your information via phone you will need to provide paperwork from the bank verifying your account/s.

Bank Name: _____

Transit/ABA/Routing #: _____ Account Number: _____

City, State, Zip: _____ Bank Phone: _____

Type of Account: Checking Savings Other (must be approved): _____

Amount To Be Deposited: _____ (dollar amount or percentage)

Bank Name: _____

Transit/ABA/Routing #: _____ Account Number: _____

City, State, Zip: _____ Bank Phone: _____

Type of Account: Checking Savings Other (must be approved): _____

Amount To Be Deposited: _____ (dollar amount or percentage)

Attach Check Here

Attach additional account information & checks to separate piece of paper if dividing pay between more than two accounts...

This authority is to remain in full force and effect until COMPANY has received written notification from me (or either of us) of its termination in such time and in such manner as to afford both COMPANY and DEPOSITORY a reasonable opportunity to act upon it.

Signature: _____

Date: _____