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*Transport Leasing/Contract, Inc.*

*Payroll Plus Corporation*

*The Labor Source, Inc.*

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## **APPLICATION COVER PAGE – WAREHOUSE**

Paperwork can be sent to our Chesterton office at  
apps-screening@tlccompanies.com or fax 219-926-9627

### **The following pages are needed to begin screening an applicant:**

- Complete TLC Application (2 pages)
- Essential Job Functions Worksheet
- Signed Background Check Disclosure and Authorization Form (*includes FCRA Summary of Rights to be given to applicant*)

### **The following pages are needed before we can process payroll on an APPROVED applicant (applicants are not approved for work until you receive notice of approval from TLC and all required payroll paperwork has been received by TLC):**

- Federal W4
- State Withholding Forms (if applicable)
- Employment Eligibility Verification (*Form I-9; Section 1 must be completed by the employee; Section 2 must be completed by the person witnessing the documents; copies of documents should also be included.*)
- Compensation and Hire Information Form (*required for Payroll Plus Corporation clients only; to be completed by the employee's worksite supervisor*)
- TLC Employee Handbook Receipt (*A TLC Employee Handbook should be given to every employee and the signed receipt should be faxed or sent to TLC*)

### **Some states have forms that employers are required to give employees at the time of hire – contact TLC for forms or information, if applicable:**

- Colorado – affirmation of legal work status
- Maryland – employee pay notice
- New Jersey – family leave law notice, employer record keeping notice, unemployment/disability benefits notice
- New York - employee pay notice (labor law 195)
- Pennsylvania – residency certification form, employment at will agreement
- South Carolina – terms of employment notice
- Texas – workers compensation notice to new employees

### **The following pages are optional:**

- Direct Deposit Authorization Form
- Equal Employment Opportunity Form (EEOC)
- Criminal Background Check Request Form

*\*You are required to comply with the Fair Credit Reporting Act with respect to any consumer reports you are provided by TLC*

*Revised 8/31/15*



- Transport Leasing/Contract, Inc.
- Payroll Plus Corporation
- The Labor Source, Inc.

## APPLICATION FOR EMPLOYMENT

**Personnel Office**  
 802 Wabash Ave., Suite 1  
 Chesterton, IN 46304  
 Ph 800-926-8440  
 Fax 219-926-9627

**Corporate Offices**  
 6160 Summit Drive N., Suite 500  
 Brooklyn Center, MN 55430 763-585-7000

TLC Client Name: \_\_\_\_\_  
 TLC Client ID Number: \_\_\_\_\_

DATE OF APPLICATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

*All questions on this form must be completed. Please print and use ink.*

<b>PERSONAL INFORMATION</b>			
Name: _____ <small style="display: flex; justify-content: space-between; width: 100%;">Last                      First                      Middle</small>		Social Security Number:	
Address:		County:	
City, State, Zip:		Phone Number:	
Are you subject to Local/City tax? (circle one):    YES            NO <span style="float: right;">If Yes list township, borough and school district:</span>			
	<b>High School</b>	<b>College/University</b>	<b>Graduate/Professional</b>
School Name			
Years Completed	9    10    11    12	1    2    3    4	1    2    3    4+
Diploma/Degree			
Describe Course of Study			
Describe specialized training, apprenticeship, skills and extra curricular activities:			

<b>EMPLOYMENT HISTORY</b>
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*Please list present and past employment, beginning with the most recent position:*

Company Name:		From:	To:
Address:		City, State, Zip:	
Telephone: (    )	Supervisor Name:		Type of Business:
Reason for Leaving:	Weekly Starting Wage:	Weekly Ending Wage:	
Job Title:		Please describe your duties:	
May we contact this employer?		If NO, why?	

Company Name:		From:	To:
Address:		City, State, Zip:	
Telephone: (    )	Supervisor Name:		Type of Business:
Reason for Leaving:	Weekly Starting Wage:	Weekly Ending Wage:	
Job Title:		Please describe your duties:	
May we contact this employer?		If NO, why?	

## Employment History (Continued)

Company Name:		From:	To:
Address:		City, State, Zip:	
Telephone: (     )	Supervisor Name:		Type of Business:
Reason for Leaving:	Weekly Starting Wage:	Weekly Ending Wage:	
Job Title:	Please describe your duties:		
May we contact this employer?	If NO, why?		

### GENERAL INFORMATION

Are you prevented from lawfully becoming employed in this country because of your visa or immigration status? (*Proof of citizenship or immigration status will be required upon employment*)

NO     YES – *Please Explain:*

### NOTICE TO APPLICANTS:

This employer complies with all applicable equal employment opportunity laws and regulations. We will not use the information on this application to discriminate against an individual with respect to their compensation, terms, conditions, or privileges of employment because of race, color, religion, sex, age, national origin, disability, genetic information, or any other protected classification under local, state or federal law.

The TLC Companies (TLC) participates in E-Verify, which means if you are hired information from your I-9 form will be provided to the Social Security Administration, and if necessary, the Department of Homeland Security, to confirm work authorization.

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. You are hereby authorized to make any investigation of my personal and employment history, and financial and credit record through any investigative or credit agency(ies) or bureaus of your choice.

A BACKGROUND CREDIT REPORT MAY BE REQUIRED IF, IN YOUR JOB, YOU WILL HAVE ACCESS TO CASH OR SECURITIES, PERSONAL INFORMATION AND/OR CONFIDENTIAL INFORMATION.

Should I become an employee of TLC and an on-the- job injury occurs, I understand TLC may require a post injury drug and/or alcohol test. My refusal to submit to a drug or alcohol test may be grounds for termination. I will hold harmless all parties, including TLC and/or its affiliates, from any liability due to my refusal to test and/or the reporting of any results of such test.

It is also understood that TLC reserves the right to unilaterally abolish or modify any personnel policy without prior notice. In consideration of my employment, I agree to conform to the rules and regulations of TLC. For applicants in at-will employment states, I understand that my employment and compensation can be terminated, with or without cause, and with or without notice, at the option of either TLC or myself (Montana is not at at-will employment state).

I understand that no representative of TLC, other than the President or joint consensus of the Board of Directors, has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***The TLC Companies considers applicants for all positions without regard to race, color, religion, sex, national origin, age, veteran status, disability, genetic information, or any other protected classification under local, state or federal law.***

Revised 7/24/2017



ESSENTIAL JOB FUNCTIONS WORKSHEET
WAREHOUSE

Transport Leasing/Contract, Inc.
Payroll Plus Corporation
The Labor Source, Inc.

Corporate Offices
6160 Summit Drive N., Suite 500
Brooklyn Center, MN 55430 763-585-7000

Personnel Office
802 Wabash Ave., Suite 1
Chesterton, IN 46304
Ph 800-926-8440
Fax 219-926-9627

The following are physical requirements pertaining to the job(s) for which you are applying. These bona fide physical requirements are essential functions of the job and are in addition to the skill, certification, years of experience and other qualifications required to perform the job(s) for which you have applied.

Please be aware that all persons may be required to furnish health condition information and if necessary, submit to an examination by a company-designated physician. This information will be used to determine appropriate job placement. It shall not be used to disqualify an otherwise qualified person who may have a mental or physical disability.

These statements/questions pertain only to the essential functions of the job for which you are applying.

- 1. Can you freely move around a warehouse on a hard floor surface for an 8-10 hour shift?
2. Can you perform repetitive tasks with your hands and wrists safely for an 8-10 hour shift?
3. Can you bend and stoop throughout an 8-10 hour shift?
4. Can you work in a hot and/or cold environment?
5. Can you reach and lift up to 60 pounds above your head safely?
6. Are you physically able to operate dollies, carts and hand jacks?
7. Can you push/pull up to 60 pounds regularly and safely during your shift?
8. Can you lift/carry up to 60 pounds regularly and safely during your shift?

For any No answers to the above questions, please explain:

Three horizontal lines for providing explanations for 'No' answers.

Prompt and reliable attendance is a job requirement.
I understand that any misstatement, omission, falsification, or misrepresentation of fact on this form is ground for withdrawal of the conditional job offer or termination of employment if already employed.

Signature of Applicant

Date

Printed Name



**Corporate Offices**  
 6160 Summit Drive N., Suite 500  
 Brooklyn Center, MN 55430 763-585-7000

**BACKGROUND CHECK  
 DISCLOSURE AND AUTHORIZATION  
 FORM**

- Transport Leasing/Contract, Inc.
- Payroll Plus Corporation
- The Labor Source, Inc.

*Personnel Office*  
 802 Wabash Ave., Suite 1  
 Chesterton, IN 46304  
 Ph 800-926-8440  
 Fax 219-926-9627

**Please read carefully and completely before signing**

Disclosure:

As part of your application for employment or your interest in being qualified as a contractor with The TLC Companies (the "Company"), the Company intends to obtain a consumer report and criminal background screen from consumer reporting agencies such as HireRight, Asurint, Accurate Background, and/or US Information Search. These consumer reports will be used for employment purposes within the meaning of the Fair Credit Reporting Act (the "FCRA"). To the extent you enter into an employment or contractual relationship with the Company, the Company may periodically obtain updated consumer reports and criminal background screens.

As required by the FCRA, this disclosure is to inform you that a consumer report, including information as to character, general reputation, personal characteristics, and mode of living, whichever are applicable, may be procured from time to time. Such reports may contain public information concerning your driving record, safety record, workers' compensation claims, credit, bankruptcy proceedings, criminal records, etc. from federal, state and other agencies, which maintain such records. Consumer reports and background checks are conducted only in accordance with state and local laws.

Should the information received in the consumer report be the reason in whole or in part for any adverse action taken against you by the Company, you may obtain a free copy of the consumer report from the consumer reporting agency so long as the report is requested within 60 days of notification of the adverse action. You have the right to dispute the accuracy or completeness of any information contained in the consumer report furnished by the consumer reporting agency.

Authorization:

This signed Authorization is my authorization and consent for the Company to procure consumer reports and criminal background reports from a consumer reporting agency from time to time as required by the Company for employment or contract purposes.

This authorization shall remain on file and shall serve as on-going authorization for the Company to procure consumer and criminal background reports at any time during my employment or contractual relationship and the qualification process with respect thereto. I understand that, upon termination of my employment or contract for any reason, this authorization shall be destroyed and of no further effect.

I hereby certify that I have read the foregoing and understand the contents of this Disclosure and Authorization. I also understand the remedies available to me should I disagree with the Consumer Reporting Agency with respect to the consumer report.

*Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Printed Name:* \_\_\_\_\_ *Last 4 digits of Social Security Number:* \_\_\_\_\_

*Para información en español, visite [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) o escribe a la Consumer Financial Protection Bureau, 1700 G Street N.W., Washington DC 20552.*

## **A Summary of Your Rights Under the Fair Credit Reporting Act**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, DC 20552.**

- **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment - or to take another adverse action against you - must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - a person has taken adverse action against you because of information in your credit report;
  - you are the victim of identity theft and place a fraud alert in your file;
  - your file contains inaccurate information as a result of fraud;
  - you are on public assistance;
  - you are unemployed but expect to apply for employment within 60 days.
- In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

- **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need -- usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- **You may limit "prescreened" offers of credit and insurance you get based on information in your credit report.** Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- **Identity theft victims and active duty military personnel have additional rights.** For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

**States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For Information about your Federal rights contact:**

TYPE OF BUSINESS:	CONTACT:
<p>1. a. Banks, savings associations, and credit unions with total assets of over \$10 billion and their affiliates.</p> <p>b. Such affiliates that are not banks, savings associations, or credit unions also should list, in addition to the CFPB:</p>	<p>a. Consumer Financial Protection Bureau 1700 G Street NW Washington, DC 20552</p> <p>b. Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 (877) 382-4357</p>
<p>2. To the extent not included in item 1 above:</p> <p>a. National banks, federal savings associations and federal branches and federal agencies of foreign banks</p> <p>b. State member banks, branches and agencies of foreign banks (other than federal branches, federal agencies and Insured State Branches of Foreign Banks), commercial lending companies owned or controlled by foreign banks, and organizations operating under section 25 or 25A of the Federal Reserve Act</p> <p>c. Nonmember Insured Banks, Insured State Branches of Foreign Banks, and insured state savings associations</p> <p>d. Federal Credit Unions</p>	<p>a. Office of the Comptroller of the Currency</p> <p>Customer Assistance Group 1301 McKinney Street, Suite 3450 Houston, TX 77010-9050</p> <p>b. Federal Reserve Consumer Help Center</p> <p>PO Box 1200 Minneapolis, MN 55480</p> <p>c. FDIC Consumer Response Center</p> <p>1100 Walnut St., Box #11 Kansas City, MO 64106</p> <p>d. National Credit Union Administration</p> <p>Office of Consumer Protection (OCP) Division of Consumer Compliance and Outreach (DCCO) 1775 Duke Street Alexandria, VA 22314</p>
<p>3. Air carriers</p>	<p>Asst. General Counsel for Aviation Enforcement &amp; Proceedings Aviation Consumer Protection Division Department of Transportation 1200 New Jersey Avenue, S.E. Washington, DC 20590</p>
<p>4. Creditors Subject to Surface Transportation Board</p>	<p>Office of Proceedings, Surface Transportation Board Department of Transportation 395 E Street, S.W. Washington, DC 20423</p>

<b>5. Creditors Subject to Packers and Stockyards Act, 1921</b>	<b>Nearest Packers and Stockyards Administration area Supervisor</b>
<b>6. Small Business Investment Companies</b>	<b>Associate Deputy Administrator for Capital Access United States Small Business Administration 409 Third Street, SW, 8th Floor Washington, DC 20416</b>
<b>7. Brokers and Dealers</b>	<b>Securities and Exchange Commission 100 F Street, N.E. Washington, DC 20549</b>
<b>8. Federal Land Banks, Federal Land Bank Associations, Federal Intermediate Credit Banks and Production Credit Associations</b>	<b>Farm Credit Administration 1501 Farm Credit Drive McLean, VA 22102-5090</b>
<b>9. Retailers, Finance Companies, and All Other Creditors Not Listed Above</b>	<b>FTC Regional Office for region in which the creditor operates or Federal Trade Commission: Consumer Response Center - FCRA Washington, DC 20580 (877) 382-4357</b>



# Form W-4 (2017)

**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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

**Basic instructions.** If you aren't 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 2017. 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](http://www.irs.gov/w4).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b> _____
<b>B</b>	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .	<b>B</b> _____
<b>C</b>	Enter "1" for your <b>spouse</b> . 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.) . . . . .	<b>C</b> _____
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b> _____
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b> _____
<b>F</b>	Enter "1" if you have at least \$2,000 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b> _____
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have two to four eligible children or <b>less</b> "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child. . . . .	<b>G</b> _____
<b>H</b>	Add lines A through G and enter total here. ( <b>Note:</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b> _____
	For accuracy, <b>complete all worksheets that apply.</b> { • If you plan to <b>itemize</b> or <b>claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2. • If you are <b>single and have more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld. • If <b>neither</b> of the above situations applies, <b>stop here</b> 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 <b>W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
▶ <b>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.</b>				<b>2017</b>
<b>1</b> Your first name and middle initial		Last name		<b>2</b> Your social security number
Home address (number and street or rural route)		<b>3</b> <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note:</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		<b>4</b> 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"/>		
<b>5</b> Total number of allowances you are claiming (from line <b>H</b> above or from the applicable worksheet on page 2)		<b>5</b> _____		
<b>6</b> Additional amount, if any, you want withheld from each paycheck . . . . .		<b>6</b> \$ _____		
<b>7</b> I claim exemption from withholding for 2017, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ▶		<b>7</b> _____		
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.				
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶		<b>Date</b> ▶		
<b>8</b> Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		<b>9</b> Office code (optional)	<b>10</b> 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.

<b>1</b>	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details . . . . .	<b>1</b>	\$ _____
<b>2</b>	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$ . . . . .	<b>2</b>	\$ _____
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ _____
<b>4</b>	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505) . . . . .	<b>4</b>	\$ _____
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.) . . . . .	<b>5</b>	\$ _____
<b>6</b>	Enter an estimate of your 2017 nonwage income (such as dividends or interest) . . . . .	<b>6</b>	\$ _____
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero or less, enter "-0-" . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,050 and enter the result here. Drop any fraction . . . . .	<b>8</b>	_____
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, page 1 . . . . .	<b>9</b>	_____
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 below. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	_____

### 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.

<b>1</b>	Enter the number from line H, page 1 (or from line 10 above if you used the <b>Deductions and Adjustments Worksheet</b> ) . . . . .	<b>1</b>	_____
<b>2</b>	Find the number in <b>Table 1</b> below that applies to the <b>LOWEST</b> paying job and enter it here. <b>However</b> , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" . . . . .	<b>2</b>	_____
<b>3</b>	If line 1 is <b>more than or equal to</b> 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. <b>Do not</b> use the rest of this worksheet . . . . .	<b>3</b>	_____
<b>Note:</b> If line 1 is <b>less than</b> 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.			
<b>4</b>	Enter the number from line 2 of this worksheet . . . . .	<b>4</b>	_____
<b>5</b>	Enter the number from line 1 of this worksheet . . . . .	<b>5</b>	_____
<b>6</b>	<b>Subtract</b> line 5 from line 4 . . . . .	<b>6</b>	_____
<b>7</b>	Find the amount in <b>Table 2</b> below that applies to the <b>HIGHEST</b> paying job and enter it here . . . . .	<b>7</b>	\$ _____
<b>8</b>	<b>Multiply</b> line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . .	<b>8</b>	\$ _____
<b>9</b>	Divide line 8 by the number of pay periods remaining in 2017. 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 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . .	<b>9</b>	\$ _____

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 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 - 95,000	10	140,001 and over	10				
95,001 - 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.



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

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

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Attestation** *(Employees must complete and sign Section 1 of Form I-9 no later than the first day of employment, but not before accepting a job offer.)*

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9:          An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

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

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

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

Signature of Preparer or Translator		Today's Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State ZIP Code



*Employer Completes Next Page*





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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 08/31/2019

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

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

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

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

**C.** If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
--	---------------------------	---

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

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

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	OR	<b>LIST B</b> <b>Documents that Establish Identity</b>	AND	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>		<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>		<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**



# COMPENSATION AND HIRE FORM

Transport Leasing Contract, Inc.  
Payroll Plus Corporation  
The Labor Source, Inc.

Payroll Operations Office  
811 Washington Ave  
PO Box 1168  
Detroit Lakes, MN 56502-1168  
Phone (800) 825-3832 Fax (877) 227-8080

## Information below to be completed by supervisor at client worksite

Client Name / Client ID Number:	Employee Name:
Hire Date:	Job Description:
Division/Department:	Worker's Compensation Code (if known):
Employee Worksite Location Address <b>(required)</b> :	

### **Employment Status Communicated to Employee: (required)**

- Full Time (expected to average 30 hours or more worked per week)
- Part Time (expected to average less than 30 hours worked per week)

### **Pay Method:**

- Hourly - Rate of Pay: \$\_\_\_\_\_
- Salary - Rate of Pay per Pay Cycle: \$\_\_\_\_\_
- Annual Salary Amount: \$\_\_\_\_\_

### **Pay Cycle:**

- Weekly
- Bi-Weekly
- Semi-monthly

Number of hours per pay cycle employee is expected work: \_\_\_\_\_. **(required)**

First scheduled pay date: \_\_\_\_\_, which will cover the pay period of:

\_\_\_\_\_.

If you have any questions about completing this form please contact your Payroll Coordinator at 800-825-3832.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_



DIRECT DEPOSIT AUTHORIZATION FORM

Transport Leasing/Contract, Inc.
Payroll Plus Corporation
The Labor Source, Inc.

Payroll Operations Office
811 Washington Avenue, PO Box 1168
Detroit Lakes, MN 56502-1168
800-825-3832 Fax 877-227-8080

Date: \_\_\_\_\_

I authorize THE TLC COMPANIES to direct deposit funds to my account with the financial institution listed below. I understand that submitting this form means my entire payroll check will be deposited into the named institution .If funds to which I am not entitled are deposited in my account, I authorize the initiation of a correction (debit) entry electronically or by any other commercially accepted method. I understand that this authorization may be rejected or discontinued at any time. If any of the below information changes, I will promptly complete a new authorization agreement. I understand that if the direct deposit information is not changed before I close my account, funds payable to me will be returned to THE TLC COMPANIES for distribution and this will delay my check.

Name (please print): \_\_\_\_\_ Last 4 of SSN (required): \_\_\_\_\_
First MI Last

Signature (required): \_\_\_\_\_ Internal use only:
Approved by: \_\_\_\_\_
Client Assigned To (required): \_\_\_\_\_ Contact Number: \_\_\_\_\_
Notes: \_\_\_\_\_

NOTE: Your next pay may be a check; Direct Deposit takes 7-10 business days from your next pay date.

THIS IS: (check one) [ ] A new/additional account [ ] Information change [ ] A cancellation

1.
Name of Bank: Bank Address:
City, State, Zip: Bank Telephone #: ( )
Transit/Routing # (9-digits): Acct #: [ ] Check [ ] Save
Amount to Deposit: Fixed Amount: \$ OR [ ] Entire Check

2.
Name of Bank: Bank Address:
City, State, Zip: Bank Telephone #: ( )
Transit/Routing # (9-digits): Acct #: [ ] Check [ ] Save
Amount to Deposit: Fixed Amount: \$ OR [ ] Entire Check

ATTACH A VOIDED CHECK FOR CHECKING DEPOSITS
and/or
ATTACH A DEPOSIT SLIP FOR SAVINGS DEPOSITS
(This is required in order for us to process your request.
Direct deposit cannot be done without a voided check or
deposit slip provided.)



**Corporate Offices**  
 6160 Summit Drive N., Suite 500  
 Brooklyn Center, MN 55430 763-585-7000

**EQUAL EMPLOYMENT OPPORTUNITY FORM  
 EEOC**

- Transport Leasing/Contract, Inc.
- Payroll Plus Corporation
- The Labor Source, Inc.

*Personnel Office*  
 802 Wabash Ave., Suite 1  
 Chesterton, IN 46304  
 Ph 800-926-8440  
 Fax 219-926-9627

TLC files annual reports with the U.S. Department of Labor that identifies the makeup of our workforce. To assist us with this effort we request employees self-identify who they are. This is strictly voluntary and our employers are under no obligation to provide this information to us. However, the information does help us to improve the accuracy of the information we provide to the U.S. Department of Labor. Although, you are under no obligation to do so, we would appreciate your completing and returning this form to us. Thank you.

\_\_\_\_\_  
**Employee Name** (please print)

\_\_\_\_\_  
**Client Leased To** (if applicable)

**Sex:**       Male       Female

**Race:**       White/Caucasian (not of Hispanic origin)       Hispanic or Latino  
                   Black/African American       Asian  
                   American Indian or Alaskan Native  
                   Native Hawaiian or other Pacific Islander  
                   Two or more races

**Veteran:**       Yes       No

**For TLC/PPC/LSI use only:**

EEOC job category: \_\_\_\_\_





**Corporate Offices**  
 6160 Summit Drive N., Suite 500  
 Brooklyn Center, MN 55430 763-585-7000

- Transport Leasing/Contract, Inc.
- Payroll Plus Corporation
- The Labor Source, Inc.

## CRIMINAL BACKGROUND CHECK REQUEST FORM

*Personnel Office*  
 802 Wabash Ave., Suite 1  
 Chesterton, IN 46304  
 Ph 800-926-8440  
 Fax 219-926-9627

The TLC Companies believe that good hiring choices save costs in the long run in all aspects of your business. For a fee, we can complete the services below. The charge(s) will appear on your next invoice.

**Criminal**

For a fee of \$20, TLC can complete a basic nationwide criminal background check (*where legally allowed*).

- NO**, I am not interested in a criminal background check.
- YES**, I would like a criminal background check on the applicant listed below:

*Applicant's Name:* \_\_\_\_\_

*Aliases/Maiden Name:* \_\_\_\_\_

*Social Security Number:* \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_

**Credit Report:**

For a fee of \$20, TLC can provide a credit report on this applicant (*where legally allowed*).

- NO** - I am not interested in a credit report for this applicant.
- YES** - I would like a credit report for this applicant.

**Social Security Number Verification:**

For a fee of \$10, TLC can provide a social security number verification for this applicant. This will verify the social security number matches this individual's name, as well as identify any other names used by this applicant in the past.

- NO** - I am not interested in a social security number verification.
- YES** - I would like a social security number verification for this applicant.

By signing below I agree to pay for the service(s) I have requested above on my next invoice.

*Client Company Name:* \_\_\_\_\_ *Client ID Number:* \_\_\_\_\_

*Client Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_



State of Louisiana  
Department of Revenue

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

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

**Basic Instructions:** Employees who are subject to state withholding should complete the personal allowances worksheet below. Do not claim more than your correct withholding personal exemptions and the correct number of withholding dependency credits. Do not claim additional withholding exemptions if you qualify as head-of-household. In such cases, only the withholding personal exemption applicable to single individuals is allowable. You must file a new certificate within 10 days if the number of your exemptions decreases, except where the change occurs as the result of death of a spouse or a dependent. You may file a new certificate at any time the number of your exemptions increases. Penalties are 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. Otherwise, he must withhold Louisiana income tax from your wages without exemption.

**Note to Employer:** Keep this certificate with your records. If the employee is believed to have claimed too many exemptions or dependency credits, the Secretary of Revenue should be so advised by forwarding a copy of the employee's signed L-4 form to the Department.

**Personal Allowances Worksheet**

- A. In Block A, enter "0" if you claim neither yourself nor your spouse, or
- In Block A, enter "1" if you claim yourself, provided you do not claim this exemption in connection with other employment or your spouse has not claimed your exemption, or
- In Block A, enter "2" if you claim yourself and your spouse. You may choose to enter "0" if you are married, and have either a working spouse, or more than one job. (This may help you avoid having too little tax withheld.)
- B. In Block B, enter the number of dependents (other than your spouse or yourself) whom you will claim on your tax return. If no credits are claimed, enter "0".

A.	
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. <input checked="" type="radio"/> No exemptions or dependents claimed <input type="radio"/> Single <input type="radio"/> Married		
4. Home address (number and street or rural route)			
5. City, State, ZIP			
6. Total number of exemptions you are claiming (from Block A above)			6.
7. Total number of dependents you are claiming (from Block B above)			7.
8. Additional amount, if any, you want withheld each pay period			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 \_\_\_\_\_

The following is to be completed by employer.

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



AR4EC

For additional information consult your employer or: Arkansas Individual Income Tax Section  
Withholding Branch  
P. O. Box 8055  
Little Rock, Arkansas 72203-8055

# STATE OF ARKANSAS Employee's Withholding Exemption Certificate

Print Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Print Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

How to Claim Your Withholding <i>Instructions on the Reverse Side</i>		Number of Exemptions Claimed
<b>Employee:</b> File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.  <b>Employer:</b> Keep this certificate with your records.	1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED (a) You claim yourself. <i>(Enter one exemption)</i> _____ (b) You claim yourself and your spouse. <i>(Enter two exemptions)</i> _____ (c) Head of Household, and you claim yourself. <i>(Enter two exemptions)</i> _____	
	2. NUMBER OF CHILDREN or DEPENDENTS. <i>(Enter one exemption per dependent)</i> _____	
	3. TOTAL EXEMPTIONS. <i>(Add Lines 1a, b, c and 2)</i> If no exemptions or dependents are claimed, enter zero _____	
	4. Additional amount, if any you want deducted from each paycheck. <i>(Enter dollar amount)</i> _____	
	5. I qualify for the low income tax rates. <i>(See reverse for details)</i> Please check filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Head of Household	<input type="checkbox"/> Yes <input type="checkbox"/> No

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Instructions for completing the Employee's Withholding Exemption Certificate

**1. NUMBER OF EXEMPTIONS - (Husband and/or Wife)** Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

**2. DEPENDENTS -** To qualify as your dependent (line 1 on the reverse side), a person must (a) receive more than 1/2 of their support from you for the year, (b) not be claimed as a dependent by such person's spouse, (c) be a citizen or resident of the United States, and (d) have your home as their principle residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; Your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; Your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law or sister-in-law; Your uncle, aunt, nephew or niece (but only if related by blood).

**3. CHANGES IN EXEMPTIONS OR DEPENDENTS -** You may file a new certificate at any time if the number of exemptions or dependents INCREASES. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you DECREASES for any of the following reasons:

- (a) Your spouse for whom you have been claiming an exemption is divorced or legally separated, or claims his or her own exemption on a separate certificate, or
- (b) The support of a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year.

OTHER DECREASES in exemptions or dependents, such as the death of a spouse or a dependent, do not affect your withholding until next year, but require the filing of a new certificate by December 1, of the year in which they occur.

4. Claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.

5. You qualify for the low income tax rates if your total income from all sources are as shown below:

- (a) Single \$7,800 to \$11,400
- (b) Married filing jointly \$15,500 to \$16,200
- (c) Head of Household \$12,100 to \$16,200

State Tax Commission  
P. O. Box 960  
Jackson, Mississippi 39205

**MISSISSIPPI EMPLOYEE'S WITHHOLDING EXEMPTION CERTIFICATE**

IMPORTANT: THIS CERTIFICATE MAY BE USED FOR PAY PERIODS IN CALENDAR YEAR 2000 and after

Employee's Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Employee's Residence Address \_\_\_\_\_

		Number and Street	City or Town	State	Zip Code	
		<b>CLAIM YOUR WITHHOLDING PERSONAL EXEMPTION</b>				
		Personal Exemption Allowed			Amount Claimed	
<b>EMPLOYEE:</b> File this form with your employer. Otherwise, he must withhold Mississippi income tax from the full amount of your wages.  <b>EMPLOYER:</b> Keep this certificate with your records. If the employee is believed to have claimed excess exemption, the State Tax Commission should be advised.	<b>1. Single</b>		<input type="checkbox"/> Enter \$6,000 as exemption.....	\$		
	<b>2. Married (Check One)</b>		(a) <input type="checkbox"/> Spouse NOT employed: Enter \$12,000.....	\$		
			(b) <input type="checkbox"/> Spouse IS employed: Enter that part of \$12,000 claimed by you, in multiples of \$500. See instructions 2(b) below.....	\$		
	<b>3. Head of Family</b>		<input type="checkbox"/> Enter \$9,500 as exemption. To qualify as head of family, you must be single and have a dependent living in the home with you. See instructions 2(c) & (d) below.....			\$
	<b>4. Dependents</b>		You may claim \$1,500 for each dependent,* other than for taxpayer and spouse, who receives chief support from you and who qualifies as a dependent for Federal income tax purposes. *A head of family may claim \$1,500 for each dependent excluding the one which qualifies you as head of family. Multiply number of dependents claimed by you by \$1,500. Enter amount claimed.....			\$
<b>5. Age and Blindness Exemption</b>		Age 65 or older <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Blind <input type="checkbox"/> Husband <input type="checkbox"/> Wife <input type="checkbox"/> Single Multiply number of blocks checked by \$1,500. Enter amount claimed..... Note: No exemption allowed for age or blindness for dependents.			\$	
<b>6. TOTAL AMOUNT OF EXEMPTION CLAIMED - Lines 1 through 5.....</b>					\$	
<b>7. Additional dollar amount withholding per pay period if agreed to by your employer.....</b>					\$	
<b>Effective only for pay periods in 2000 and after</b>						
I declare under the penalties imposed for filing false reports that the amount of exemption claimed on this certificate does not exceed the amount to which I am entitled.						
Date: _____		Employee's Signature: _____				

**INSTRUCTIONS**

**1. THE PERSONAL EXEMPTIONS ALLOWED ARE:**

- (a) Single individuals - \$6,000
- (b) Married individuals (jointly) - \$12,000
- (c) Head of Family - \$9,500
- (d) Dependents - \$1,500
- (e) Aged 65 and over - \$1,500
- (f) Blindness - \$1,500

**2. CLAIMING PERSONAL EXEMPTIONS:**

- (a) **SINGLE INDIVIDUALS** enter \$6,000 on Line 1.
- (b) **MARRIED INDIVIDUALS** are allowed a joint exemption of \$12,000. If the spouse is not employed, enter \$12,000 on Line 2(a). If the spouse is employed, the exemption of \$12,000 may be divided between taxpayer and spouse in any manner they choose - in multiples of \$500. For example - taxpayer may claim \$6,500 and spouse claims \$5,500; or taxpayer may claim \$8,000 and spouse claims \$4,000. The total claimed by taxpayer and spouse may not exceed \$12,000. Enter amount claimed by you on Line 2(b).
- (c) A **HEAD OF FAMILY** is a single individual who maintains a home which is the principal place of abode for himself and at least one dependent. Single individuals qualifying as a head of family enter \$9,500 on Line 3. If the taxpayer has more than one dependent, additional exemptions are applicable. See item (d).
- (d) An additional exemption of \$1,500 may generally be claimed for each dependent of the taxpayer. A dependent is any relative who receives chief support from the taxpayer and who qualifies as a dependent for Federal income tax purposes. Head of family individuals may claim an additional exemption for each dependent excluding the one which is required for head of family status. For example, a head of family taxpayer has 2 dependent children and his dependent mother living with him. The taxpayer may claim 2 additional exemptions. Married or single individuals may claim an additional exemption for each dependent, but should not include themselves or their spouse. Married taxpayers may

divide the number of their dependents between them in any manner they choose; for example, a married couple has 3 children who qualify as dependents. The taxpayer may claim 2 dependents and the spouse 1; or the taxpayer 3 and the spouse none. Enter the amount of dependent exemption on line 4.

- (e) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both have reached the AGE of 65 before the close of the taxable year. No additional exemption is authorized for dependents by reason of age. Check applicable blocks on Line 5.
- (f) An additional exemption of \$1,500 may be claimed by either taxpayer or spouse or both if either or both are BLIND. No additional exemption is authorized for dependents by reason of blindness. Check applicable blocks on Line 5. Multiply number of blocks checked on Line 5 by \$1,500 and enter amount of exemption claimed.

- 3. TOTAL EXEMPTION CLAIMED:**  
Add the amount of exemptions claimed in each category and enter the total on Line 6. This amount will be used as a basis for withholding income tax under the appropriate withholding tables.
- 4. A NEW EXEMPTION CERTIFICATE MUST BE FILED WITH YOUR EMPLOYER WITHIN 30 DAYS AFTER ANY CHANGE IN YOUR EXEMPTION STATUS.**
- 5. PENALTIES ARE IMPOSED FOR WILLFULLY SUPPLYING FALSE INFORMATION OR WILLFUL FAILURE TO SUPPLY INFORMATION WHICH WOULD REDUCE THE WITHHOLDING EXEMPTION.**
- 6. IF THE EMPLOYEE FAILS TO FILE AN EXEMPTION CERTIFICATE WITH HIS EMPLOYER, INCOME TAX MUST BE WITHHELD BY THE EMPLOYER ON TOTAL WAGES WITHOUT THE BENEFIT OF EXEMPTION.**
- 7. IMPORTANT: USE THIS FORM ONLY FOR PAY PERIODS IN 2000 AND AFTER.**

## TO ACKNOWLEDGE RECEIPT OF TLC EMPLOYEE HANDBOOK

Please sign below. Print your name, enter the last four (4) digits of your Social Security Number, and the current date.

This Acknowledgement is to certify that I have read this Employee Handbook and am familiar with its contents. I understand it is not a binding contract between the Company and me, but rather a set of guidelines for the implementation of the Company's personnel policies. I understand that the Company may modify any of the provisions of this Handbook at any time, and I also understand that notwithstanding any of the provisions of this Handbook, I am employed on an at-will basis. Because I am an at-will employee, my employment may be terminated at any time, either by me or by the Company, with or without cause. I also understand that no one, other than the President of the Company, has any authority to enter into any agreement for employment for any specific period of time or to make any agreement contrary to the foregoing. I have also thoroughly read and understand the Company's Substance Abuse Policy and Sexual and other Harassment Policies; and I agree, without reservation, to abide by those Policies. I also understand that if I ever have a question regarding any of the provisions in this Handbook, I will contact TLC's Employee Resource Specialist at 1-800-825-3832.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee's Name (PLEASE PRINT)

\_\_\_\_\_  
Last 4 digits of Social Security Number

**MAIL OR FAX SIGNED ACKNOWLEDGEMENT TO:**

**Address:** TLC Companies  
325 South Calumet Road, Suite 1  
Chesterton, IN 46304  
Attn: Personnel Compliance Department

**Fax:** 877-820-4852



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Rev 08/23/05- External

**TWIN AIR / STATEWIDE, INC**

(AN EXTENSION OF YOUR TRAFFIC DEPARTMENT)

P.O. BOX 20131, N.O. INT'L AIRPORT  
NEW ORLEANS, LA. 70141

**SECURITY PROCEDURES FOR DELIVERY VEHICLES**

It is the policy of Statewide / Twin Air that all drivers of delivery vehicles follow security procedure to protect merchandise transported in the vehicles.

- It is the drivers responsibility to shut off the engine, remove the ignition key, roll up the windows, latch window vents and lock all doors to the driver and cargo compartments of the vehicle while deliveries are being made, or at any other time the driver is away from the vehicle. This includes stops for breaks, lunch, truck stops, etc.
- While the delivery vehicle is underway, the doors to the driver's compartment and cargo area are to be locked. All vehicle doors must be locked at all times on the delivery route, except for the cargo door when opened for actual loading and unloading of merchandise from the vehicle. If several trips are required to deliver merchandise from the vehicle to the customer, the Cargo doors should be closed and locked each time the driver departs from the vehicle.
- Drivers are to ensure that the delivery vehicle is properly fueled and is in sufficient mechanical condition to ensure, to the greatest extent possible, that the vehicle will not become stranded during the delivery route.
- The driver is to be attentive to the possibility of being observed or followed by suspicious vehicles. If a person or persons are observed following the delivery vehicle, the driver's dispatcher should be contacted immediately.
- Drivers are not allowed to provide rides to any person who has not been previously approved by Statewide Transport. Drivers are not allowed to stop to give assistance to stranded motorists or other persons while merchandise is present in the vehicle.

**I HAVE READ AND UNDERSTAND THE ABOVE SECURITY PROCEDURES AND  
AGREE TO THE FOLLOW THESE PROCEDURES.**

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

This is to acknowledge that I have received and read a copy of Statewide / Twin Air's Employee Guide. I understand this guide is just that, a Guide, and is not considered to be either an express or implied contract.

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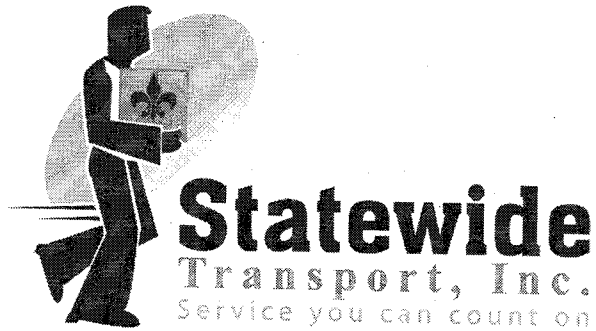
SIGNATURE

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PRINT NAME

---

DATE



*Cellular Telephone Policy & Indemnification*  
January 3, 2012

This policy is intended to implement the Federal Motor Carrier Safety regulations regarding owner operators and employee drivers' ("LESSORS") use of cellular phones while operating under Statewide Transport's federal motor carrier authority, regardless of vehicle ownership. Any changes to the Federal Motor Carrier Safety regulations which all CDL drivers are required to know and comply with including but limited to those specifically defined in Part 390.5 and further explained in Parts 391.15 and 392.82 of the Federal Motor Carrier Safety Regulations will automatically change this policy to comply changes to these safety regulations immediately upon written notice to drivers.

Statewide Transport's policy is to allow cell phone use only when a driver has their vehicle safely off the roadway, is stationary and has the truck out of gear and the parking brakes set. Under the federal regulations it is considered use of a cell phone when using a hand held device to send or read text, talk or listen to conversation, messages or programming, checking for messages, adjusting or programming a phone or reaching for the phone moving the driver out of their seat regardless whether the vehicle is in motion or momentarily stopped on a street or highway for traffic, traffic control devices or other momentary delays.

Any owner operator or employee found to be in violation of the above motor carrier safety regulations is hereby informed the regulations allow for a fine to the driver of up to \$2,750 per violation and repeated violations result in loss of qualifications to the driver of a commercial motor vehicle for periods of at least 30 days and up to 120 days with permanent loss of CDL privileges for repeated offenders. Any fines or penalties shall be the responsibility of the owner operator or employee driver regardless of the nature of the cell phone use.