



ALLSTAFF

P A Y R O L L

**WELCOME
TO
ALLSTAFF
PAYROLL, INC**

WE ARE HAPPY TO HAVE YOU AS AN EMPLOYEE.



ALLSTAFF PAYROLL, INC. EMPLOYEE INFORMATION/APPLICATION FORMS

YOUR RELATIONSHIP WITH ALLSTAFF PAYROLL, INC.

The company which has offered your employment has contracted with ALLSTAFF PAYROLL, INC. to provide Human Resource services and share some of your new employers responsibilities. Therefore, you are being requested to complete the attached forms since ALLSTAFF PAYROLL, INC. will also become your employer. Although ALLSTAFF PAYROLL, INC. will be responsible for some things such as payroll, and workers' compensation claims, your company will maintain control over the work activities at your worksite.

ITEMS TO BE COMPLETED

The attached items are very important and must be carefully completed. Your cooperation in completing the attached forms is necessary and appreciated.

PERSONNEL RECORDS

ALLSTAFF PAYROLL, INC. will be your employer of records and will maintain all, payroll and tax records. The forms you are asked to complete will establish your record with us and become a part of your personnel file. You should notify ALLSTAFF PAYROLL, INC. immediately of any changes in the information you are providing at this time.

REGARDING QUESTIONS

Should you not understand anything or have any questions regarding this material, please speak with the ALLSTAFF PAYROLL, INC. Human Resource representative. If you should think of any questions later you should call the ALLSTAFF PAYROLL, INC. office at (850) 434-6708.

IF YOU MOVE BEFORE END OF YEAR!!!

BE SURE TO NOTIFY YOUR EMPLOYER IF YOU SHOULD MOVE. WE, AND YOUR EMPLOYER ARE NOT RESPONSIBLE FOR YOUR W-2'S GETTING TO THE CORRECT ADDRESS AT THE END OF THE YEAR. THIS IS YOUR RESPONSIBILITY TO NOTIFY OF CHANGE. THEY CAN NOT BE CHANGED ONCE THEY HAVE BEEN PRINTED OUT.

DO NOT FORGET TO NOTIFY!!!



MEMO

To: All Employees of Allstaff Payroll, Inc.

Date: 05/30/2013

RE: Safety Policy

It is the policy of the ALLSTAFF PAYROLL, INC. to provide a safe and healthy work environment for the protection of our most vital resource – our employees. The safety of employees is of the greatest interest to all levels of management and supervision, ranking in importance above production, quality costs and service.

The company's basic philosophy is that all personal injuries can be prevented. While the responsibility for safety begins and ends with the president, that responsibility is shared throughout the organization. For example, client, owners/managers are responsible for their company, supervisors are accountable for the safety of their groups, and all individuals are accountable for their own safety. All employees, at every level, are expected to fully accept responsibility for their own safety and for the safety of those for whom they work. There is no place in our organization for an unsafe employee.

This company will maintain a vigorous safety and injury prevention program for each location and will allocate the necessary resources to assure a safe and healthy work environment.

BILL AGALL

PRESIDENT



EMPLOYEE INFORMATION/ APPLICATION FORM

ALLSTAFF PAYROLL, INC. IS AN EQUAL OPPORTUNITY EMPLOYER, AND, IN COMPLIANCE WITH ALL FEDERAL AND STATE CIVIL, RIGHTS LAWS, MAKES EVERY EFFORT TO EMPLOY AND PROMOTE THE MOST QUALIFIED INDIVIDUALS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, HANDICAP, DISABILITY, VETERAN STATUS OR MARITAL STATUS.

COMPANY WORKING FOR _____ POSITION _____

HIRE DATE _____ HOME PHONE _____

FULL NAME _____ SS# _____ - _____ - _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

EMERGENCY CONTACT ADDRESS _____ PHONE _____

HAVE YOU EVER WORKED FOR ALLSTAFF PAYROLL, INC. BEFORE? () YES () NO

DO YOU HAVE THE LEGAL RIGHT TO WORK IN THE UNITED STATES? () YES () NO
(IF HIRED PROOF WILL BE REQUIRED)

ARE YOU OVER 18 YEARS OF AGE? () YES () NO

HAVE YOU EVER BEEN CONVICTED OF A CRIME BY A CIVILIAN OR MILITARY COURT?
(OTHER THAN A MINOR TRAFFIC VIOLATION) () YES () NO

HAVE YOU EVER PLEAD GUILTY, NO CONTEST, HAD ADJUNCTION WITHHELD, OR BEEN PLACED IN A PRE-TRIAL INTERVENTION PROGRAM AS A RESULT OF BEING CHARGED WITH A CRIME? () YES () NO
IF YES, GIVE DETAILS

CONVICTION OF A CRIME IS NOT AN AUTOMATIC BAR FROM EMPLOYMENT, ALL CIRCUMSTANCES WILL BE CONSIDERED.

SCHOOLS	LOCATION	NO OF YEARS	GRADUATED		SUBJECTS STUDIED
			YES	NO	

SPECIALS SKILLS/ CERTIFICATIONS

SUBJECTS OF SPECIAL STUDY OR TRAINING

PROFESSIONAL LICENSES AND/OR CERTIFICATIONS

SPECIALS SKILLS/ CERTIFICATIONS

NAME AND ADDRESS	EMPLOYMENT INFORMATION	POSITION HELD DESCRIPTION OF DUTIES	REASON FOR LEAVING
EMPLOYER	DATE HIRED		
STREET ADDRESS	DATE SEPARATED		
CITY, STATE, ZIP	STARTING PAY		
PHONE	ENDING PAY	NAME OF SUPERVISOR	TITLE
EMPLOYER	DATE HIRED		
STREET ADDRESS	DATE SEPARATED		
CITY, STATE, ZIP	STARTING PAY		
PHONE	ENDING PAY	NAME OF SUPERVISOR	TITLE

DID YOU WORK FOR ANY OF THESE EMPLOYERS UNDER A DIFFERENT NAME? () YES () NO

IF YES, WHICH EMPLOYER(S) AND UNDER WHAT NAMES? _____

DO YOU HAVE A VALID DRIVERS LICENSE? () YES () NO CLASS _____ HAVE YOU HAD A SUPESNION OR PROBATION OF YOUR LICENSE WITHIN THE LAST 5 YEARS? () YES ()

IMPORTANT- PLEASE READ CAREFULLY

I CERTIFY THAT ALL THE FACTS AND INFORMATION LISTED ON THIS FORM ARE TRUE AND COMPLETE. I UNDERSTAND THAT ANY FALSE, INCOMPLETE OR MISLEADING INFORMATION GIVEN BY ME ON THIS FORM, REGARDLESS OF WHEN IT IS DISCOVERED, IS SUFFICIENT CAUSE FOR REJECTION OF MY APPLICATION OR TERMINATION. I HEREBY AUTHORIZE ALLSTAFF PAYROLL, INC. TO INVESTIGATE ALL STATEMENTS CONTAINED ON THIS FORM, TO INTERVIEW REFRENCES AND PREVIOUS EMPLOYERS LISTED ON THIS FORM. I AUTHORIZE ALL REFRENCES TO GIVE ALLSTAFF PAYROLL, INC. ALL INFORMATION AND OPINIONS CONCERING MY PREVIOUS EMPLOYEMENT AND ME. I RELEASE ALL SUCH PARTIES FROM ANY LIABILITY, WHICH MAY ARISE FROM FURNISHING SUCH INFORMATION TO ALLSTAFF PAYROLL, INC. INCLUDING BUT NOT LIMITED TO ANY LIABILITY FOR DEFAMATION OR INVASION OF PRIVACY.

IF I AM EMPLOYED BY ALLSTAFF PAYROLL, INC, I UNDERSTAND AND AGREE THAT I WILL BE ASSIGNED TO A JOBSITE EMPLOYER CONTRACTING WITH ALLSTAFF PAYROLL, INC. THAT WILL BE REQUIRED TO COMPLY WITH THE POLICIES SET FORTH BY ALLSTAFF PAYROLL, INC. AND REGULATIONS OF THE JOBSITE EMPLOYER. IN THE EVENT OF CONFLICT BETWEEN THE POLICIES OF ALLSTAFF PAYROLL, INC. AND THE JOBSITE EMPLOYER, ALLSTAFF PAYROLL, INC. POLICY SHALL PREVAIL. I UNDERSTAND THAT IF I AM HIRED, I WILL NOT BE CONSIDERED TO BE WORKING FOR ALLSTAFF PAYROLL, INC. UNTIL I HAVE SATISFIED ALL POST-OFFER MEDICAL INQUIRIES AND EXAMINATIONS. I ALSO UNDERSAND THAT I W ILL BE REQUIRED TO SERVE A (90) DAY PROBATIONARY PERIOD AND THAT I MAY BE DISCHARGED AT THE END OR ANYTIME, REGARDLESS OF SUCCESSFUL COMPLETION OF MY PROBATIONARY PERIOD AT THE OPTION OF ALLSTAFF PAYROLL, INC. OTHER THAN THE PRESIDENT OF ALLSTAFF PAYROLL, INC. HAS THE AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME OR TO MAKE ANY AGREEMENT CONTRARY TO THE FORGOING. I ACKNOWLEDGE AND AGREE THAT IF I AM SUBJECTED TO ANY TYPE OF DISCRIMINATION AND/OR HARASSMENT, OR HAVE ANY OTHER EMPLOYEMENT RELATED DISPUTES OR CLAIMS; I WILL CONTACT ALLSTAFF PAYROLL, INC. HUMAN RESOURCES REPRESENTATIVE OR PRESIDENT IMMEDIATELY.

SIGNATURE

DATE



ALLSTAFF PAYROLL

2101 North 9th Avenue
Pensacola, FL 32503
Phone (850) 434-6708 - Fax (850) 432-5724

Employee Direct Debit Authorization Form

In order to receive automatic deposits, please complete the following information. For new enrollees and employees changing accounts, please **attach a voided personal check**. If utilizing a savings account, please ensure you provide **accurate account number and routing number**.

Employer Information	Company Name	
Employee Information	Employee name	Soc. Sec. #
	Street Address	
	City/State/Zip	Phone #
Check One:	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Institution <input type="checkbox"/> Cancel Participation	
Financial Institution Information:	Financial Institution Name	Check Account Type
	Street Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	City/State/ Zip	Debit Amount \$ _____ / _____ %
	Routing Number	
	Account Number	
Financial Institution Information:	Financial Institution Name	Check Account Type
	Street Address	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
	City/State/ Zip	Debit Amount \$ _____ / _____ %
	Routing Number	
	Account Number	

FOR NEW ENROLLMENTS AND CHANGES, A VOIDED CHECK MUST BE ATTACHED TO THIS FORM. (TO VERIFY ROUTING/TRANSIT NUMBERS)

I (we) hereby authorize Allstaff Payroll, Inc., to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking and/or savings account indicated above. I (we) authorize the Financial Institution named above to credit and/or debit the same to such account. If I become subject to any attachment, garnishment, or levy, I understand my participation in Direct Debit may be terminated, and I will receive a check for my pay. In the event of an employee termination, the final pay may be a physical check.

In order to cancel or make changes to your Direct Deposit, you MUST provide written notice to Allstaff Payroll, Inc. (prior to payroll run) including your name, Social Security Number, and signature with the request.

Allstaff Payroll, Inc. will set up your Direct Deposits to arrive in your account on your check date. Allstaff Payroll, Inc. assumes no responsibility for when (time of day, date) your banking institution debits funds to your account. Allstaff Payroll, Inc. reserves the right to override this authorization in accordance with your work site agreement.

Employee Signature _____ Date _____



Employee Insurance Benefits

Employee Name: _____

Employer: _____

Is this for: Employee Employee/Spouse Employee/Child Family

Your Age: _____ Spouse Age: _____ Number of Children: _____

Telephone Number: _____

Email Address: _____

Do you use tobacco products? Yes No Spouse? Yes No

Please check all benefits that you may be interested in:

- | | |
|---|--|
| <input type="checkbox"/> Health | <input type="checkbox"/> Dental |
| <input type="checkbox"/> Vision | <input type="checkbox"/> Life Insurance |
| <input type="checkbox"/> Cancer Insurance | <input type="checkbox"/> On/Off the Job Accident Insurance |
| <input type="checkbox"/> Hospitalization | <input type="checkbox"/> Intensive Care |
| <input type="checkbox"/> Other: _____ | |



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 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	E-mail Address			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):

- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____

**3-D Barcode
Do Not Write in This Space**

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (mm/dd/yyyy):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

Signature of Preparer or Translator:		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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

**3-D Barcode
Do Not Write in This Space**

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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	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) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

Document Title:	Document Number:	Expiration Date (if any)(mm/dd/yyyy):
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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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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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	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 	<p style="text-align: center;">OR</p> <ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority <li style="text-align: center;">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 	<p style="text-align: center;">AND</p> <ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of Birth Abroad issued by the Department of State (Form FS-545) 3. Certification of Report of Birth issued by the Department of State (Form DS-1350) 4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 5. Native American tribal document 6. U.S. Citizen ID Card (Form I-197) 7. Identification Card for Use of Resident Citizen in the United States (Form I-179) 8. Employment authorization document issued by the Department of Homeland Security

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2015)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A Enter "1" for **yourself** if no one else can claim you as a dependent **A** _____

B Enter "1" if: } • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. **B** _____

C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) **C** _____

D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return **D** _____

E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) **E** _____

F Enter "1" if you have at least \$2,000 of **child or dependent care expenses** for which you plan to claim a credit **F** _____
(**Note.** Do **not** include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)

G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
• If your total income will be less than \$65,000 (\$100,000 if married), enter "2" for each eligible child; then **less** "1" if you have two to four eligible children or **less** "2" if you have five or more eligible children.
• If your total income will be between \$65,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child **G** _____

H Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) ► **H** _____

For accuracy, complete all worksheets that apply. } • If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
• If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
• If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2015
1 Your first name and middle initial _____ Last name _____	2 Your social security number _____	
Home address (number and street or rural route) _____		
City or town, state, and ZIP code _____		
3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	5	
6 Additional amount, if any, you want withheld from each paycheck	6	\$
7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ►		Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

- 1 Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over \$309,900 and you are married filing jointly or are a qualifying widow(er); \$284,050 if you are head of household; \$258,250 if you are single and not head of household or a qualifying widow(er); or \$154,950 if you are married filing separately. See Pub. 505 for details 1 \$ _____
- 2 Enter: { \$12,600 if married filing jointly or qualifying widow(er)
\$9,250 if head of household
\$6,300 if 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 2015 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2015 Form W-4* worksheet in Pub. 505.) 5 \$ _____
- 6 Enter an estimate of your 2015 nonwage income (such as dividends or interest) 6 \$ _____
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____
- 8 **Divide** the amount on line 7 by \$4,000 and enter the result here. Drop any fraction 8 _____
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 10 _____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note. Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note. If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet 4 _____
- 5 Enter the number from line 1 of this worksheet 5 _____
- 6 **Subtract** line 5 from line 4 6 _____
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____
- 9 Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. 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 - \$6,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$600	\$0 - \$38,000	\$600
6,001 - 13,000	1	8,001 - 17,000	1	75,001 - 135,000	1,000	38,001 - 83,000	1,000
13,001 - 24,000	2	17,001 - 26,000	2	135,001 - 205,000	1,120	83,001 - 180,000	1,120
24,001 - 26,000	3	26,001 - 34,000	3	205,001 - 360,000	1,320	180,001 - 395,000	1,320
26,001 - 34,000	4	34,001 - 44,000	4	360,001 - 405,000	1,400	395,001 and over	1,580
34,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,580		
44,001 - 50,000	6	75,001 - 85,000	6				
50,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



ALLSTAFF

PAYROLL

GENERAL SAFETY RULES

1. Job safety is the responsibility of each individual employee. Job safety is often applying common sense to a situation. Use good common sense and stay alert on the job at all times.
2. All injuries, no matter how slight, must be reported to your supervisor immediately.
3. Submitting false or fraudulent information when reporting injury is a third degree felony and will be cause for dismissal and denial of medical wage loss benefits
4. Employees under the influence of drugs or alcohol on-the-job will be subject to immediate discharge. Employees taking prescribed medications should advise the supervisor prior to the start of the shift.
5. If when reporting for work you feel ill or are emotionally upset due to personal problems, discuss them with your foreman/supervisor before starting work.
6. Report any unsafe condition to your supervisor immediately, regardless if the unsafe condition directly affects you.
7. If at any time you are not sure of how to perform the job you have been instructed to do: STOP AND CHECK WITH YOUR SUPERVISOR. This is for your safety and for that of your fellow workers.
8. Do not start or operate any equipment without the proper authority and safety instruction. Never operate a piece of equipment when guards or other safety devises are not in place.
9. Do not attempt to repair or tamper with equipment not working properly. Report the condition to your supervisor immediately.
10. Any employee who is furnished safety equipment will be required to use such equipment while doing the work for which the equipment was furnished.
11. Good housekeeping practices should be followed at all times. This means clean tools, dry floors, neat work areas and properly arranged materials.
12. Use the correct method of lifting objects. Lift with your legs, not your back. If a load is too heavy or awkward, ask for assistance.
13. All electrical power tools and cords must have an operational third wire positive ground. Electrical tools and cords without positive grounding should not be used. Double insulated tools must be so marked.
14. Do not use flammable liquids, toxic materials, chemicals or acids unless authorized and instructed in the proper procedures.
15. Do not smoke in areas which are not specifically designed as smoking areas.



Safety Policy

Allstaff Payroll, Inc. and your company are committed to safety and has taken steps to protect you from injury on the job.

Your compliance is vital for your own protection. Please observe the following rules at all times.

1. No alcohol or drugs will be used on the job at any time.
2. Report all job accidents the same day the accident happens.
3. Obtain authorization from your supervisor for all non-emergency treatments for accidents.
4. Wear seat belts at all times in company vehicles.
5. Keep the area where you work clean and neat at all times.
6. Do no remove or bypass any guards on any machinery at any time.
7. Ask your supervisor when you need additional equipment or instructions to get the job done safely.
8. Lift with your legs, not your back, and get assistance with loads over 50 lbs.
9. Advise your supervisor of any hazardous conditions
10. Follow all other written and spoken safety rules.
11. Drug test will be administered at time of treatment for all accidents.

I have read these rules (or I have had them read to me), and understand them and will obey them for my own benefit.

Employee Signature _____ Date _____

Supervisor's Signature _____ Date _____

Where injury is caused by the willful refusal of the employee to use safety equipment or obey safety rules, the compensation benefits can be reduced by 25% (Florida Statute 44.09.(4))



ALLSTAFF

PAYROLL

Conditional Employment Entrance Medical Questionnaire

**If I do not give accurate and truthful information on this Medical History Questionnaire, which forms the final part of my employment agreement, the entire employment agreement shall be considered null and void.*

Have you ever had or been treated for any of the following conditions or diseases?

	YES	NO		YES	NO		YES	NO
Alcoholism			Hand injury			Parkinson's disease		
Allergies			Hay fever or asthma			Professional counseling		
Arm injury			Head injury			Psychiatric treatment		
Arthritis or rheumatism			Hemophilia			Reaction to drug or serum		
Backache			Herniated/slipped disc			Rheumatic fever		
Cancer			High blood pressure			Rib injury		
Cardiac disease			Hip injury			Severe headaches		
Cerebral palsy			Hyperinsulinism (low sugar)			Skin trouble		
Chest pain			Kidney or bladder trouble			Shortness of breath		
Chronic cough			Leg injury			Shoulder injury		
Chronic osteomyelitis (bone)			Mental illness			Spinal injury		
Diabetes			Mental retardation			Surgical fracture		
Dizziness or fainting spells			Multiple sclerosis			Thrombophelbits (vein clot)		
Drug addiction			Muscle dystrophy			Total deafness		
Epilepsy			Neck injury			Tuberculosis		
Foot injury			Nervous breakdown			Ulcers		

	YES	NO
Amputation of the foot, arm or hand, total loss of sight of one or both eyes or a partial loss of corrected vision of more than 75%		
Anklosis (instability of a major weight bearing joint)		
Any permanent physical condition which constitutes any impairment of a member or the body as a whole		
Marie Strumpel disease (arthritis of the spine)		
One or more back injuries or a disease process of the back resulting in disability		
Psychoneurotic disability following treatment in a recognized medical/mental institution		
Residual disability from poliomyelitis (polio)		
Surgical removal of an intervertebral disc or spinal fusion (back surgery)		

- Please list any condition or disease for which you have been treated in the past three (3) years. If none, state "none".

- Have you ever been hospitalized? If so, for what conditions? If none, state "none".

- Have you ever been treated by a psychiatrist or psychologist? If so, for what condition? If none, state "none".

- Have you ever been treated for any mental condition? If so, for what condition? If none, state "none".

- Is there any health related reason you may not be able to perform the job for which you are applying? If yes, explain.

- Have you had a major illness in the past five (5) years? If none, state "none".

- In the last year, did you exceed your allotted authorized time off? If none, explain.

8. How Many days were you absent from work for the past year from illness?

9. Do you have any physical defects which preclude you from performing certain kinds of work? If yes, explain. If none, state "none".

10. Do you have any disabilities or impairments which may affect your performance in the position for which you are applying? If none, state "none".

11. Are you taking any prescription drugs? If so, which kind and for what reason?

12. Have you ever been treated for drug addiction or alcoholism? If yes, explain in detail. If none, state "none".

13. Have you ever filed a Workers Comp claim?

14. Have you ever received a preferred workers card from the Special Disability Trust Fund under the Preferred Workers Program?

APPLICANT FOR EMPLOYMENT

DATE

Special Disability Trust Fund

Please answer the following questions; explain all "Yes" answers:

	Yes	No
Have you ever been injured on the job? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever filed a Worker's Comp claim and been denied? _____	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a permanent impairment rating? _____	<input type="checkbox"/>	<input type="checkbox"/>

PATIENT AUTHORIZATION FOR RELEASE OF INFORMATION

In the event of an on-the-job injury, I authorize any physician, surgeon or other medical or professional person, dentist, hospital, rehabilitation, nurse, or medical personnel, or employer to release any and all medical information in its possession about me to the company, or its legal representative. Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition or treatment of me. I agree that a photocopy of this authorization shall be as valid as the original. I agree that this authorization shall be valid as long as I am employed by All Staff Payroll, Inc

APPLICANT SIGNATURE

DATE

PRINTED NAME OF APPLICANT

ALLSTAFF PAYROLL, INC. CLIENT NAME

ALLSTAFF PAYROLL, INC. CLIENT LOCATION



Employee Quick-Start Guide

allstaff.ezwebadvantage.com

Welcome to **AllStaff Online**, your solution for secure, online, employee data. With a simple mouse click you can have your personnel and financial data available to you within seconds in a secure, password-protected system. Please review this Quick Start Guide to help you get started.

LOGGING IN

First Time Login

The **AllStaff Online** first time login process is quick and easy. Log into your personalized login portal and follow the 'Create a new login' prompts. Due to the confidential nature of the information available in the system, leading industry security standards are used to keep your data secure; therefore, in order to complete the first time login process you will need to enter a set of validation credentials.

Your validation key is comprised of the first four letters of your last name (or your full last name if it is shorter than four letters) and the last four numbers of your social security number (ABCD1234). Your validation password is your eight digit birth date (mm/dd/yyyy).

The first time login process also includes creating your own password, choosing a personalized picture and label to identify your login, and answering a security question. These items are necessary each time you login from a new computer.

*If you already have an **AllStaff Online** account, login using your current Login ID and Password. Once you are logged in click on the 'Settings' menu, select 'Manage Access', then enter your validation credentials per the instructions above.*

Forgot Your Password

AllStaff Online provides a safe and secure way to retrieve your account in the event you have forgotten your password. Log in using your email address as usual and click on the 'I forgot my password!' link on the following page.

Enter Your Password

Ocean

Password:

Back Next

Is this Picture and Label Correct?

Welcome,

Before you enter your password, please verify that the picture and label shown to the left match those you chose when you created your login.

[I forgot my password!](#)

Questions? Email us at support@payplusbenefits.com.

Click the following link to recreate your password.