

2025 NEW HIRE PACKET

Company Name (Required)	
Date of Birth (Required)	
Date of Hire (Required)	
Pay Rate (Required)	
W-4 must be attached (Required)	
Personal E-mail Address (Required)	
Heath Insurance Decution	
Garnishments (must be attached)	
Other Deductions (must be attached)	
Vacation Days	
Sick Days	

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.

OMB No. 1545-0074

Department of the Treasury Internal Revenue Service We Form w-4 to your employer. Your withholding is subject to review by the IRS.		RS.		<u> </u>		
Step 1:		<u> </u>	_ast name		(b) S	I Social security number
Enter Personal	Addr	ess				your name match the on your social security
Information	City	or town, state, and ZIP code	card' credit conta	card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov.		
	(c)	Single or Married filing separately			l or go	to www.ssa.gov.
		Married filing jointly or Qualifying surviving spe	ouse			
		Head of household (Check only if you're unmarrie				
are completing marital status, deductions, or	g this num r crec	the estimator at www.irs.gov/W4App to form after the beginning of the year; experience of jobs for you (and/or your spouse if its. Have your most recent pay stub(s) froator again to recheck your withholding.	ect to work only part of the ymarried filing jointly), depen	year; or have change: idents, other income	s durii (not fr	ng the year in your om jobs),
		-4 ONLY if they apply to you; otherwise or withholding, and when to use the esting			n on e	each step, who can
Step 2: Multiple Job	s	Complete this step if you (1) hold more also works. The correct amount of with				
or Spouse		Do only one of the following.			. ,	10, 0,0
Works		(a) Use the estimator at www.irs.gov/M you or your spouse have self-emplo	syment income, use this opt	tion; or		and Steps 3–4). If
		(b) Use the Multiple Jobs Worksheet or	· -			
		(c) If there are only two jobs total, you option is generally more accurate the higher paying job. Otherwise, (b) is	nan (b) if pay at the lower pa	ying job is more than		
		-4(b) on Form W-4 for only ONE of thes you complete Steps 3-4(b) on the Form V			s. (Yo	our withholding will
Step 3:		If your total income will be \$200,000 or	less (\$400,000 or less if ma	arried filing jointly):		
Claim		Multiply the number of qualifying ch	ildren under age 17 by \$2,0	00	_	
Dependent and Other		Multiply the number of other dependent	dents by \$500	. \$	-	
Credits		Add the amounts above for qualifying this the amount of any other credits. Er	ter the total here	<u> </u>	3	\$
Step 4 (optional): Other		(a) Other income (not from jobs). I expect this year that won't have wit This may include interest, dividends	hholding, enter the amount	of other income here	.	a) \$
Adjustment	S	(b) Deductions. If you expect to claim of want to reduce your withholding, us the result here		t on page 3 and ente	r	b) \$
		(c) Extra withholding. Enter any addition	onal tax you want withheld e	each pay period	4(0	s) \$
	1					
Step 5: Sign Here	Und	er penalties of perjury, I declare that this certific	cate, to the best of my knowled	dge and belief, is true, c	orrect,	and complete.
	En	nployee's signature (This form is not valid	d unless you sign it.)	Da	ite	
Employers Only	Emp	loyer's name and address				oyer identification er (EIN)

Form WH-4 State Form 48845 (R10 / 8-23)

State of Indiana

Employee's Withholding Exemption and County Status Certificate
This form is for the employer's records. Do not send this form to the Department of Revenue.
The completed form should be returned to your employer.

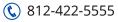
Full	Name	Social Security Number or ITIN						
Hor	ne Address	City	State	ZIP Code				
	Indiana County of Residence as of January 1:			(See instructions)				
	Indiana County of Principal Employment as of	January 1:		(See instructions)				
	Check this box if the changes to the counties a	re effective for the n	ext calendar year. (See instructi	ons) 🗆				
	How	to Claim Your Wit	hholding Exemptions					
1.	You are entitled to one exemption. If you wish to cla Nonresident aliens must skip lines 2 through 8. Se		enter "1"					
2.	If you are married and your spouse does not claim	his/her exemption, y	ou may claim it, enter "1"					
3.	You are allowed one (1) exemption for each depend	dent. Enter number	claimed					
4.	Additional exemptions are allowed if: (a) you and/o (b) if you and/o	or your spouse are c d/or your spouse are	•					
	Check box(es) for additional exemptions: You are 6	5 or older \square or blin	d \square Spouse is 65 or older \square o	r blind 🗌				
	Enter the total number of boxes checked			·····				
5.	Add lines 1, 2, 3, and 4. Enter the total here			>				
6.	You are entitled to claim an additional exemption fo	r each qualifying de	pendent (see instructions)					
7.	You are entitled to claim an additional exemption fo	r each qualifying de	pendent claimed for the first time	e (see instructions) ▶				
8.	You are entitled to claim an additional exemption fo	r each adopted qual	ifying dependent (see instruction	ns)				
9.	Enter the amount of additional state withholding (if	any) you want withh	eld each pay period	\$				
10.	Enter the amount of additional county withholding (if any) you want with	held each pay period	\$				
	I hereby declare that to the best of my knowledge the	he above statements	s are true.					
Sigi	nature:			Date:				

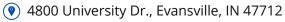


EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

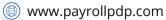
REQUIRED: Attach a voided check or letter from your bank!

Company Name:							
Employee Name:							
ACCOUNT		Savinas					
Bank Name: Account Number: Routing Number:							
Bank Name: Account Number: Routing Number:	Checking						
Important! Employees please read and sign the following before you complete and submit account information: The undersigned hereby authorizes his or her employer or its designee ("Employer") to deposit any sums Employer owes to me into the ban or other financial institution ("Financial Institution") accounts identified below. The undersigned also authorizes Financial Institution to receive and accept any such deposits and credit the same to my account. If nay deposit is made to my account in error by Employer, Financial Institution is authorized to return the erroneous payment to Employer and debit my account for the same in an amount not to exceed the amount of the erroneous deposit. The authorization shall remain in effect until revoked by the undersigned in writing so as to allow Employer and Financial Institution a reasonable opportunity to act. Signature: Date: Date:							
Signature:	Date:						











Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047 Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

		_			-			-			
Section 1. Employee day of employment,	Information but not befo	n and Attest re accepting	ation: Em	ploy	ees must comp	lete and	sign S	Section 1 of I	Form I-9 r	no late	er than the first
Last Name (Family Name)		First N	ame (Given N	lame	*)	Middle Ir	nitial (if a	any) Other La	st Names U	sed (if a	any)
Address (Street Number ar	nd Name)		Apt. Numb	er (if	fany) City or Tow	n			State		ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. So	cial Security Nur	mber [Emplo	oyee's Email Addres	SS			Employee	e's Tele	phone Number
I am aware that federa provides for imprison fines for false stateme	ment and/or	1. A citiz	zen of the Un	ited S		·		ation status (Se	e page 2 an	d 3 of th	ne instructions.):
use of false document	,				the United States (
connection with the co			•		ident (Enter USCIS						
of perjury, that this int	formation,	4. A nor	ncitizen (othe	thar	ltem Numbers 2.	and 3. abo	ve) auth	orized to work ι	ıntil (exp. da	ite, if an	y)
including my selection attesting to my citizen		If you check Ite	em Number 4	1. , en	iter one of these:						
immigration status, is		USCIS A-	Number		Form I-94 Admissi	on Numbe		Foreign Pass	ort Numbe	r and C	Country of Issuance
correct.				OR			OR				
Signature of Employee						1	Γoday's	Date (mm/dd/yy	уу)		
If a preparer and/or to	ranslator assis	ted you in comp	pleting Section	on 1,	that person MUST	complete	the Pro	eparer and/or T	ranslator C	ertifica	tion on Page 3.
Section 2. Employer business days after the e authorized by the Secret documentation in the Add	employee's first arv of DHS. d	st day of emplo ocumentation f nation box; see	yment, and from List A (mus DR a	st physically exam a combination of d	nine, or ex locument	ative m xamine ation fr	consistent wi om List B and	and sign S th an alterr List C. Er	native p nter an	orocedure y additional
		List A		OR	Lis	st B		AND		List	С
Document Title 1											
Issuing Authority											
Document Number (if any) Expiration Date (if any)				H							
Document Title 2 (if any)				Add	ditional Informati	on					
Issuing Authority			-								
Document Number (if any)											
Expiration Date (if any)											
Document Title 3 (if any)											
Issuing Authority											
Document Number (if any)											
Expiration Date (if any)				(Check here if you us	ed an alte	rnative p	procedure autho	rized by DH	S to exa	amine documents.
Certification: I attest, undemployee, (2) the above-list best of my knowledge, the	sted document	ation appears to	o be genuine	and	to relate to the em				First Da (mm/dd		nployment
Last Name, First Name and	Title of Employe	er or Authorized I	Representativ	e	Signature of En	nployer or i	Authoriz	ed Representat	ve	Today	's Date (mm/dd/yyyy)
Employer's Business or Orga	anization Name		Emplo	yer's	Business or Organi	zation Add	lress, Ci	ty or Town, Stat	e, ZIP Code		

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

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LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

LIST A		LIST B	LIST C				
Documents that Establish Both Identity and Employment Authorization	OR	Documents that Establish Identity AN	D Documents that Establish Employment Authorization				
U.S. Passport or U.S. Passport Card		Driver's license or ID card issued by a State or outlying possession of the United States	A Social Security Account Number card, unless the card includes one of the followin restrictions:				
Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address	(1) NOT VALID FOR EMPLOYMENT				
Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-		ID card issued by federal, state or local government agencies or entities, provided it	(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH				
readable immigrant visa Employment Authorization Document that contains a photograph (Form I-766)		contains a photograph or information such as name, date of birth, gender, height, eye color, and address	DHS AUTHORIZATION 2. Certification of report of birth issued by the				
5. For an individual temporarily authorized		3. School ID card with a photograph	Department of State (Forms DS-1350, FS-545, FS-240)				
to work for a specific employer because of his or her status or parole:		4. Voter's registration card	3. Original or certified copy of birth certificate				
a. Foreign passport; and		5. U.S. Military card or draft record	issued by a State, county, municipal authority, or territory of the United States bearing an official seal				
b. Form I-94 or Form I-94A that has the following:		6. Military dependent's ID card	Native American tribal document				
(1) The same name as the		7. U.S. Coast Guard Merchant Mariner Card	5. U.S. Citizen ID Card (Form I-197)				
passport; and (2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or		8. Native American tribal document	6. Identification Card for Use of Resident				
		Driver's license issued by a Canadian government authority	Citizen in the United States (Form I-179)				
		For persons under age 18 who are unable to present a document listed above:	Employment authorization document issued by the Department of Homeland Security				
limitations identified on the form.	-	10. School record or report card	For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.				
Passport from the Federated States of Micronesia (FSM) or the Republic of the		11. Clinic, doctor, or hospital record	The Form I-766, Employment				
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		12. Day-care or nursery school record	Authorization Document, is a List A, Item Number 4. document, not a List C document.				
		Acceptable Receipts	-				
May be prese		d in lieu of a document listed above for a t	emporary period.				
		For receipt validity dates, see the M-274.					
Receipt for a replacement of a lost, stolen, or damaged List A document.	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.				
Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.							
Form I-94 with "RE" notation or refugee stamp issued to a refugee.							

^{*}Refer to the Employment Authorization Extensions page on <u>I-9 Central</u> for more information.

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