

DATE OF APPLICATION: Month _____ Day _____ Year _____

SECTION 1: EMPLOYEE DATA

PRINT FIRST NAME		LAST NAME		MIDDLE INITIAL
STREET ADDRESS:			CITY & STATE	ZIP CODE
PHONE NUMBER:		EMAIL ADDRESS		
DO YOU WANT YOUR CHECK STUB EMAILED TO YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO		DRIVERS LICENSE NUMBER & STATE		
SOCIAL SECURITY NUMBER		ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? <input type="checkbox"/> YES <input type="checkbox"/> NO		
HAVE YOU EVER BEEN CONVICTED OF, PLED GUILTY TO OR NO CONTEST TO A CRIMINAL OFFENSE OTHER THAN A MINOR TRAFFIC VIOLATION? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN.				
IN CASE OF EMERGENCY, WHO SHOULD WE CONTACT?				
EMERGENCY CONTACT NAME:	PHONE NUMBER:	OTHER PHONE NUMBER:	RELATION:	

SECTION 2: EMPLOYMENT INTERESTS

POSITION APPLYING FOR:		REFERRED BY:	
TYPE OF EMPLOYMENT DESIRED: <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> SEASONAL			
ARE YOU WILLING TO WORK: OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO		SALARY REQUIREMENTS:	
DATE AVAILABLE:			
ARE YOU 18 OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU 21 OR OVER? <input type="checkbox"/> YES <input type="checkbox"/> NO	ARE YOU WILLING TO TRAVEL? <input type="checkbox"/> YES <input type="checkbox"/> NO	
IF NO, YOU MAY HAVE TO PROVIDE US WITH A WORK PERMIT. <input type="checkbox"/> YES <input type="checkbox"/> NO		IF YES, HOW OFTEN?	

SECTION 3: EDUCATION AND TRAINING

NAME OF SCHOOL	ADDRESS OF SCHOOL	# OF YEARS COMPLETED?	DID YOU GRADUATE?
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> GED
COLLEGE OR UNIVERSITY			<input type="checkbox"/> YES <input type="checkbox"/> NO Degree: _____
OTHER EDUCATION, OR TECHNICAL TRAINING			<input type="checkbox"/> YES <input type="checkbox"/> NO
LIST SPECIAL TECHNICAL OR COMPUTER SKILLS:			

SECTION 4: YOUR EMPLOYMENT HISTORY

LIST BELOW YOUR EMPLOYMENT HISTORY, BEGINNING WITH YOUR MOST RECENT EMPLOYER. ACCOUNT FOR ALL PERIODS OF TIME, INCLUDING PART-TIME WORK, MILITARY SERVICE, OR UNEMPLOYMENT.

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR REFERENCES?

☐ YES ☐ NO

IF YOU NEED MORE SPACE THAN IS PROVIDED BELOW, PLEASE ATTACH SUPPLEMENTAL INFORMATION.

A: CURRENT OR MOST RECENT EMPLOYER

COMPANY NAME:	FROM MO/YEAR	TO MO/YEAR	PHONE NUMBER:
COMPANY ADDRESS:	CITY:	STATE:	ZIP:
DEPARTMENT:	IMMEDIATE SUPERVISOR & TITLE:	SALARY START:	SALARY END:
JOB TITLE AND DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

B: PREVIOUS EMPLOYER

COMPANY NAME:	FROM MO/YEAR	TO MO/YEAR	PHONE NUMBER:
COMPANY ADDRESS:	CITY:	STATE:	ZIP:
DEPARTMENT:	IMMEDIATE SUPERVISOR & TITLE:	SALARY START:	SALARY END:
JOB TITLE AND DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

C: PREVIOUS EMPLOYER

COMPANY NAME:	FROM MO/YEAR	TO MO/YEAR	PHONE NUMBER:
COMPANY ADDRESS:	CITY:	STATE:	ZIP:
DEPARTMENT:	IMMEDIATE SUPERVISOR & TITLE:	SALARY START:	SALARY END:
JOB TITLE AND DESCRIPTION OF DUTIES:			
REASON FOR LEAVING:			

SECTION 5: REFERENCES

PLEASE LIST THREE (3) PEOPLE WHO KNOW OF YOUR WORK ABILITIES. DO NOT LIST RELATIVES.

NAME	RELATIONSHIP	ADDRESS	PHONE NUMBER

TERMS OF EMPLOYMENT

At Will Employment

I understand that employment with Administrative OneSource and my Worksite Employer is at will. Employment can be terminated at any time, with or without cause, for any reason or no reason, with or without notice, by either Administrative OneSource, my Worksite Employer or by me. No supervisor, manager or other representative of Administrative OneSource or my Worksite Employer has the authority to enter into an employment contract with me for any specified time period.

I agree that as a condition of employment, I expressly waive any expectation of privacy and acknowledge that the waiver relates to searches of any and all personal effects, including but not limited to lunch boxes, purses, brief cases, clothing and automobiles on company property. This waiver of expectation of privacy also refers to all computer and/or telecommunication systems including but not limited to e-mail, voice mail, computer storage and other electronic media. This waiver shall also include any desk, files, furniture or lockers provided by the company. I hereby consent to such a search when and if requested by the company and understand that my failure to submit to such a search may result in my termination.

Initials:

Arbitration Agreement

I agree that I will settle any and all previously unasserted claims, disputes or controversies arising out of or relating to my application or candidacy for employment, and or cessation of employment with Administrative OneSource and my Worksite Employer, exclusively by final and binding arbitration, before a neutral arbitrator. By way of example only, such claims include claims under federal, state and local statutory or common law, such as age discrimination, Title VII of the civil rights act of 1964, as amended, including the amendments of the civil rights act of 1991, the Americans with Disabilities Act, the law of contract and the law of tort.

Initials:

Accuracy of Information

I certify that all information placed on this application is accurate and complete. I understand that my initial or continued employment with Administrative OneSource and my Worksite Employer is contingent upon, among other things, its accuracy and completeness.

Initials:

Background Information

I hereby authorize Administrative OneSource and my Worksite Employer to prepare an investigative report as part of the application process or, if already employed, as a condition of continued employment. This report may include information as to my credit history, character, education, general reputation, record of convictions and personal characteristics. I understand that I have a right to request that Administrative OneSource completely & accurately disclose the nature and scope of the information requested. Such request must be made in writing to Administrative OneSource and my Worksite Employer within reasonable time.

Initials:

Release of Information Regarding Past Employment

I hereby authorize all previous employers, except as otherwise noted on the application to release to Administrative OneSource and my Worksite Employer any and all information regarding my employment. I hereby further release Administrative OneSource and my Worksite Employer and any & all of their employees of liability relating to, or arising out of any actions based on information contained on this application.

Initials:

Drug Screen

I understand that Administrative OneSource and my Worksite Employer may require a drug screening as a condition of pre-employment or continued employment. The drug screening protocol complies with Federal/State guidelines regarding drug testing.

Initials:

Acknowledgement

I have carefully read, understand and will comply with all aspects of the employment disclosures stated in this document and understand that completion of this application is not considered an offer of employment. I agree to abide by all of the rules and regulations of Administrative OneSource and my Worksite Employer governing employees and acknowledge that my continued employment is conditioned upon my continuing to do so.

I understand that any oral or written statements that differ from the disclosures and policies as set forth above are expressly disavowed by Administrative OneSource and my Worksite Employer.

Signature: _____

Date: _____



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

USCIS
Form I-9
OMB No.1615-0047
Expires 07/31/2026

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

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

Section 1. Employee 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 (if any)	Other Last Names Used (if any)		
Address (Street Number and Name)			Apt. Number (if any)	City or Town		State	ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number		Employee's Email Address			Employee's Telephone Number	
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):					
		<input type="checkbox"/> 1. A citizen of the United States					
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)					
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)					
		<input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any)					
		If you check Item Number 4. , enter one of these:					
		USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance	
Signature of Employee					Today's Date (mm/dd/yyyy)		

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority		Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name		Employer's Business or Organization Address, City or Town, State, ZIP Code			

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

2024**Step 1:**
Enter
Personal
Information

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

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

Step 2:
Multiple Jobs
or Spouse
Works

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

Do **only one** of the following.

- (a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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

Step 3:
Claim
Dependent
and Other
Credits

If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by \$2,000 \$ _____

Multiply the number of other dependents by \$500 \$ _____

Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here

3 \$**Step 4**
(optional):
Other
Adjustments

(a) **Other income (not from jobs).** If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income

4(a) \$

(b) **Deductions.** If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here

4(b) \$

(c) **Extra withholding.** Enter any additional tax you want withheld each **pay period** . .

4(c) \$**Step 5:**
Sign
Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

Employee's signature (This form is not valid unless you sign it.)**Date****Employers**
Only

Employer's name and address

First date of
employmentEmployer identification
number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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

Specific Instructions

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

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

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

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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

If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on **only ONE** Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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

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

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

- 1** Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income **1** \$ _____
- 2** Enter:

{	• \$29,200 if you're married filing jointly or a qualifying surviving spouse
	• \$21,900 if you're head of household
	• \$14,600 if you're single or married filing separately

 **2** \$ _____
- 3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" **3** \$ _____
- 4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information **4** \$ _____
- 5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 **5** \$ _____

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories 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.

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

**Employee Withholding Exemption Certificate (L-4)**

Louisiana Department of Revenue

Purpose: Complete form L-4 so that your employer can withhold the correct amount of state income tax from your salary.

Instructions: Employees who are subject to state withholding should complete the personal allowances worksheet indicating the number of withholding personal exemptions in Block A and the number of dependency credits in Block B.

- Employees must file a new withholding exemption certificate within 10 days if the number of their exemptions decreases, except if the change is the result of the death of a spouse or a dependent.
- Employees may file a new certificate any time the number of their exemptions increases.
- Line 8 should be used to increase or decrease the tax withheld for each pay period. Decreases should be indicated as a negative amount.

Penalties will be imposed for willfully supplying false information or willful failure to supply information that would reduce the withholding exemption.

This form must be filed with your employer. If an employee fails to complete this withholding exemption certificate, the employer must withhold Louisiana income tax from the employee's wages without exemption.

Note to Employer: Keep this certificate with your records. If you believe that an employee has improperly claimed too many exemptions or dependency credits, please forward a copy of the employee's signed L-4 form with an explanation as to why you believe that the employee improperly completed this form and any other supporting documentation. The information should be sent to the Louisiana Department of Revenue, Criminal Investigations Division, PO Box 2389, Baton Rouge, LA 70821-2389.

Block A

- Enter "0" to claim neither yourself nor your spouse, and check "*No exemptions or dependents claimed*" under number 3 below. You may enter "0" if you are married, and have a working spouse or more than one job to avoid having too little tax withheld.
- Enter "1" to claim yourself, and check "*Single*" under number 3 below. If you did not claim this exemption in connection with other employment, or if your spouse has not claimed your exemption. Enter "1" to claim one personal exemption if you will file as head of household, and check "*Single*" under number 3 below.
- Enter "2" to claim yourself and your spouse, and check "*Married*" under number 3 below.

A.**Block B**

- Enter the number of dependents, not including yourself or your spouse, whom you will claim on your tax return. If no dependents are claimed, enter "0."

B.

Cut here and give the bottom portion of certificate to your employer. Keep the top portion for your records.

Form **L-4**Louisiana
Department of
Revenue**Employee's Withholding Allowance Certificate**

1. Type or print first name and middle initial		Last name	
2. Social Security Number		3. Select one <input type="checkbox"/> No exemptions or dependents claimed <input type="checkbox"/> Single <input type="checkbox"/> Married	
4. Home address (number and street or rural route)			
5. City		State	ZIP
6. Total number of exemptions claimed in Block A			6.
7. Total number of dependents claimed in Block B			7.
8. Increase or decrease in the amount to be withheld each pay period. Decreases should be indicated as a negative amount.			8.

I declare under the penalties imposed for filing false reports that the number of exemptions and dependency credits claimed on this certificate do not exceed the number to which I am entitled.

Employee's signature	Date
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The following is to be completed by employer.

9. Employer's name and address	10. Employer's state withholding account number
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Administrative OneSource

NOTICE TO APPLICANTS AND EMPLOYEES REGARDING CONSUMER REPORTS

I understand that a consumer report and/or investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, medical data, including drug test results, criminal or police records, motor vehicle records, mode of living and/or credit and indebtedness may be obtained for employment purposes at any time. An investigative consumer report is a consumer report which contains information obtained from interviews with your neighbors, friends or associates. Upon timely written request of the Human Resource Department of Administrative OneSource, and within 5 days of the request, the nature and scope of any investigative consumer report obtained will be disclosed to you.

Before any adverse action is taken in whole or in part as a result of the information contained in a consumer report or an investigative consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act.

Consent to Obtaining Consumer Reports

I have read the above disclosure and hereby authorize Administrative OneSource and my Worksite Employer to obtain a consumer report and/or investigative consumer report as above described. I understand that I have the right to make a written request within a reasonable amount of time to receive additional information about the nature and scope of any investigative consumer report that is obtained and a summary of rights under the Fair Credit Reporting Act.

Print Full Name: _____

Signature: _____

Date: _____

DRUG & ALCOHOL POLICY

A safe work environment and the safety of employees is important to Administrative OneSource and your Worksite Employer. All employees are expected to conscientiously follow safe work practices and conduct themselves in a manner which will achieve maximum productivity in a safe working environment.

The use of alcohol, drugs or other medications and controlled substances, not medically authorized, that can affect your senses and responses while at the worksite or in vehicles is strictly prohibited.

You should report to your supervisor if you are taking any medication, whether prescribed by a physician or not, that may impair your senses, judgment and or job performance. Any information divulged by you will be confidential.

The following then, are conditions of employment for all employees, and by continuing to work for Administrative OneSource and your Worksite Employer you agree to comply with the following rules:

- 1) All employees refusing to cooperate in any search, inspection, examination or screening test will be subject to immediate discipline, including discharge.
- 2) Depending on circumstances, employees are subject to a physical examination and medical test to determine the presence or use of alcohol or drugs. These tests may take place after accidents involving property damage or injury, or whenever an employee's conduct gives management a reasonable suspicion that the employee may have alcohol or drugs in his or her system. Any employee who, as a result of testing, is found to have identifiable levels of a prohibited drug or substance in his or her system, regardless of when or where the drug or substance entered the employee's system, will be considered a violation of Administrative OneSource and the Worksite Employer's policy and will be removed from the premises and subject to disciplinary action, including discharge, or at Administrative OneSource's and the Worksite Employer's discretion, given the opportunity to receive treatment for a substance abuse disorder.
- 3) Employees possessing unauthorized drugs, alcohol or other such substances will be subject to immediate discharge.
- 4) Any employee who tests positive for drug and alcohol use, or refuses to take a drug or alcohol test, can be denied workers' compensation and unemployment benefits.
- 5) Should a drug test be administered, all individuals are encouraged to provide to the collection site individual and/or medical review officer any information which the individual considers relevant to the test.
- 6) Any employee who tests positive for an illegal substance or alcohol use has the right, within seven (7) days of notification of the test results to request access to any records relating to the drug test or to the results of any relevant certification, review, or suspension/revocation of any certification proceedings relative to any person or entity involved in the testing procedure.
- 7) If the alcohol/drug test is positive, and a split sample was collected, the individual may have the second bottle tested at the employee's expense. To do so, the employee must request that the medical review officer direct the second bottle be tested in a NIDA or CAP-FUDT certified laboratory for the presence of the drug(s) for which a positive result was obtained in the testing of the original specimen. The medical review officer shall honor such a request if made within 72 hours of notice to the employee that he or she tested positive.

I hereby agree to abide by the Administrative OneSource and my Worksite Employer Drug and Alcohol Policy.

Print Full Name _____

Signature: _____

Date: _____

Administrative OneSource

VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION

I _____ hereby authorize Administrative OneSource to deduct funds each pay period from my payroll check for any benefits and expenses which are not employer paid.

I understand that if my employment terminates and I have outstanding debts from the above deduction item(s), Administrative OneSource is authorized to withhold the remaining balance from my final check.

Name: _____ S.S. Number: _____
(Please Print)

Signature: _____ Date: _____

Administrative OneSource

DIRECT DEPOSIT FORM

I _____ hereby authorize Administrative OneSource to initiate credit entries to the following account:

Employer: _____

☐ Checking

☐ Savings

Bank/Depository Name: _____

Account Name: _____

Routing Number: _____ Account Number: _____

City/State/Zip: _____

This authorization is to remain in effect until Administrative OneSource has received written notification from me of its termination, in such time and in such manner as to afford Administrative OneSource and Bank/Depository a reasonable opportunity to act on it.

Name: _____ ☐ Please email my stub to the email address below:
(Please Print)

Signature: _____ Email: _____

ATTACH VOIDED CHECK BELOW

Fax to 504-472-5305

TO BE COMPLETED BY WORKSITE SUPERVISOR

WORKSITE EMPLOYER: _____

EMPLOYEE:	ORIGINAL HIRE DATE WITH CLIENT:	DEPT:
JOB TITLE:	WORKERS' COMP CODE:	WORK STATUS: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL
PAY TYPE: <input type="checkbox"/> HOURLY <input type="checkbox"/> SALARY <input type="checkbox"/> COMMISSION <input type="checkbox"/> OTHER: _____	FLSA: <input type="checkbox"/> EXEMPT <input type="checkbox"/> NON-EXEMPT	
RATE OF PAY: \$ _____ PER HOUR \$ _____ ANNUAL SALARY \$ _____ OTHER		

COMPLETE EMPLOYMENT APPLICATION INCLUDING THE FOLLOWING:

- ☐ TERMS OF EMPLOYMENT AGREEMENT SIGNED AND DATED BY APPLICANT
- ☐ REFERENCE AND JOB HISTORY INFORMATION
- ☐ FEDERAL AND STATE INCOME TAX FORMS
- ☐ VOLUNTARY PAYROLL DEDUCTION AUTHORIZATION SIGNED AND DATED BY APPLICANT
- ☐ DIRECT DEPOSIT FORM COMPLETED
- ☐ I-9 VERIFICATION
- ☐ CRIMINAL BACKGROUND FORM SIGNED AND DATED BY APPLICANT
- ☐ CONSUMER REPORT AUTHORIZATION SIGNED AND DATED BY APPLICANT
- ☐ HANDBOOK ACKNOWLEDGEMENT FORM

Worksite Supervisor, Administrative OneSource

Date _____


Administrative OneSource

RETURN TO:

Administrative OneSource

Kenner, LA

Phone: 504-472-5303

Fax: 504-472-5305

www.admin1s.com

info@admin1s.com