



**General Employment Application
(Non-CDL)**

ARKK Trucking, Inc.
P.O. Box 1408
Sand Springs, OK 74063
918.812.9105 (Amanda)

Please print in black or blue ink

PERSONAL INFORMATION

Last Name: _____ First Name: _____ M.I. _____.

Street: _____ City: _____ State: _____ Zip: _____.

SSN: _____ - _____ - _____ D.O.B _____ Phone: _____.

Email: _____

Are you prevented from lawfully becoming employed in this country because of a VISA or Immigration status:

YES NO

Emergency Contact: _____ Address: _____ Phone: _____.

EMPLOYMENT DESIRED

Position: _____ Start Date: ____ / ____ / ____ Salary Desired: _____.

Are you employed now: YES NO

If so, may we contact present employer: YES NO

Have you ever applied to this company: YES NO

If so, Where: _____ When: ____ / ____ / ____.

Have you Worked for this company: YES NO

If so, Where: _____ When: ____/____/____.

Reason for leaving: _____.

Who referred you to this company: Employment Agency Newspaper Advertisement Walk in
 Employee Computer Advertisement Other

EDUCATION

| School Level | Name/Location | Years Attended | Subjects Studied | Graduate |
|--------------|---------------|----------------|------------------|--|
| High School | | | | <input type="radio"/> YES <input type="radio"/> NO |
| College | | | | <input type="radio"/> YES <input type="radio"/> NO |
| Trade School | | | | <input type="radio"/> YES <input type="radio"/> NO |
| Military | | | | <input type="radio"/> YES <input type="radio"/> NO |
| Other | | | | <input type="radio"/> YES <input type="radio"/> NO |

FORMER EMPLOYERS

EMPLOYER: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____.

STARTING DATE: ____/____/____ LEAVING DATE: ____/____/____ TITLE: _____.

REASON FOR LEAVING: _____.

DESCRIPTION OF WORK: _____ SALARY: _____.

SUPERVISOR: _____ PHONE: _____.

May we contact your supervisor? YES NO

EMPLOYER: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____.

STARTING DATE: ____/____/____ LEAVING DATE: ____/____/____ TITLE: _____.

REASON FOR LEAVING: _____.

DESCRIPTION OF WORK: _____ SALARY: _____.

SUPERVISOR: _____ PHONE: _____.

May we contact your supervisor? YES NO

EMPLOYER: _____ STREET: _____ CITY: _____ STATE: _____ ZIP: _____.

STARTING DATE: ____/____/____ LEAVING DATE: ____/____/____ TITLE: _____.

REASON FOR LEAVING: _____.

DESCRIPTION OF WORK: _____ SALARY: _____.

SUPERVISOR: _____ PHONE: _____.

May we contact your supervisor? YES NO

REFERENCES

NAME: _____ BUSINESS: _____ PHONE: _____.

NAME: _____ BUSINESS: _____ PHONE: _____.

NAME: _____ BUSINESS: _____ PHONE: _____.

I agree to and understand that:

- Any misrepresentation of information given above shall be considered an act of falsification.*
- The employer of his agent may investigate my background to ascertain any and all information of concern to my employment is factual.*
- If hired, I will be on a probationary period during which time I may be discharged without recourse.*

This certifies that this application was completed by me, and that all entries on it and information in it are true and completed to the best of my knowledge.

Signature: _____ Date: _____

ARKK Trucking, Inc.

I have received a copy, read and understand the following policies:

- Accident Investigation Policy
- Cargo loading, unloading, & securement Policy
- Cell Phone Usage Policy
- Controlled Drug and Alcohol Policy
- Driver Fatigue Policy
- Driver's Guide to Health and Safety
- Footwear Policy
- Hours of Service Policy
- Payroll Agreement
- Reporting Policy
- Seat Belt & Safe Driving Policy

I will abide by these policies.

Employee Signature: _____

Payroll Agreement and Deduction Policy/Consent

Signing the following is evidence of agreement to ARKK Trucking, Inc. payroll policy and deduction consent. Please read it carefully.

Any errors to payroll wages and/or deductions will be corrected on the following payroll period unless otherwise agreed upon by ARKK Trucking and employee. Any employee disputes toward payroll wages and/or deductions need to be brought to Amanda Roberts' attention immediately.

Employee agrees to ARKK Trucking making tax deductions from Employee wages based on applicable law and instructions from employee. ARKK Trucking requires each employee to complete a W-4 form for withholding federal income taxes. If an employee fails to complete a W-4, ARKK Trucking will withhold tax as if the Employee was single with no dependents. Employee needs to note on W-4 if they are exempt and provide proof of exemption. State tax withholding will mimic federal tax withholding unless otherwise noted by the Employee.

Employee agrees to ARKK Trucking making deductions for Employee's portion of health/dental premiums to insurance company. This is upon being eligible for coverage and enrollment in coverage that is chosen by the Employee. Amounts are previously discussed.

Employee agrees to ARKK Trucking deducting full repayment amount for items and/or services charged/purchased on company accounts and/or credit cards. Employee must get pre approved for these purchases. Examples are but not limited to: uniforms, data overages, parts, repairs, credit card charges for personal use, etc.

Employee agrees to ARKK Trucking deducting retirement contributions. This is upon being eligible and enrollment in such plans. Amounts are previously discussed.

Employee acknowledges that ARKK Trucking is responsible for adhering to legally submitted garnishments, wage assignments, child support orders, and others alike. ARKK Trucking will notify Employee of these deductions. Employees who have disputes with any outside company deduction orders are to contact whoever submitted orders. Employee agrees that ARKK Trucking will continue with deductions until further notice is received from the outside parties who submitted deductions.

Employee agrees that ARKK Trucking will deduct fair market value of any company owned and/or provided company property that the Employee loses, damages, or does not return during or after employment or upon termination of employment (voluntary or involuntary). Examples are but not limited to: training materials, phones, tablets, chargers, keys, tools, chains and boomers, uniforms, company property inside vehicles/ trucks/trailers etc.

Employee agrees to return company equipment to ARKK Trucking yard upon termination of employment (voluntary or involuntary) unless otherwise agreed upon by Employee and ARKK Trucking. If Employee abandons company equipment without agreed upon arrangements with ARKK Trucking prior to termination of employment (voluntary or involuntary) then Employee agrees that they will be responsible for the costs and applicable fees to ensure equipment returns back to ARKK Trucking in working order and in a timely manner not to interrupt business schedules or equipment commitments. Commitments include scheduled maintenance and arrangements with customers to meet hauling deadlines. Company equipment is vehicles, truck tractors, and trailers.

ARKK Trucking, Inc. is hereby authorized to deduct from Employee Payroll the following deductions, and those alike:

1. State and Federal Taxes, Social Security
2. Company group health/dental insurance premiums
3. Charges for items/services purchased/used/charged by Employee through Employer accounts. Plus, applicable fees
4. Contributions to retirement plans and those alike. (If eligible and enrolled in plan)
5. Garnishments, Wage Assignments, Child Support Orders, and any other legally obligated deductions. Plus, applicable administration fees
6. Lost, damaged, or not returned company property. Plus, applicable fees
7. Overpayment of wages or payroll mistakes to be corrected
8. Amounts paid by Employer on Employee's behalf for previous agreements not noted above. Plus, applicable fees
9. Cost of getting company equipment back to yard

Employee signature: Date: _____

Employee's Withholding Certificate

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2022

| | | | |
|---|--|-----------|---|
| Step 1: Enter Personal Information | (a) First name and middle initial | Last name | (b) Social security number |
| | Address | | ▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov . |
| | City or town, state, and ZIP code | | |
| | (c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3-4(b) on Form W-4 for **only ONE** of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

| | | | |
|---|---|------|----|
| Step 3: Claim Dependents | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): | | |
| | Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$ | | |
| | Multiply the number of other dependents by \$500 . . . ▶ \$ | | |
| | Add the amounts above and enter the total here | 3 | \$ |
| Step 4 (optional): Other Adjustments | (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income | 4(a) | \$ |
| | (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here | 4(b) | \$ |
| | (c) Extra withholding. Enter any additional tax you want withheld each pay period | 4(c) | \$ |

| | | | |
|------------------------------------|--|--------------------------|--------------------------------------|
| Step 5: Sign Here | Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. | | |
| | ▶ Employee's signature (This form is not valid unless you sign it.) | | ▶ Date |
| Employers Only | Employer's name and address | First date of employment | Employer identification number (EIN) |

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b)—Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

Step 4(b)—Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$25,900 if you're married filing jointly or qualifying widow(er) \$19,400 if you're head of household \$12,950 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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 with no other entries on the form; 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 6105.

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.

Married Filing Jointly or Qualifying Widow(er)

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$110 | \$350 | \$860 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,020 | \$1,770 | \$1,870 |
| \$10,000 - 19,999 | 110 | 1,110 | 1,860 | 2,060 | 2,220 | 2,220 | 2,220 | 2,220 | 2,220 | 2,970 | 3,970 | 4,070 |
| \$20,000 - 29,999 | 850 | 1,860 | 2,800 | 3,000 | 3,160 | 3,160 | 3,160 | 3,160 | 3,910 | 4,910 | 5,910 | 6,010 |
| \$30,000 - 39,999 | 860 | 2,060 | 3,000 | 3,200 | 3,360 | 3,360 | 3,360 | 4,110 | 5,110 | 6,110 | 7,110 | 7,210 |
| \$40,000 - 49,999 | 1,020 | 2,220 | 3,160 | 3,360 | 3,520 | 3,520 | 4,270 | 5,270 | 6,270 | 7,270 | 8,270 | 8,370 |
| \$50,000 - 59,999 | 1,020 | 2,220 | 3,160 | 3,360 | 3,520 | 4,270 | 5,270 | 6,270 | 7,270 | 8,270 | 9,270 | 9,370 |
| \$60,000 - 69,999 | 1,020 | 2,220 | 3,160 | 3,360 | 4,270 | 5,270 | 6,270 | 7,270 | 8,270 | 9,270 | 10,270 | 10,370 |
| \$70,000 - 79,999 | 1,020 | 2,220 | 3,160 | 4,110 | 5,270 | 6,270 | 7,270 | 8,270 | 9,270 | 10,270 | 11,270 | 11,370 |
| \$80,000 - 99,999 | 1,020 | 2,820 | 4,760 | 5,960 | 7,120 | 8,120 | 9,120 | 10,120 | 11,120 | 12,120 | 13,150 | 13,450 |
| \$100,000 - 149,999 | 1,870 | 4,070 | 6,010 | 7,210 | 8,370 | 9,370 | 10,510 | 11,710 | 12,910 | 14,110 | 15,310 | 15,600 |
| \$150,000 - 239,999 | 2,040 | 4,440 | 6,580 | 7,980 | 9,340 | 10,540 | 11,740 | 12,940 | 14,140 | 15,340 | 16,540 | 16,830 |
| \$240,000 - 259,999 | 2,040 | 4,440 | 6,580 | 7,980 | 9,340 | 10,540 | 11,740 | 12,940 | 14,140 | 15,340 | 16,540 | 17,590 |
| \$260,000 - 279,999 | 2,040 | 4,440 | 6,580 | 7,980 | 9,340 | 10,540 | 11,740 | 12,940 | 14,140 | 16,100 | 18,100 | 19,190 |
| \$280,000 - 299,999 | 2,040 | 4,440 | 6,580 | 7,980 | 9,340 | 10,540 | 11,740 | 13,700 | 15,700 | 17,700 | 19,700 | 20,790 |
| \$300,000 - 319,999 | 2,040 | 4,440 | 6,580 | 7,980 | 9,340 | 11,300 | 13,300 | 15,300 | 17,300 | 19,300 | 21,300 | 22,390 |
| \$320,000 - 364,999 | 2,100 | 5,300 | 8,240 | 10,440 | 12,600 | 14,600 | 16,600 | 18,600 | 20,600 | 22,600 | 24,870 | 26,280 |
| \$365,000 - 524,999 | 2,970 | 6,470 | 9,710 | 12,210 | 14,670 | 16,970 | 19,270 | 21,570 | 23,870 | 26,170 | 28,470 | 29,870 |
| \$525,000 and over | 3,140 | 6,840 | 10,280 | 12,980 | 16,640 | 18,140 | 20,640 | 23,140 | 25,640 | 28,140 | 30,640 | 32,240 |

Single or Married Filing Separately

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$400 | \$930 | \$1,020 | \$1,020 | \$1,250 | \$1,870 | \$1,870 | \$1,870 | \$1,870 | \$1,970 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 930 | 1,570 | 1,660 | 1,890 | 2,890 | 3,510 | 3,510 | 3,510 | 3,610 | 3,810 | 3,880 | 3,880 |
| \$20,000 - 29,999 | 1,020 | 1,660 | 1,990 | 2,990 | 3,990 | 4,610 | 4,610 | 4,710 | 4,910 | 5,110 | 5,180 | 5,180 |
| \$30,000 - 39,999 | 1,020 | 1,890 | 2,990 | 3,990 | 4,990 | 5,610 | 5,710 | 5,910 | 6,110 | 6,310 | 6,380 | 6,380 |
| \$40,000 - 59,999 | 1,870 | 3,510 | 4,610 | 5,610 | 6,680 | 7,500 | 7,700 | 7,900 | 8,100 | 8,300 | 8,370 | 8,370 |
| \$60,000 - 79,999 | 1,870 | 3,510 | 4,680 | 5,880 | 7,080 | 7,900 | 8,100 | 8,300 | 8,500 | 8,700 | 8,970 | 9,770 |
| \$80,000 - 99,999 | 1,940 | 3,780 | 5,080 | 6,280 | 7,480 | 8,300 | 8,500 | 8,700 | 9,100 | 10,100 | 10,970 | 11,770 |
| \$100,000 - 124,999 | 2,040 | 3,880 | 5,180 | 6,380 | 7,580 | 8,400 | 9,140 | 10,140 | 11,140 | 12,140 | 13,040 | 14,140 |
| \$125,000 - 149,999 | 2,040 | 3,880 | 5,180 | 6,520 | 8,520 | 10,140 | 11,140 | 12,140 | 13,320 | 14,620 | 15,790 | 16,890 |
| \$150,000 - 174,999 | 2,040 | 4,420 | 6,520 | 8,520 | 10,520 | 12,170 | 13,470 | 14,770 | 16,070 | 17,370 | 18,540 | 19,640 |
| \$175,000 - 199,999 | 2,720 | 5,360 | 7,460 | 9,630 | 11,930 | 13,860 | 15,160 | 16,460 | 17,760 | 19,060 | 20,230 | 21,330 |
| \$200,000 - 249,999 | 2,970 | 5,920 | 8,310 | 10,610 | 12,910 | 14,840 | 16,140 | 17,440 | 18,740 | 20,040 | 21,210 | 22,310 |
| \$250,000 - 399,999 | 2,970 | 5,920 | 8,310 | 10,610 | 12,910 | 14,840 | 16,140 | 17,440 | 18,740 | 20,040 | 21,210 | 22,310 |
| \$400,000 - 449,999 | 2,970 | 5,920 | 8,310 | 10,610 | 12,910 | 14,840 | 16,140 | 17,440 | 18,740 | 20,040 | 21,210 | 22,470 |
| \$450,000 and over | 3,140 | 6,290 | 8,880 | 11,380 | 13,880 | 16,010 | 17,510 | 19,010 | 20,510 | 22,010 | 23,380 | 24,680 |

Head of Household

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary | | | | | | | | | | | |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
| | \$0 - 9,999 | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999 | \$0 | \$760 | \$910 | \$1,020 | \$1,020 | \$1,020 | \$1,190 | \$1,870 | \$1,870 | \$1,870 | \$2,040 | \$2,040 |
| \$10,000 - 19,999 | 760 | 1,820 | 2,110 | 2,220 | 2,220 | 2,390 | 3,390 | 4,070 | 4,070 | 4,240 | 4,440 | 4,440 |
| \$20,000 - 29,999 | 910 | 2,110 | 2,400 | 2,510 | 2,680 | 3,680 | 4,680 | 5,360 | 5,360 | 5,730 | 5,930 | 5,930 |
| \$30,000 - 39,999 | 1,020 | 2,220 | 2,510 | 2,790 | 3,790 | 4,790 | 5,790 | 6,640 | 6,840 | 7,040 | 7,240 | 7,240 |
| \$40,000 - 59,999 | 1,020 | 2,240 | 3,530 | 4,640 | 5,640 | 6,780 | 7,980 | 8,860 | 9,060 | 9,260 | 9,460 | 9,460 |
| \$60,000 - 79,999 | 1,870 | 4,070 | 5,360 | 6,610 | 7,810 | 9,010 | 10,210 | 11,090 | 11,290 | 11,490 | 11,690 | 12,170 |
| \$80,000 - 99,999 | 1,870 | 4,210 | 5,700 | 7,010 | 8,210 | 9,410 | 10,610 | 11,490 | 11,890 | 12,380 | 13,370 | 14,170 |
| \$100,000 - 124,999 | 2,040 | 4,440 | 5,930 | 7,240 | 8,440 | 9,640 | 10,860 | 12,540 | 13,540 | 14,540 | 15,540 | 16,480 |
| \$125,000 - 149,999 | 2,040 | 4,440 | 5,930 | 7,240 | 8,860 | 10,860 | 12,860 | 14,540 | 15,540 | 16,830 | 18,130 | 19,230 |
| \$150,000 - 174,999 | 2,040 | 4,460 | 6,760 | 8,860 | 10,860 | 12,860 | 15,000 | 16,980 | 18,280 | 19,580 | 20,880 | 21,980 |
| \$175,000 - 199,999 | 2,720 | 5,920 | 8,210 | 10,320 | 12,600 | 14,900 | 17,200 | 19,180 | 20,480 | 21,780 | 23,080 | 24,180 |
| \$200,000 - 449,999 | 2,970 | 6,470 | 9,060 | 11,480 | 13,780 | 16,080 | 18,380 | 20,360 | 21,660 | 22,960 | 24,250 | 25,360 |
| \$450,000 and over | 3,140 | 6,840 | 9,630 | 12,250 | 14,750 | 17,250 | 19,750 | 21,930 | 23,430 | 24,930 | 26,420 | 27,730 |



Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ 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 Last 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 | | Employee's E-mail Address | | Employee's 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 boxes):

| | |
|--|---|
| <input type="checkbox"/> 1. A citizen of the United States | OR Code - Section 1 Do Not Write In This Space |
| <input type="checkbox"/> 2. A noncitizen national of the United States (See instructions) | |
| <input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____ | |
| <input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See instructions) Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number. 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____ | |

| | |
|-----------------------|---------------------------|
| Signature of Employee | Today's Date (mm/dd/yyyy) |
|-----------------------|---------------------------|

Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
 (Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

| | | | |
|-------------------------------------|--|---------------------------|----------------|
| Signature of Preparer or Translator | | Today's 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





Employment Eligibility Verification
Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

| | | | | |
|------------------------------|-------------------------|-------------------------|------|--------------------------------|
| Employee Info from Section 1 | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|------------------------------|-------------------------|-------------------------|------|--------------------------------|

| 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 | | Additional Information | | QR Code - Sections 2 & 3 Do Not Write In This Space |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |
| Document Title | | | | |
| Issuing Authority | | | | |
| Document Number | | | | |
| Expiration Date (if any) (mm/dd/yyyy) | | | | |

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 | Today's Date (mm/dd/yyyy) | Title of Employer or Authorized Representative | |
| Last Name of Employer or Authorized Representative | First Name of Employer or Authorized Representative | Employer's Business or Organization Name | |
| Employer's Business or Organization Address (Street Number and Name) | | City or Town | State ZIP Code |

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

| | | | |
|------------------------------------|-------------------------|----------------|--|
| A. New Name (if applicable) | | | B. Date of Rehire (if applicable) |
| Last Name (Family Name) | First Name (Given Name) | Middle Initial | Date (mm/dd/yyyy) |

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing 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 | Today's Date (mm/dd/yyyy) | Name of Employer or Authorized Representative |
|--|---------------------------|---|

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 |
|---|----|---|-----|---|
| 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. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION |
| 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) | | 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 | | 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) |
| 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa | | 3. School ID card with a photograph | | 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal |
| 4. Employment Authorization Document that contains a photograph (Form I-766) | | 4. Voter's registration card | | 4. Native American tribal document |
| 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (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. | | 5. U.S. Military card or draft record | | 5. U.S. Citizen ID Card (Form I-197) |
| | | 6. Military dependent's ID card | | 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) |
| | | 7. U.S. Coast Guard Merchant Mariner Card | | 7. Employment authorization document issued by the Department of Homeland Security |
| | | 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 | | |
| 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 | | | | |

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

Refer to the instructions for more information about acceptable receipts.

State of Oklahoma
Department of Public Safety
RECORDS REQUEST AND CONSENT TO RELEASE

I hereby request the following driver record(s):

| | Per Record Fee Regular | Per Record Fee Certified |
|--|---------------------------|-----------------------------|
| <input type="checkbox"/> Oklahoma driving record summary (Motor Vehicle Report, or MVR) [state law limits this summary to three years] | \$25.00 | \$28.00 |
| <input type="checkbox"/> Collision Report. Provide Date: _____ City/County _____ | \$7.00 | \$10.00 |
| <input type="checkbox"/> Other Driving Record(s) (please specify record by type and date): _____ | Per Page Fee | Per Certified Record Fee |
| [For vehicle records, contact Oklahoma Tax Commission. For birth certificates, contact Department of Health] | \$ 0.25 | \$ 3.00 |

for:

Driver's Name: _____ Sex: _____

Driver License Number: _____ Date of Birth: _____

Check the following applicable statement:

- I am the person named in the record(s) sought. I am requesting the record(s) of another person.

If you are not the person named in the record(s) sought, provide the reason(s) you are entitled to this record without approval of the named person [please check all that apply]. If none of these reasons apply, you must have the named person sign the Consent to Release below.:

1. **Government Agency** (federal, state, or local, including court or law enforcement): for carrying out its functions †
2. **Legal**: in connection with any court, administrative, arbitral, or self-regulatory body; service of process; investigation in anticipation of litigation; execution or enforcement of judgment or order; order of a court.
3. **Research Activities or Statistical Reports**: personal information shall not be published, redisclosed, or used to contact individuals †
4. **Insurance Company, Insurance Support Organization, Self-insured Entity**: for claims investigation, antifraud, rating or underwriting activities †
5. **Licensed Private Investigative Agency or Licensed Security Service**: for any purpose permitted under 18 U.S.C. §2721, subsection (b) †
6. **Employer of Commercial Driver License Holder**: to obtain or verify information required under 49 U.S.C., Chapter 313 †
7. **Other**: for use specifically authorized under the laws of the State of Oklahoma related to the public safety
Statutory citation: _____

CONSENT TO RELEASE by Person Named in Request [if none of the reasons above apply, consent to release is required. Employers MUST have consent to release a driving record when it is to be used for purposes other than 49 U.S.C., Chapter 313.]

Printed Name of Person Named in Request _____ Signature of Person Named in Request _____

By signing above, I voluntarily give consent to the Department of Public Safety or any Motor License Agency to release the above-named record(s) to the person making this Records Request. I understand, as required by the federal Driver Privacy Protection Act (DPPA), 18 U.S.C. Section 2721, et seq., the Department of Public Safety or any Motor License Agency will not release personal information from my driving record unless I consent by waiving my right to privacy under the DPPA, or unless the Department is required or authorized by DPPA to release personal information without my consent as enumerated above.

AFFIRMATION of Person Making Request

Pursuant to 12 O.S. §426, I state under the penalty of perjury that the requested information is being solicited solely for the reason(s) checked above or at the consent of the named person. I understand the personal information furnished is confidential under Federal and State laws and is being released to me only for the reason I have indicated above or at the consent of the named person, and that it is unlawful for me to furnish the information to any unauthorized person or entity or to be used for any unauthorized purpose.

Printed Name of Person Making Request _____ Signature of Person Making Request _____

† Print Agency/Company Name (if item 1, 3, 4, 5 or 6 was checked above) _____ Date _____

Address _____ City _____ State _____ Zip _____



Mail completed form along with appropriate fees to:
Department of Public Safety
Records Management Division
P. O. Box 11415
Oklahoma City, OK 73136-0415

Fees are listed above.
Please send total amount due in form of:
Cashier's Check, Money Order, Personal or Business Check
Cash is accepted only when paying in person.
Record fees are in accordance with Oklahoma Statutes.

Intuit QuickBooks Payroll



Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below) _____

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____

Employee ID #: _____

Print name: _____

Date: _____