

2019 Employment Paperwork Instructions

All information requested is mandatory unless otherwise stated.

Incomplete paperwork will not be accepted, and you will not be allowed to start online orientation, training or work until your paperwork is completed.

Paperwork must be turned in at least 48 hours prior to your orientation or training

____ Handbook acknowledgement & season pass agreement

____ Federal W-4

____ Indiana WH-4

____ Kentucky K-4 (if a Kentucky Resident)

____ Certificate of Residence WH-47 (if a Kentucky Resident)

____ Out of State Acknowledgement (non-Indiana Resident)

____ Authorization for Direct Deposit & Voided Check

____ IDs for I9 verification (photo ID and original birth certificate or photo ID and social security card or a passport by itself) presented to HR at time of hire

____ Bus Rider agreement (if applicable)

If Under 18 Years Old

____ Work permit – Use appropriate Intent to Employ form

____ Random Drug Testing Parental Consent Form

____ Additional hours consent form (If 16/17 years old)

Receipt of Host & Hostess Handbook

I understand the Host & Hostess Handbook is available online. I understand that I must read the Handbook and, to continue employment, abide by all rules, regulations, policies, and conditions contained within it.

Signature

Date

Employee Season Pass Agreement

I understand I need to surrender my employee season pass to Human Resources on or before my last day of work. **I understand that if I use my employee season pass for either admission into Holiday World & Splashin' Safari or for discounts within the parks after my last actual day of work, I may be charged up to full price of the season pass.**

Required

Host/Hostess Signature

MANDATORY

Form W-4 (2019)

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

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. You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note: Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents. When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) 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're 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 <h1 style="margin:0;">2019</h1>
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 filing separately, check "Married, but withhold at higher Single rate."
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 800-772-1213 for a replacement card. <input type="checkbox"/>
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)	5 _____	
6 Additional amount, if any, you want withheld from each paycheck	6 \$ _____	
7 I claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) _____		9 First date of employment _____
		10 Employer identification number (EIN) _____

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line G. Other credits. You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/css/employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself	A	_____
B	Enter "1" if you will file as married filing jointly	B	_____
C	Enter "1" if you will file as head of household	C	_____
D	Enter "1" if: { <ul style="list-style-type: none"> • You're single, or married filing separately, and have only one job; or • You're married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	D	_____
E	<p>Child tax credit. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child. • If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child. • If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" 	E	_____
F	<p>Credit for other dependents. See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> • If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent. • If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents). • If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" 	F	_____
G	<p>Other credits. If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F</p>	G	_____
H	Add lines A through G and enter the total here	H	_____

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

1	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details	1	\$ _____
2	Enter: { <ul style="list-style-type: none"> \$24,400 if you're married filing jointly or qualifying widow(er) \$18,350 if you're head of household \$12,200 if you're single or married filing separately }	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items)	4	\$ _____
5	Add lines 3 and 4 and enter the total	5	\$ _____
6	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses	7	\$ _____
8	Divide the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, above	9	_____
10	Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 of that worksheet on page 4. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet

Note: Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) **1** _____
 - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

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 aren't required to provide the information requested on a form that's 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.



Form WH-4
State Form 48845
(R5 / 12-18)

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 _____

Home 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)

How to Claim Your Withholding Exemptions

1. You are entitled to one exemption. If you wish to claim the exemption, enter "1" _____

Nonresident aliens must skip lines 2 through 6. See instructions

2. If you are married and your spouse does not claim his/her exemption, you may claim it, enter "1" _____

3. You are allowed one (1) exemption for each dependent. Enter number claimed _____

4. Additional exemptions are allowed if: (a) you and/or your spouse are over the age of 65 and/or
(b) if you and/or your spouse are legally blind.

Check box(es) for additional exemptions: You are 65 or older or blind Spouse is 65 or older or 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 for each qualifying dependent (see instructions)..... ►

7. Enter the amount of additional state withholding (if any) you want withheld each pay period \$ _____

8. Enter the amount of additional county withholding (if any) you want withheld each pay period..... \$ _____

I hereby declare that to the best of my knowledge the above statements are true.

Signature: _____

Date: _____

Instructions for Completing Form WH-4

This form should be completed by all resident and nonresident employees having income subject to Indiana state and/or county income tax.

Print or type your full name, Social Security number or ITIN and home address. Enter your Indiana county of residence and county of principal employment as of January 1 of the current year. If you neither lived nor worked in Indiana on January 1 of the current year, enter 'not applicable' on the line(s). If you move to (or work in) another county after January 1, your county status will not change until the next calendar tax year.

Nonresident alien limitation. A nonresident alien is allowed to claim only one exemption for withholding tax purposes. If you are a nonresident alien, enter "1" on line 1, then skip to line 7. You are considered to be a nonresident alien if you are not a citizen of the United States and do not meet the green card test and the substantial presence test (get Publication 519 from www.irs.gov for information about these tests).

All other employees should complete lines 1 through 7.

Lines 1 & 2 - You are allowed to claim one exemption for yourself and one for your spouse (if he/she does not claim the exemption for him/herself). If a parent or legal guardian claims you on their federal tax return, you may still claim an exemption for yourself for Indiana purposes. You cannot claim more than the correct number of exemptions; however, you are permitted to claim a lesser number of exemptions if you wish additional withholding to be deducted.

Line 3 - Dependent Exemptions: You are allowed one exemption for each of your dependents based on state guidelines. To qualify as your dependent, a person must receive more than one-half of his/her support from you for the tax year and must have less than \$4,150 gross income during the tax year (unless the person is your child and is under age 19 or under age 24 and a full-time student at least during 5 months of the tax year at a qualified educational institution).

Line 4 - Additional Exemptions. You are also allowed one exemption each for you and/or your spouse if either is 65 or older and/or blind.

Line 5 - Add the total of exemptions claimed on lines 1, 2, 3, and 4. Enter the total in the box provided.

Line 6 - Additional Dependent Exemptions. An additional exemption is allowed for certain dependent children that are included on line 3. The dependent child must be a son, stepson, daughter, stepdaughter, foster child, and/or child for whom you are a legal guardian.

Lines 7 & 8 - If you would like an additional amount to be withheld from your wages each pay period, enter the amount on the line provided. **NOTE:** An entry on this line does not obligate your employer to withhold the amount. You are still liable for any additional taxes due at the end of the tax year. If the employer does withhold the additional amount, it should be submitted along with the regular state and county tax withholding.

You may file a new Form WH-4 at any time if the number of exemptions **increases**. You must file a new Form WH-4 within 10 days if the number of exemptions previously claimed by you **decreases** for any of the following reasons:

- (a) you divorce (or are legally separated from) your spouse for whom you have been claiming an exemption or your spouse claims him/herself on a separate Form WH-4; or
- (b) someone else takes over the support of a dependent you claim or you no longer provide more than one-half of the person's support for the tax year.

Penalties are imposed for willingly supplying false information or information which would reduce the withholding exemption.

3. You may be exempt from withholding, if you meet the conditions set for under the Servicemember Civil Relief Act as amended by the Military Spouses Residence Relief Act. You must complete the worksheet below to determine if you are eligible.

In order to qualify you must complete this form in full, certify that the you are not subject to Kentucky withholding tax because you met the conditions set forth below, and provide a copy of your spouse's military picture ID issued to the employee by the U.S. Department of Defense.

-
1. My spouse is a military servicemember..... (check one) YES NO
2. I am NOT a military servicemember (check one) YES NO
3. My military servicemember spouse has a current military order assigning him or her to a military location in Kentucky..... (check one) YES NO
4. I and my military servicemember spouse live at the same address..... (check one) YES NO
5. My domicile is a state other than Kentucky (check one) YES NO
If yes, enter the 2-letter state code of your state _____
6. My military servicemember spouse's domicile is the same as mine..... (check one) YES NO
7. I am present in Kentucky solely to be with my military servicemember spouse..... (check one) YES NO

If you checked "YES" to all the statements above, your earned income is exempt from Kentucky withholding tax.

Check box 3 if you checked "YES" to all the statements listed in the worksheet. You are exempt from Kentucky income tax withholding. This exemption will terminate if any of the answers to the questions changes to "NO". In general, the exemption termination date will be the earlier of:

- The day the military servicemember is no longer in the military;
- The day the employee enlists in the military;
- The day the employee and the military servicemember no longer live at the same address; or
- The day the military servicemember's permanent duty station changes to a location outside of Kentucky.

4. You may be exempt from withholding if you work in Kentucky but reside in one of the following reciprocal states: Illinois, Indiana, Michigan, West Virginia, Wisconsin, Virginia and you commute daily or Ohio and you are not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in a S corporation.

In order to qualify you must complete the worksheet below:

I have not been a resident of Kentucky during the year. (Check block in front of applicable statement.) I work in Kentucky and reside in:

- Illinois, Indiana, Michigan, West Virginia, Wisconsin
 Virginia and commute daily to my place of employment in Kentucky. (*Must commute daily to apply.*)
 Ohio and I am not a shareholder-employee who is a "twenty (20) percent or greater" direct or indirect equity investor in an S corporation.

Check box 4 if you certify you work in Kentucky and reside in a reciprocal state.

If you meet any of the four exemptions you are exempted from Kentucky withholding. However, you must complete this form and file it with your employer before withholding can be stopped. You will need to maintain a copy of the K-4 for your permanent records.

Instructions to Employers

Form K-4 is only required to document that an employee has requested an exemption from withholding OR to document that an employee has requested additional withholding in excess of the amounts calculated using the formula or tables. If neither situation applies, then an employer is not required to maintain Form K-4.

Upon receipt of this form, properly completed, you are authorized to discontinue withholding for an employee who qualifies for one of the four exemptions. Retain a copy of all K-4's received from employees.



Out of State Work Acknowledgment

The undersigned Employee acknowledges that he/she is a resident of a state other than Indiana and that Koch Development Corp. d/b/a Holiday World and Splashin' Safari are located in the State of Indiana. Employee acknowledges that Indiana law controls all aspects of Employee's pay, employment and benefits, including but not limited to workers' compensation benefits.

Signature

Printed

Date



Form **WH-47**
SF# 9686 (R/12-97)

Certificate of Residence

This form is to be used **only** by residents of States with a reciprocal tax agreement.*

Indiana Employer's Name	Employer TID Number
Employee Name	Social Security Number
Street and City Address	

The employee swears to be a legal resident of the State of _____, does not own personal property in Indiana, and understands that income from salaries, wages, tips and commissions received from Indiana sources are taxable in their state of residence and not subject to Indiana Adjusted Gross Income Tax as a result of the reciprocal tax agreement with the State of _____. Employee further states the Indiana employer will be advised of any change in legal residence. Note: The employee understands that the employer remains responsible for withholding any applicable Indiana County taxes.

Date _____, _____ Employee Signature _____

Subscribed and sworn to before me, a Notary Public in and for said County and State, this _____ day of

_____, _____ . Notary Public Signature _____

My Commission Expires _____ My County of Residence _____

Do **not** send this form to the Indiana Department of Revenue — it is to be filed with and held by the employer.

*States that have reciprocal agreements with Indiana are: Kentucky, Michigan, Ohio, Pennsylvania and Wisconsin.



Authorization for Direct Deposit

This authorizes Koch Development Corporation (KDC) dba Holiday World & Splashin' Safari to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated below and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

KDC requires a voided check for each account listed. If you have listed a saving account, please submit a document from your bank that lists the routing and account number for the saving account. We will not accept deposit tickets for either type of account.

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Dollar Amount to be Deposited to This Account

Account #2 (remainder to be deposited to this account)

Account #2 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

This authorization will be in effect until the pay date following a written termination notice to KDC from myself and has a reasonable opportunity to act on it.

Signature

Parent Signature (if necessary)

Printed Name

Date

Employee: Please fill out and return to the KDC HR Department.



**WRITTEN PARENTAL PERMISSION FOR ADDITIONAL WORK HOURS
FOR SIXTEEN (16) AND SEVENTEEN (17) YEAR OLDS**

State Form 48409 (R6 / 5-15)

INSTRUCTIONS: This form is to be completed by the parent and kept on file at the minor's place of employment.

- *Parents must initial the choices below.*
- *Leave blank any choices not approved by parent.*
- **Check marks and/or X's will not be accepted.**

I am the parent or legal guardian of:
Name of minor

As parent or guardian, I give the above named minor permission to work the following hours:	
<i>Initials</i>	If sixteen (16) years of age , work until midnight on nights not followed by a school day.
<i>Initials</i>	If sixteen (16) years of age , work until 11:00 PM on nights followed by a school day.
<i>Initials</i>	If seventeen (17) years of age , work until 11:30 PM on nights followed by a school day.
<i>Initials</i>	If seventeen (17) years of age , work until 1:00 AM on two (2) non-consecutive nights followed by a school day.
<i>Initials</i>	If sixteen (16) or seventeen (17) years of age , work up to nine (9) hours on any day.
<i>Initials</i>	If sixteen (16) or seventeen (17) years of age , work up to forty (40) hours during a school week.
<i>Initials</i>	If sixteen (16) or seventeen (17) years of age , work up to forty-eight (48) hours during a non-school week.

Signature of parent or guardian	Date signed (<i>month, day, year</i>)
Printed name of parent or guardian	



Employee Transportation Agreement

Pick-up & Drop-off Locations

***Please number each stop for which route you will primarily be using. 1st, 2nd, 3rd, for each additional stop.*

- | | | |
|---|---|---|
| <input type="checkbox"/> Boonville High School | <input type="checkbox"/> Haubstadt Community School | <input type="checkbox"/> Tecumseh High School |
| <input type="checkbox"/> Castle High School | <input type="checkbox"/> Memorial Gym (Huntingburg, IN) | <input type="checkbox"/> Tell City High School |
| <input type="checkbox"/> Evansville Day School | <input type="checkbox"/> Owensboro Christian Church | <input type="checkbox"/> North Junior High School |
| <input type="checkbox"/> Forest Park Jr-Sr High | <input type="checkbox"/> Jasper Fifth Street Elementary | |

Rules Agreement

***Please read and initial each item below.*

- RIDER acknowledges that RIDER **must be** in uniform to ride the bus in the morning.
- RIDER acknowledges that RIDER should have a ticket or pass in order to board the bus (tickets and passes must be purchased in advance from HoliMarket).
- RIDER acknowledges that RIDER can **only** use the bus pass for work shifts – not for guest access.
- RIDER acknowledges that RIDER is responsible for keeping the bus and pick-up/drop-off locations clean and free of litter.
- RIDER acknowledges that RIDER must abide by all Holiday World & Splashin' Safari rules and policies while waiting for and/or riding on the bus (this includes but is not limited to inappropriate language and/or behavior such as standing/moving while the bus is in motion, spraying perfume/cologne, disrespectful behavior, being in the aisle, etc.).
- RIDER acknowledges that RIDER can be charged for any damage they may be found to have caused.
- RIDER acknowledges that the bus driver is in charge while on the bus, if the RIDER disagrees they can bring their concerns to HR.
- RIDER acknowledges that the bus is a privilege not a right and that it can be taken away if the company sees fit.

Waiver & Release Agreement

I, _____ ("RIDER") have been given the opportunity to utilize transportation from Holiday World & Splashin' Safari. I, RIDER, understand that transportation by a standard bus can be DANGEROUS and that the transportation can lead to PERSONAL INJURY or possibly even DEATH. I, RIDER, accept and assume these risks voluntarily.

I, RIDER, willingly WAIVE and RELEASE any and all claims, demands, lawsuits, causes of action or claims for relief against Holiday World & Splashin' Safari, its officers, volunteers, employees, agents or representatives. This Release includes but is not limited to claims against Holiday World & Splashin' Safari or the aforementioned individuals even for harm caused by their own negligence. I, RIDER, acknowledge that I am signing this RELEASE of my own free will, and am ensuring that I have understood and agreed to the above statements.

RIDER'S NAME (PLEASE PRINT)

RIDER'S DOB

CURRENT AGE

RIDER'S SIGNATURE

RIDER'S PARENT OR GUARDIAN SIGNATURE

(If under the age of 18 or an incompetent adult)

DATE



Employee Transportation Information

Operational Information

- The transportation program is scheduled to begin May 4, 2019 and operates most days the parks are open. Bus Rider Schedules will be available on the ADP Home Page and daily departure times can be found on the HoliFlash in the HR lobby.
- Most routes are scheduled to arrive 1 hour before Holiday World opens and most routes are scheduled to depart 1 hour after Holiday World closes. Most routes pick-up and/or drop-off multiple times a day (for exact times please consult the bus schedule on the ADP home page).

Pick-Up/Drop-Off Locations

- Boonville High School
- Castle High School
- Evansville Day School
- Haubstadt Community School
- North Junior High School
- Jasper 5th Street Elementary School
- Forest Park Jr-Sr High School (Ferdinand)
- Memorial Gym (Huntingburg)
- Owensboro Christian Church
- Tecumseh Jr.-Sr. High School
- Tell City High School
- ***MULTIPLE ROUTES CAN BE CHOSEN**

Tickets

- The fee is \$3 for a one-way ticket and is non-refundable.
- The fee for a Season Pass is \$150 and is non-refundable.
- Payments should be made in advance by cash, check, or credit card. In some cases, HoliPoints can be used to purchase tickets.
- Tickets and Season Passes are available for purchase at the HoliMarket located in the HR Lobby. HoliMarket hours will be available on the ADP home page.

Registration

- Complete the **Employee Transportation Agreement** and return it to Human Resources. The agreement was in your original paperwork packet.

Employee Transportation FAQs

- **What if I forget my ticket or Season Pass?** Riders will need to purchase a ticket upon arrival at Holiday World.
- **Do I have to wear my uniform on the bus?** Yes, all riders must wear their park uniforms while riding the bus to work.
- **Can a non-employee friend or family member ride the bus with me?** No, our insurance only covers employees traveling to and from their work assignment.
- **Can I ride the bus on days that I am not scheduled to work?** No, our insurance only covers employees traveling to and from their work assignment.
- **What are the bus rules?** Riders are expected to comply with all Holiday World & Splashin' Safari rules and policies while on the bus or waiting at pick-up/drop-off locations. In addition, riders are expected to remain seated at all times, keep the aisle clear of obstructions, keep conversations to a reasonable volume, and follow instructions provided by the driver. These rules are in place to ensure safe conditions.

Mandatory if under the age of 18

INDIANA— PUBLIC/PRIVATE SCHOOL STUDENTS

1. Please complete the blanks and
2. Take this form to your school **with** your birth certificate.

Your school will issue you a work permit. **Once you receive the work permit, please complete Signature of Minor** and bring it with you to Holiday World the day you come to turn in your paperwork.

If you have any problems, contact Human Resources at 812-937-5252 or hr@holidayworld.com.

For a complete listing of labor restrictions, please visit the State of Indiana's teen web site at www.in.gov/dol/childlabor.htm.



INTENTION TO EMPLOY / A1

State Form 896 (R6 / 6-99)

NOTE: This card must be presented by the minor to the issuing officer in their school before a certificate will be issued. For employer's protection, the minor must also present an acceptable proof of age to obtain an employment certificate. The hours minor may work are shown on the reverse side.

Name of minor (<i>intend to employ</i>)			Date
Residential street address		City, state, ZIP code	
Hours per day (<i>appr.</i>) 8	Days of week (<i>appr.</i>) 5	Hours per week (<i>appr.</i>) 40	Is minor on school-directed Vocational Education Program with your firm? Yes No
List exact duties Host/Hostess			
Name of business Koch Development Corporation		Telephone no. 812-937-4401	Type of business (<i>Mfg., Process, Retail, Restaurant</i>) Amusement
Street address 452 E. Christmas Blvd.		City, state, ZIP code Santa Claus, IN 47579	
Signature of employer's rep <i>Alison Montee</i>		Signature of minor	Signature of parent or guardian

Mandatory if under the age of 18

HOME SCHOOL STUDENTS

1. Please complete the blanks and
2. Take this form **with** your birth certificate to the high school in the school district in which you reside. If you do not take your birth certificate, you **will not** be issued a work permit. The minor seeking the work permit must personally appear before the issuing officer.

The high school will issue a work permit. **Once you receive the work permit, please complete *Signature of Minor***. Bring the work permit with you to Holiday World the day you come to turn in your paperwork.

If you have any problems, contact Human Resources at 812-937-5252 or hr@holidayworld.com.

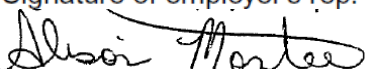
For a complete listing of labor restrictions, please visit the State of Indiana's teen web site at www.in.gov/dol/childlabor.htm.



INTENTION TO EMPLOY / A1

State Form 896 (R6 / 6-99)

NOTE: This card must be presented by the minor to the issuing officer in their school before a certificate will be issued. For employer's protection, the minor must also present an acceptable proof of age to obtain an employment certificate. The hours minor may work are shown on the reverse side.

Name of minor (<i>intend to employ</i>)			Date
Residential street address		City, state, ZIP code	
Hours per day (<i>appr.</i>) 8	Days of week (<i>appr.</i>) 5	Hours per week (<i>appr.</i>) 40	Is minor on school-directed Vocational Education Program with your firm? Yes No
List exact duties Host/Hostess			
Name of business Koch Development Corporation		Telephone no. 812-937-4401	Type of business (<i>Mfg., Process, Retail, Restaurant</i>) Amusement
Street address 452 E. Christmas Blvd.		City, state, ZIP code Santa Claus, IN 47579	
Signature of employer's rep. 	Signature of minor		Signature of parent or guardian

Mandatory if under the age of 18

OUT-OF-STATE STUDENTS

1. Please complete the blanks and
2. Take this form to Heritage Hills High School (Lincoln City, Indiana) **with** your birth certificate. If you do not take your birth certificate, you **will not** be issued a work permit. The minor seeking the work permit must personally appear before the issuing officer. HHHS office hours are 8 am-3 pm Monday through Friday. Their phone number is 812-937-4472.

Heritage Hills High School will issue a work permit. **Once you receive the work permit, please complete *Signature of Minor*.** Bring your work permit with you to Holiday World the day you turn in your paper-work.

If you have any problems, contact Human Resources at 812-937-5252 or hr@holidayworld.com.

For a complete listing of labor restrictions, please visit the State of Indiana's teen web site at www.in.gov/dol/childlabor.htm.



INTENTION TO EMPLOY / A1

State Form 896 (R6 / 6-99)

NOTE: This card must be presented by the minor to the issuing officer in their school before a certificate will be issued. For employer's protection, the minor must also present an acceptable proof of age to obtain an employment certificate. The hours minor may work are shown on the reverse side.

Name of minor (<i>intend to employ</i>)			Date
Residential street address		City, state, ZIP code	
Hours per day (<i>appr.</i>) 8	Days of week (<i>appr.</i>) 5	Hours per week (<i>appr.</i>) 40	Is minor on school-directed Vocational Education Program with your firm? Yes No
List exact duties Host/Hostess			
Name of business Koch Development Corporation		Telephone no. 812-937-4401	Type of business (<i>Mfg., Process, Retail, Restaurant</i>) Amusement
Street address 452 E. Christmas Blvd.		City, state, ZIP code Santa Claus, IN 47579	
Signature of employer's rep. <i>Alicia Morte</i>		Signature of minor	Signature of parent or guardian

MEMORIAL HOSPITAL & HEALTH CARE CENTER

DEPARTMENT OF INDUSTRIAL MEDICINE

We/I, _____, as parent(s) of the minor child listed below,
consent to:

- _____ Drug Screen
- _____ Physical Exam
- _____ Treatment of Injury
- _____ Injection

to be performed by the IMED physician/staff on duty at the Memorial Hospital IMED Clinic.

Child's name _____ Birthdate _____
Date of last Tetanus toxoid _____ Allergies _____

It is understood that this consent is given in advance of any specific diagnosis or treatment required; but is given to encourage said physician to exercise his best judgement as to requirements of such diagnosis or treatment.

Dated: _____

(Father)

Telephone Permission Obtained _____
See Attached _____
(Mother)

(Legal Guardian or Responsible Party)

(Witness)

Street Address

City State Zip Code

Telephone No.