Arbys Store # na	Change In Status Form  Date Division					#NI/A	DUNKING DONUTS.
		Date_			DIVISION	#N/A	
First Name		Middle Int.		Last Name			
Social Security #		Phone #					
Street Address							
City				State		Z	Zip
		Status Cha	anges				
Hire Status	Rate Chang					Job Cha	nge
	New Rate		O	old Position Code		Position (	Code
Pour Poto			New Position Code			Position Code	
Pay Rate	Effective Date		New Fusition Code				
							ansfer
						From Store #	
						To Store #	
Employee Performance Documentation							
Performance	Documented Verbal Warning Date Written Warning Date				ng Date	Final Warning	g/Termination Date
Performance Rating							
Progressive Discipline Code		Disciplinary	Supervisor's				
Employee's Signature Signature Signature							
		Tax Repo	orting				
Form W4 Department of the Treasury Internal Revenue Service  OMB No. 1545-0074  2008							
1 Type or print your first name and middle initial.					2	Your social sec	•
,			0			000   00	0000
Home address (number and street or rural re	oute)		Single	Married	Married, I	out withhold at	higher single rate.
		1 0	Note. If married, bu	it legally separated, or s	pouse is a nor	nresident alien, chec	ck the "Single" box.
City or town, state, and ZIP code  0	0		0	4 If your last name di here. You must call 1-			
5 Total number of allowances you are	claiming (from line H	I above or fron	n the applica	ble worksheet or	n page 2)		5
6 Additional amount, if any, you want	withheld from each p	aycheck					6 \$
7 I claim exemption from withholding f	or 2008, and I certify	that I meet bo	th of the follo	owing conditions	for exem	ption.	
Last year I had a right to a refund of all federal income tax withheld bec ause 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							
Under penalties of perjury, I declare that I ha					, it is true.	correct, and cor	mplete.
Employee's signature				<u> </u>	,		•
(Form is not valid							
unless you sign it.)		Date ► January 0, 19			ıry 0, 1900		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending			he IRS.)	9 Office code (c	ptional)	10 Employer ide	ntification number (EIN)