Welcome to Zahlene Enterprises Inc.!!!

An Equal Opportunity Employer

Thank you for choosing our company as your workplace. We are a family business with over 20 years in business.

Important information:
Our company offers employees health insurance benefits, retirement plan (401K), vacations, etc. We have the payroll company, ADP, from which you can access your paystub, your W-2form; by creating an account on ADP.com or downloading the mobile app. Please make sure at the time of completing the application, provide Social Security, ID, if you are a permanent resident, you must present a Residence Card or Employment Authorization.

---------- TO BE COMPLETED BY EMPLOYEE----------

Please PRINT in BLUE or BLACK Ink Only. Nome and Social Security Number must be as they appear on your Social Security Card.

First Name (Primer Nombre)	Middle Initial: (2do Nombre)	Last Name (Apellido)
SocialSecurity (Seguro Social)	Date of Birth (Fecha de Nac)	Home Phone:
Cell Phone (Telefono Celular)	Email (Correo Electronico)	

All physical address fields are required to continue with the onboarding process. If the requested information is not applicable in the state in which you reside, enter NIA. This address is used to determine your tax liability: therefore, PO Box addresses should not be entered.
It is also important to provide an email address.

Address (Direccion)		
City (Ciudad)	State (Estado)	Zip Code (Código Postal)
Mailing Address (if different from above) Direccion (Si es diferente)		
City:	State:	Zip Code/Suffix:

----------TO BE COMPLETED BY HIRING MANAGER----------

Date of Hire:						Government or State Contract Employee		
Employee Type		**Pay Method**		**Pay Frequency**		**Pay Rate**		
Full Time		Hourly		Weekly		Standard Rote	Rate$	Per
Part Time		Salaried Non-Exempt		Bi-Weekly		Training Pay	Rate$	Per
F/T Temp		Salaried Exempt		Semi-Monthly		Shift Pay	Rate$	Per
P/T Temp		Commissions		Monthly		Piece Work	Rate$	Per
F/Seasonal		Union Worker				Tipped Employee	Rate$	Per
P/Seasonal		Union Number				Default Hours	Hours	Per
S-Corp Principal		Yes		No		Employee Number:		
Location:						Clock Number:		
Work State:						Benefit Class:		
Primary Dept.:						PTO Pion:	Yes	No
Secondary Dept.:						Hours:	Type:	
Division:						Hours:	Type:	
Project Code:						Employee Visa Type:	Yes	No
Pay Group:						Home Client ID:		
Job Title/Job Code						Work Email Address:		
Workers' Comp Code:						Supervisor:		

Submit the completed application with the required documentation to the office of the company for which you are applying.

Authorized Representative Signature

Date

Form **W-4**
(Rev. December 2020)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0074

2021

Step 1: Enter Personal Information

(a) First name and middle Initial (Nombre)	Last Name (Apellido)	(b) Social security number
Address (Direccion)		Does your name match the **name** on your **social** security **card?** If not, to ensure you get credit for your earnings, contac1 SSA at 800-772-1213 or go to *www.ssa.gov.*
City or town, state, and ZIP code (Cuidad, Estado, Código Postal)		

(c) __ Single or Married filing separately

__ Married filing Jointly or Qualifying widow

__ Head of Household (Check only if you're unmarried and pay more than half the cost 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, when to use the estimator at *www.irs.gov/W4App,* and privacy.

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); **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step4(c) below for roughly accurate withholding; **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 accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld..... ▶ ☐

TIP: To be accurate, submit a 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	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 and enter the total here.....	3	$
Step 4 (optional): Other	**(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)	$
Adjustments	**(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)**	$

Steps: 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 employment	Employer identification number (EIN)

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.

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 2021 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

$18800 if you're head of household
$25100 if you're married filing jointly or qualifying widow(er)
$12550 if you're single or married filing

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(1)(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 property completed form will result in your being treated as a single person withno other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this intonation 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 0MB control number. Books or records relating to a form, or its Instructions must be retained if 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 1-9
OMB No. 1615-0047
Expires 10/31/2022

▶ **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 Fonn1-9 no later than the **first day of employment,** but not before accepting a job offer.)*

Last Name *(Family Name)* Apellido	First Name *(Given Name)*Primer Nombre:	Middle Initial	Other Last Names Used *(if any)*Otro Apellido

Address *(Street Number and Name)* Direccion	Apt. Number	City or Town/Ciudad	State	ZIP Code/CódigoPostal

Date of Birth *(mmlddlyyyy)* (Fecha de Nacimiento)	U.S. Social Security Number	Employee's E-mail Address(Correo electrónico)	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):

☐ 1. A citizen of the United States

☐ 2. A noncitizen national of the United States *(See instructions)*

☐ 3. A lawful permanent resident (Alien Registration Number/USCIS Number):

☐ 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. *(See instructions)*

Aliens authorized to work must provide only one of the following document numbers to complete Form 1-9:
An Alien Registration Number/USCIS Number OR Form1-94 Admission Number OR Foreign Passport Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form 1-94 Admission Number: _____

OR

3. Foreign Passport Number:

Country of Issuance:

OR Code - Section 1 Oo
Not Write in This Space

Signature Of Employee (Firma del Empleado)	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 me knowledge the information is true and correct

.

Signature of Preparer or Translator		Today's Date *(mmlddlyyyy)*
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 1-9
0MB No. 1615-0047
Expires 10/31/2022

Section 2. Employer or Authorized Representative Review and Verification

*(Employers or **their authorize; I representative** must complete **and sign Section 2 within 3 business days of the employee's** first **dayof** employment. You must physically **examine one** document from **List** AOR a combination **of one** document **fromList Band one document from listC as listed** on the "Lists of Acceptable Documents.")*

Employee Info from Section 1	*Last Name (Apellido)*	*First Name (Nombre)*	*M.I*	*Citizenship/Inmigration 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) (mmlddlyyyy)*		Expiration Date *(if any) (mmlddlyyyy)*		Expiration Date *(if any) (mmlddlyyyy)*
Document Title				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mmlddlyyyy)*				
Document TiUe				
Issuing Authority				
Document Number				
Expiration Date *(if any) (mmlddlyyyy)*				

Additional Information

QR Code • Sections 2 & 3
DoNot WriteIn This Space

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

The employee's first day of employment *(mmldd/yyyy):* _____ ***(See instructions for exemptions)***

Signature of Employer or Authorized Representative	*Today's Date (mmldd/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.)*

A. New Name *(if applicable)*			**B.** Date of Rehire *(if applicable)*
Last Name (Family Name)	*First Name (Given Name)*	*Middle Initial*	*Date (mmlddlyyyy)*

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.

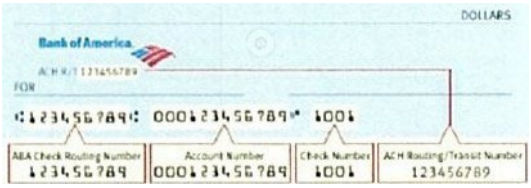
Signature of Employer or Authorized Representative	*Today's Date (mmlddlyyyy)*	*Name of Employer or Authorizer Representative*

Direct Deposit Authorization

This is not a required form for on-boarding. You can add/change banking information on the employee Portal at any time after you have been added to the system.

Account Information

A voided check and/or a letter from your financial institution, which includes the ACH Routing Number and your Bank Account Number, should be included with your request for each account to be set up. The sample below shows the placement of the information required to complete this form.



I authorize Zahlene Enterprises to electronically deposit to the accounts below:

☐Checking	☐Savings	☐Add	☐Change	☐ Delete
Pay allocation for this account: ☐ Fixed Amount: $		☐ Percentage of Pay:		%☐Remainder/Balance of Pay
Bank Name:				
ACH Routing Number: (Routing number cannot start with a 5 and must be 9 digits)		Bank Account Number:		

☐Checking	☐Savings	☐Add	☐Change	☐Delete
		☐ Percentage of Pay:		%☐ Remainder/Balance of Pay
Pay allocation for this account: ☐ Fixed Amount: $				
Bank Name:				
ACH Routing Number: (Routing number cannot start with a 5 and must be 9 digits)		Account Number:		

Electronic Pay Stub

This is a voluntary option and can be changed by logging into the employee portal at any time once you have registered on the site. You will automatically be enrolled in electronic paperless pay stubs, unless you choose to receive a paper stub by checking the box below.

☐I wish to receive paper pay stubs

Employee Signature
Firma del Empleado

Date
Fecha

Print Name
Nombre y Apellido

Social Security Number
Numero de Seguro Social

ZEInc

Voluntary EEO Identification

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record-keeping requirements. The Companies believe all persons are entitled to equal employment opportunities and do not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status.

Name:	Date:
Gender: Male (_) Female (_) Prefer not to state (_)	

Race/Ethnic Data:

White (Non-Hispanic)- Origins of Europe, North Africa, or Middle East

☐ Asian (Non-Hispanic) - Origins of the Far East, Southeast Asia, or the Indian subcontinent

☐ Native Hawaiian or Other Pacific Islander - Origins of Hawaii, Guam, Samoa, or other Pacific Islands

☐ Black or African American (Non-Hispanic) - Origins in any of the Black racial groups of Africa

☐ Hispanic or Latino Mexican, Cuban, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race

☐ American Indian or Alaskan Native - (Not Hispanic or Latino) A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliations or community attachment

☐ Two or more races (Non-Hispanic) - All persons who identify with more than one of the above races.

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veterans and Vietnam Eros veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, on a confidential basis, for use only in accordance with regulations, and without subjecting the individual to adverse treatment.

☐ The employee elected not to complete this form; the employer has completed it through visual identification as required by low.

ZEInc