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LAKELAND, FL 33801  
1-(833)-575-1800  
[WWW.ADVANCEDPEO.COM](http://WWW.ADVANCEDPEO.COM)

**New Hire Submission and Return Receipt**

**PLEASE SUBMIT FORMS TO:**

**[SERVICE@ADVANCEDPEO.COM](mailto:SERVICE@ADVANCEDPEO.COM) OR FAX 1-800-886-3742**

**FOR BEST RESULTS PLEASE USE BLACK INK ONLY**

**Notice to Client Company:** NO Person shall be considered an employee of Advanced PEO Solutions, LLC until the "NEW HIRE" forms have been completed in full, signed, and submitted to Advanced PEO Solutions and Advanced PEO Solutions has notified your company by phone, fax, letter or email that the new hire has been verified and accepted as an employee. (Refer to Client Service Agreement for details).

CLIENT COMPANY NAME: \_\_\_\_\_

It is clearly understood that no new hire will be placed in service by CLIENT COMPANY until the "NEW HIRE" applications have been received and approved by Advanced PEO Solutions. The CLIENT COMPANY also acknowledges that if CLIENT COMPANY does place such person into service for CLIENT COMPANY before receiving the required approval AND receipt from Advanced PEO Solutions, the person is NOT working under Advanced PEO Solutions' workers' compensation policy and the CLIENT COMPANY is totally and completely responsible for all liabilities and or penalties should any occur.

Co- Employers Signature of Acknowledgement: \_\_\_\_\_  
(President/Owner)

\*MUST Be signed before turning in payroll to Advanced PEO Solutions.

NEW HIRE NAME: \_\_\_\_\_  
(please print)

**Representative of Advanced PEO Solutions LLC will sign and return**

**INTERNAL OFFICE USE:**

Date application received: \_\_\_\_\_

Employee:  Accepted  Denied Reason: \_\_\_\_\_

Date Client Notified: \_\_\_\_\_ Contact Person: \_\_\_\_\_

How Notified: \_\_\_\_\_ Contact Info: \_\_\_\_\_

Authorized by Advanced PEO Solutions Rep: \_\_\_\_\_

**EMPLOYEE INFORMATION**

Advanced PEO Solutions, LLC (APS) is a professional employer organization, which means that APS is a co-employer of the employees working for its worksite employers/client companies. As a co-employer, APS is the employer of record for payroll, tax reporting, workers compensation insurance, claims management, and other possible administrative functions. The client company or worksite employer is responsible for the day to day work of the employees and otherwise running the client company.

**EQUAL OPPORTUNITY EMPLOYER**

We adhere to a policy of making employment decisions without regard to race, color, age, sex, religion, nationality, disability, handicap or marital status. If you require reasonable accommodation in completing the form, please inform us.

**PERSONAL DATA**

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ SSN# \_\_\_\_\_

Last Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Present Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Former Address: \_\_\_\_\_ City \_\_\_\_\_ ST \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Type of work Desired: \_\_\_\_\_ Part Time \_\_\_ Full Time \_\_\_

Are you 18 years of age or older? \_\_\_\_\_ (if under 18, please state your age \_\_\_\_\_)  
(If you are under 18 years of age, employment is subject to verification that you are of legal minimum age and can furnish any required work permit)

Are you on layoff subject to recall elsewhere? \_\_\_\_\_ Explain: \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status? \_\_\_\_\_

Date Available for Employment: \_\_\_\_\_ Minimum Salary Requirement: \$ \_\_\_\_\_

Have you been employed here previously? \_\_\_\_\_ If yes, when? \_\_\_\_\_ Last Position Held: \_\_\_\_\_

Have you ever been convicted of a crime, entered into a plea of nolo contendere (no contest) to a crime, pled guilty to a crime, had adjudication withheld or received a suspended sentence (regardless of the ultimate adjudication) for a crime? YES \_\_\_ NO \_\_\_. IF YES, give details concerning the type of crime, the date of the conviction or plea, the penalty imposed, and any other circumstances you deem relevant to a full understanding of what occurred.

Have you been arrested and charged with any misdemeanor or felony not disclosed above for which you are out on bail or free on own recognizance pending disposition or trial (do not include minor traffic violations/infractions for which no court appearance is necessary)? YES \_\_\_ NO \_\_\_. IF YES, give the date and details of the arrest or charge and any other circumstances you deem relevant to a full understanding of what occurred.

Have you ever been sued for causing death of, or injury to any person, or damage to any property (e.g., for assault, battery, defamation, etc.)? YES \_\_\_ NO \_\_\_. IF YES, give details concerning the nature of the claims and defenses raised by the parties, the outcome of the action (e.g., settlement, jury verdict, or other disposition), and any other circumstances you deem relevant to a full understanding of what occurred.

*NOTE: Answering yes to the three previous questions is not an automatic bar to employment. Factors such as age at the time of the offense, seriousness and nature of the violation, relatedness to the job sought, and evidence of rehabilitation will be taken into account. However, please be advised that a misstatement or omission in answering these questions may be grounds for disciplinary action, including discharge.*

Number of Days Absent from Work Last Year: \_\_\_\_\_ Do you have Transportation TO and FROM Work? \_\_\_\_\_ Can you work overtime if asked? \_\_\_\_\_

**PLEASE READ THE FOLLOWING STATEMENTS BEFORE SIGNING BELOW**

The facts set forth in my application are true and complete. I authorize the investigation of all statements contained in this application and hereby authorize my former employers to furnish all information pertaining to my work record. I hereby release my former employers from all liability on account of furnishing such information. I understand that false statements, omissions, or misleading statements on this application shall be considered sufficient cause for refusal to hire or dismissal and I agree that my employer shall not be held liable in any respect if my employment is terminated because of such omission, or false or misleading statements. Advanced PEO Solutions, LLC is hereby authorized to investigate my employment history, including the contacting of the employers listed previously.

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

# EMERGENCY CONTACT INFORMATION

Emergency Contact Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship \_\_\_\_\_

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## SECTION 2 – TO BE COMPLETED BY EMPLOYEE'S SUPERVISOR OR MANAGER

Client Company: \_\_\_\_\_

Client Location: \_\_\_\_\_

Dept. Name or Number: \_\_\_\_\_

Date of Hire: \_\_\_\_\_

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

Job Title: \_\_\_\_\_

Workers Comp Class Code: \_\_\_\_\_  
( If unsure of class code, contact Advance PEO Solutions)

Supervisor, Manger or  
Authorized Signature: \_\_\_\_\_

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

Pay Cycle:  Weekly  Bi-Weekly  Semi-Monthly  Monthly

Pay Type:  Full Time  Part Time

**Exempt**  Hourly  Salary

Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_

**Nonexempt**  Hourly  Salary

### *Accurate Time Records Must Be Maintained*

Rate of Pay: \$ \_\_\_\_\_ per \_\_\_\_\_

Tipped Employees:  NO  YES

Shift Pay:  NO  YES Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Piecework:  NO  YES Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

Commissions:  NO  YES Rate: \$ \_\_\_\_\_ per \_\_\_\_\_

\* **Client Company is responsible for completing, verifying,  
and maintaining I-9 Form for every employee**

# 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.

<b>Step 1:</b> <b>Enter Personal Information</b>	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

**Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, other details, 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) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

**TIP:** If you have self-employment income, see page 2.

**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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 . . . . . \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$

<b>Step 5:</b> <b>Sign Here</b>	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	

<b>Employers Only</b>	Employer's name and address _____	First date of employment _____	Employer identification number (EIN) _____
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## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2023 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

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

## Specific Instructions

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

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

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



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2023 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

**Note:** If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables.

- 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 2023 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: 

{	• \$27,700 if you're married filing jointly or a qualifying surviving spouse	}	. . . . .	<b>2</b>	\$ _____
	• \$20,800 if you're head of household				
	• \$13,850 if you're single or married filing separately				

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

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

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

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

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

**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600

### SECTION 3 - ACKNOWLEDGEMENT AND AGREEMENT

I, the undersigned individual, in consideration of my being placed in a professional employer relationship with Advanced PEO Solutions, LLC ("APS") acknowledge and agree to the following:

(1) At all times during my relationship with APS, I understand and agree that I will remain an employee of the client company for which I am working ("Client") that has contracted with APS and, to the extent allowed by law, Client will continue to have sole and exclusive control over my day-to-day job duties and over the worksite(s) where I perform services. Additionally, to the extent allowed by law, Client will continue to provide all onsite supervision, including, but not limited to, determining my job assignments and training requirements and evaluating my performance. Also, to the extent allowed by law, Client will determine my job duties, rate of pay, hours worked, continued employment opportunities, and other terms and conditions of my employment;

(2) I understand and agree that my status with APS is at-will. I further understand and agree that there is no contract of employment which exists between APS and me and I understand and agree that APS will not become a party to any contract of employment which I have already entered into or which I may in the future enter into with Client. Additionally, I understand and agree my at-will status with APS does not change the employment status I had with Client prior to the existence of the professional employer relationship between APS and Client and that APS is not responsible for any contractual obligations which may exist between Client and me;

(3) I understand and agree that I am performing services within a professional employer organization relationship where the duties and responsibilities applicable to me are set forth in a service agreement entered into between Client and APS;

(4) I understand and agree that, unless otherwise required by law if APS does not receive payment from Client for services which I perform as a utilized individual, APS may, where allowed by law, pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. Additionally, I understand and agree that Client at all times ultimately remains obligated to pay me my regular hourly rate of pay if I am a non-exempt individual and to pay me my full salary if I am an exempt individual if APS is not fully paid by Client for services that I render;

(5) I understand and agree that, unless otherwise required by law, where payment for the following items have not been received by APS from Client, APS does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay and compensation, benefit, or for any other payment not required by law, in any form, or for any other similar type of payment, unless APS has specifically, in a written agreement entered into with me, adopted Client's obligation to pay me such compensation or benefit (APS does assume this responsibility where such payment has been received from Client encompassing such items regarding me);

(6) Unless otherwise contractually agreed to by Client and APS, APS has agreed to maintain workers' compensation insurance covering my employment. In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of APS or against APS based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of APS and/or against APS for damages based upon injuries which are covered under such workers' compensation statutes. In the event of a work-related injury, I understand and agree that, to the extent allowed by law, my sole remedy lies in coverage under APS workers' compensation policy or Client's workers' compensation policy if it maintains its own workers' compensation policy;

(7) I understand and agree that if I am injured on the job, even if the injury is minor or I do not want treatment, I must immediately report it to my supervisor. I also agree to comply with any lawful drug testing policy which may be adopted, and I specifically agree to post-accident drug testing in any situation where it is allowed by law;

(8) In addition, I also agree that if at any time during my employment at Client I am subjected to any type of discrimination, including discrimination because of race, sex, sexual orientation, harassment of any type, disability, color, age, genetic information, national origin, citizenship status, religion, retaliation, veteran status, military status, or union status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact an appropriate person of Client. In most instances, this appropriate person will be the President of Client. Should I choose not to contact Client for any reason, I may contact APS's Human Resources Director at 877-518-2881 for the limited purpose of having APS, at its option, and not as an employer, but as a possible facilitator, try in its sole discretion, to attempt to facilitate a resolution;

(9) I understand and agree that Client has sole and exclusive control over my day-to-day job duties and Client has sole and exclusive control over the job site at which, or from which, I perform my services and that APS only reserves and retains such rights and authority as is required by applicable law. I agree that APS does not have actual control over my workplace and, as such, is not in a position to end or remediate any discrimination, harassment, unsafe working condition, retaliation, or wrongdoing which may be occurring. The responsibility to resolve and/or end such inappropriate conduct or unsafe working condition rests with Client, however, APS may attempt to facilitate a resolution;



(10) I understand and agree that due to licensure and workers' compensation restrictions applicable to professional employer organizations, if I am accepted as a utilized individual of APS, I am expressly prohibited from performing any work outside the state in which I am currently performing services for Client ("Home State") during my status as a utilized individual except as may be allowed pursuant to the workers' compensation policy provided to me by APS or except as may be allowed in writing by APS and the applicable workers' compensation carrier;

(11) If I work outside the Home State for Client or for anyone else without first securing this approval as set forth at (10), I understand and agree that I will no longer be in a professional employer organization relationship with APS and may not be provided workers' compensation benefits through APS or the applicable workers' compensation carrier and my professional employer organization relationship with APS will be considered immediately terminated upon commencement of my trip outside the Home State to perform work where prior approval has not been received as set forth herein;

(12) I understand and agree that, to the extent allowed by law, any obligation of APS ceases when APS's professional employer organization agreement with Client terminates;

(13) I understand and agree if I am eligible for any benefits it is my responsibility (and the responsibility of any family members/dependents who wish to participate) to timely submit all required forms and information;

(14) To the extent allowable by law, by signing this Agreement, I assign to APS, my right to assert a priority wage claim against Client under 11 U.S.C. § 507 (a)(3) in the event that a Bankruptcy Petition is filed under Title 7 and or Title 11 of the United States Code by or on behalf of Client; and

(15) Should I sign this form and/or complete APS's utilized individual paperwork and never be accepted as a utilized individual of APS, this form shall be null and void and APS shall have no obligation to pay me or to in any manner treat me as a utilized individual. Additionally, should I never have payroll reported for me by Client to APS, or should there be any period of time where payroll is not reported for me for two consecutive payroll periods without Client having informed APS that I am on a leave of absence or on an approved PTO, vacation or sick leave, to the extent allowed by law, APS shall have no obligation to pay me for such periods.

(16) I understand that I will receive my daily instructions from the co-employer to whom I have been assigned. There will be a 90-day probationary period at which time any party can terminate employment without further obligation.

(17) As a drug and alcohol free workplace, APS prohibits, among other things, the unlawful possession, consumption, distribution, or unauthorized use by all employees of alcohol or any illegal drugs or illegally obtained drugs in the workplace or when conducting work. Nor is any employee permitted to work after having ingested illegal or illegally obtained drugs or while impaired or under the influence of alcohol or drugs. Employees can be required to submit to drug and or alcohol testing under certain circumstances in accordance with APS's drug and alcohol free workplace testing program, including post accident and reasonable suspicion testing. Any employee who violates APS's policies may be subject to immediate discharge. Questions concerning APS's drug and alcohol free policies/ testing should be directed to APS Human Resources Director at 1-877-518-2881.

(18) I further agree that at the end of my assignment with the CLIENT COMPANY, I will report back to APS for possible reassignment to another client. If I fail to report within 48 hours, I may be denied unemployment benefits.

By signing below, I acknowledge that I understand all of the items above. I further understand that I am an employee of Advanced PEO Solutions LLC and that Advanced PEO Solutions LLC is my employer of record.

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SIGNATURE

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PRINTED NAME

---

DATE

**SECTION 4 – WORKERS COMPENSATION QUESTIONNAIRE**

This questionnaire should not be answered unless the applicant has accepted a conditional offer of employment.

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Have you ever received treatment for a back, neck or knee condition or head injury?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever had any surgery?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Has any injury or illness ever prevented you from gainful employment?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever had an injury on the job?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever received a disability rating for any reason?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever received compensation or medical benefits under workers compensation?                                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you have any limitations which may affect your ability to safely or effectively perform the position you are offered? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain any YES answers: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I have been fully advised that if I am injured on the job, regardless of how minor the injury, I am to report that injury immediately to my supervisor. A notice of injury must be submitted by APS to the insurance carrier within 7 days as required by law.

I further certify all answers above to be true and correct. I understand any false or misleading answers will be sufficient reason for denial of benefits under the Workers Compensation Act of my state, and will be basis for immediate termination of employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date



# DIRECT DEPOSIT AUTHORIZATION

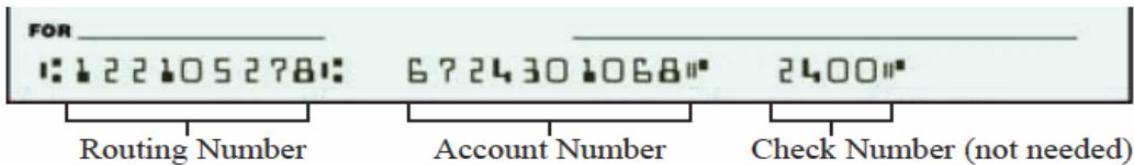
Name:

SSN:

Client Company Name:

Name of Banking Facility		Checking: <input type="checkbox"/>	Savings: <input type="checkbox"/>
Account Number:		Dollar Amount \$:	
Routing Number:		Percentage	

Name of Banking Facility		Checking: <input type="checkbox"/>	Savings: <input type="checkbox"/>
Account Number:		Dollar Amount \$:	
Routing Number:		Percentage	



## REQUIREMENTS

Attach one of the following for EACH Direct Deposit (**Failure to do so will delay the processing of your direct deposit**):

- Checking Account:** Copy of a voided check or Bank courtesy letter (no deposit slips)
- Savings Account:** A bank courtesy letter stating: Your Name, Routing # and Account #.
- The designated account must be in your name.

**Please read and sign before submitting:** Funds transferred by electronic transmission normally post to an account in two to three business days after payroll is processed. Employee remains responsible for verifying that the funds are deposited, clear, and available prior to writing checks or debiting account.

Also, please allow one additional business day for direct deposits to be processed during a holiday.

I grant my employer the right to correct any electronic funds transfer, resulting from an erroneous overpayment, by debiting my account to the extent of such over payment.

**Please one week for any changes.**

Signature

Date:

Have your worksite contact forward this to Advanced PEO Solutions