Form W-4 (2015)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form so that your employer will withhold only the amount of federal income tax necessary to cover the taxes you owe. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,000 and includes more than $300 of unreimbursed income (for example, interest and dividends).

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

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

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

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

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

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents 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 or the child tax credit may be claimed using the Personal Allowances Worksheet below. See Pub. 505 for information on converting your credits into withholding allowances.

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed $130,000 (Single) or $160,000 (Married). Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we released it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A. Enter "1" for yourself if no one else can claim you as a dependent or if you are single and have only one job; or
B. Enter "1" if:
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less.
C. Enter "1" for your spouse. But, you may choose to enter "0-0" if you are married and either have a working spouse or more than one job (Entering "0-0" may help you avoid having too little tax withheld).
D. Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.
E. Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above).
F. Enter "1" if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit.
   (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)
G. For child tax credit (including additional child tax credit). See Pub. 927, Child Tax Credit, for more information.
   - If your total income is less than $65,000 ($100,000 if married), enter "2" for each eligible child; then less "1" if you have two or four eligible children or less "2" if you have five or more eligible children.
   - If your total income will be between $65,000 and $84,000 ($100,000 and $119,000 if married), enter "1" for each eligible child.
H. Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)
   - If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
   - If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $60,000 ($80,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
   - If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Employee’s Withholding Allowance Certificate

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.

Your first name and middle initial: _______________________

Your social security number: _______________________

Home address (number and street or rural route): ____________________________________________

City or town, state, and ZIP code: ____________________________________________

5. Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2): __________

6. Additional amount, if any, you want withheld from each paycheck: __________

7. I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption:
   - Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
   - This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

If you meet both conditions, write "Exempt" here: _______________________

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

Employee's signature: ____________________________________________

Date: _______________________

Employer’s name and address (Employer Complete lines 8 and 10 only if sending to the IRS): ____________________________________________

9. Office code (optional): __________

10. Employer identification number (EIN): _______________________

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 102200

Form W-4 (2015)
**Deductions and Adjustments Worksheet**

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

1. Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over $300,000 and you are married filing jointly or if you are a qualifying widower; $288,450 if you are single or if you are not head of household or a qualifying widow(er) if you are married filing separately. See Pub. 505 for details. $12,600 if married filing jointly or qualifying widow(er) . 

2. Enter: 
   - $9,250 if head of household. 
   - $6,300 if single or married filing separately. 

3. Subtract line 2 from line 1. If zero or less, enter "0." . 

4. Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 503). . 

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2015 Form W-4 worksheet in Pub. 505.) . 

6. Enter an estimate of your 2015 nonwage income (such as dividends or interest) . 

7. Subtract line 6 from line 5. If zero or less, enter "0." . 

8. Divide the amount on line 7 by $4,000 and enter the result here. Drop any fraction. . 

9. Enter the number from the Personal Allowances Worksheet, line H, page 1. . 

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1. .

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

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

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet). 

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3". 

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "0".) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet. 

4. Enter the number from line 2 of this worksheet. 

5. Enter the number from line 1 of this worksheet. 

6. Subtract line 5 from line 4. 

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here. 

8. Multiply line 7 by 6 and enter the result here. This is the additional annual withholding needed. 

9. Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 4, page 1. This is the additional amount to be withheld from each paycheck. 

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**Table 1**

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
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</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>If wages from LOWEST paying job are—</td>
</tr>
<tr>
<td>$0 - $6,000</td>
<td>$0 - $8,000</td>
</tr>
<tr>
<td>6,001 - 13,000</td>
<td>8,001 - 17,000</td>
</tr>
<tr>
<td>13,001 - 24,000</td>
<td>17,001 - 26,000</td>
</tr>
<tr>
<td>24,001 - 34,400</td>
<td>26,001 - 34,000</td>
</tr>
<tr>
<td>34,401 - 44,000</td>
<td>34,001 - 44,000</td>
</tr>
<tr>
<td>44,001 - 50,000</td>
<td>44,001 - 75,000</td>
</tr>
<tr>
<td>50,001 - 65,000</td>
<td>75,001 - 85,000</td>
</tr>
<tr>
<td>65,001 - 75,000</td>
<td>85,001 - 110,000</td>
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<tr>
<td>75,001 - 80,000</td>
<td>110,001 - 125,000</td>
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<tr>
<td>80,001 - 100,000</td>
<td>125,001 - 140,000</td>
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<tr>
<td>100,001 - 115,000</td>
<td>140,001 and over</td>
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<td>115,001 - 130,000</td>
<td>130,001 and over</td>
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<tr>
<td>130,001 - 140,000</td>
<td>140,001 and over</td>
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<tr>
<td>140,001 and over</td>
<td></td>
</tr>
</tbody>
</table>

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**Table 2**

<table>
<thead>
<tr>
<th>Married Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>If wages from HIGHEST paying job are—</td>
</tr>
<tr>
<td>$0 - $75,000</td>
<td>$0 - $36,000</td>
</tr>
<tr>
<td>75,001 - 135,000</td>
<td>38,001 - 83,000</td>
</tr>
<tr>
<td>135,001 - 205,000</td>
<td>83,001 - 180,000</td>
</tr>
<tr>
<td>205,001 - 350,000</td>
<td>180,001 - 395,000</td>
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<tr>
<td>350,001 - 405,000</td>
<td>395,001 and over</td>
</tr>
<tr>
<td>405,001 and over</td>
<td>1,580</td>
</tr>
</tbody>
</table>

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**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue Law of the United States. We must retain it to determine your federal income tax withholding. Failure to give us this information could result in penalties. We will not use or disclose your personal information for any purpose other than carrying out the Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require us 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 investigations 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 non-tax 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.
COLORADO DEPARTMENT OF REVENUE  
Consent for Release of Tax Account Information

**Instructions to Applicant:** Complete the top section of this form and return to the hiring authority. Please indicate the status of your 3 most recent tax years by completing all lines that apply. Please indicate the tax year(s) in the space provided for the line(s) that apply to your situation. The timely filing and payment of taxes is a condition of employment and outstanding tax issues could result in being disqualified for consideration of the position.

<table>
<thead>
<tr>
<th>Position type:</th>
<th>☐ Permanent</th>
<th>☐ Temporary</th>
<th>☐ Agency Temps/Contractor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Applicant name (please print)</td>
<td>SSN</td>
<td></td>
<td></td>
</tr>
<tr>
<td>SSN tax return(s) filed under if different from above (e.g., joint filing)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. I filed a Colorado income tax return(s) and have no outstanding Colorado income tax liability for tax year(s)</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2. I filed a Colorado income tax return(s) and have an outstanding Colorado income tax debt for tax year(s)</td>
<td></td>
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</tr>
<tr>
<td>3. I have not filed a Colorado income tax return(s) for tax year(s) listed below for the following reason(s)</td>
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<tr>
<td>Tax year:</td>
<td>Explanation:</td>
<td></td>
<td></td>
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<tr>
<td>Tax year:</td>
<td>Explanation:</td>
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<tr>
<td>Tax year:</td>
<td>Explanation:</td>
<td></td>
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</tbody>
</table>

I hereby authorize the Colorado Department of Revenue to conduct an tax account evaluation for the purpose of confirming that I have filed required Colorado income tax returns and paid required income taxes. I understand that filing Colorado income tax returns and paying income tax obligations when due is a condition of employment for all positions in the Department of Revenue and that an unsatisfactory income tax account evaluation could lead to my being disqualified as a job applicant and the removal of my name from the eligible list of applicants for this position. I hereby release the Colorado Department of Revenue and its authorized representatives from any liability or damage connected with conducting the income tax account evaluation and obtaining said income tax account records information. The information I provided above is true, correct, and complete to the best of my knowledge and belief.

Applicant’s signature ____________________________ Date __________

---

**ATTENTION HIRING AUTHORITY**

Please send completed and signed form to the Taxpayer Service Protests Section, 1375 Sherman St., Room 542, Denver, CO 80261, OR Fax: 303-866-4118. Incomplete or unsigned requests cannot be processed. The Protests Section will notify the hiring authority listed below of the results of the evaluation within two (2) working days.

<table>
<thead>
<tr>
<th>Requesting Hiring Authority (please print)</th>
<th>Work address/Phone/Fax number</th>
<th>Date requested</th>
</tr>
</thead>
</table>

**FOR TAXPAYER SERVICES PROTESTS SECTION USE ONLY**

|-------------------------------------------|---|---------------------------------------------|---|

Protests Section Manager ____________________________ Date __________

Route a copy of this completed form to the requesting hiring authority above and to the OHR Selections/Exam Unit.

IT IS AGAINST DEPARTMENT POLICY TO HIRE AN APPLICANT BEFORE THEY HAVE SUCCESSFULLY PASSED ALL PRE-EMPLOYMENT CHECKS.

DR 4930 (Temp 4/2013)
The information on this card is true and accurate to the best of my knowledge. I understand that any falsification or omission will lead to immediate termination. I authorize JOB STORE to obtain employment references and do a thorough background investigation as it pertains to work record, driving record, credit history, and pre-employment drug screening. I also authorize JOB STORE to release this information to other firms or persons upon request. I understand JOB STORE is an equal opportunity employer and will not discriminate because of sex, age, race, creed, national origin, or physical handicap. I agree to notify JOB STORE if I accept employment with any company to which I have been referred by JOB STORE. I understand that it is my responsibility to inform my HR coordinator if I cannot handle any of the essential functions of the job to which they are referring me.

Date                  Signature

JobStore Inc.
staffing services
WHEREAS, I ____________________, not being a member of the Marijuana Enforcement Division of the State of Colorado, have made a voluntary request to participate in Compliance Check Investigations and to work directly with Criminal Investigators assigned to the Marijuana Enforcement Division and to accompany a member or members of the Division during the performance of their official duties, and

WHEREAS, the Marijuana Enforcement Division of the State of Colorado is willing to allow me to volunteer to be involved in the Compliance Check operation and to accompany a member or members of said Division during the performance of their duties, I do hereby agree:

1. That I am aware that the work of the Marijuana Enforcement Division is inherently dangerous and that I may be subject to the risk of death, personal injury or damage to my property by accompanying a member or members of the Division during the performance of their duties and that I freely, voluntarily and with such knowledge assume the risks of death, personal injury, or property damage arising from or in any way connected with by illustration only, the use of weapons; unlawful acts or forcible resistance by law violators or suspected law violators, assault, riot, breach of the peace, fire, explosion, gas, electrocution or the escape of radioactive substances or sustain injury, death, or damage in any other way while accompanying a member or members of the Division during the performance of their official duties.

2. That the State of Colorado, Barbara Brohl, Executive Director of the Department of Revenue, Lewis Koski, Director of the Marijuana Enforcement Division, their sureties, all members of the Marijuana Enforcement Division, their sureties, and each of them, shall not be responsible or liable for death, injury, damage, loss or expense, either to me or my property incurred while volunteering my services and assigned to the Marijuana Enforcement Division or while accompanying any member or members of said Division during the performance of their official duties.

3. For myself, my heirs, executors, administrators and assigns to defend, indemnify and hold harmless the State of Colorado, Department of Revenue, Marijuana Enforcement Division, Barbara Brohl, Executive Director of the Department of Revenue, Lewis Koski, Director of the Marijuana Enforcement Division, all members of the Marijuana Enforcement Division, their sureties and actions, suits, debts, claims, demands, damages or liability or expenses of every kind and nature including expert and legal fees incurred or arising by any reason of any actual or claimed negligent or wrongful act or omission of mine while riding in any vehicle assigned to the Marijuana Enforcement Division or while accompanying any member or members of said Division during the performance of their official duties.

I hereby represent that I have read and understand the contents of this document and sign the same of my own free will.

CAUTION
READ THIS DOCUMENT IN FULL BEFORE SIGNING

Date: ____________________

Name: ____________________

Date of Birth: _____________ Driver’s License Number: ____________________

Address: ____________________

Phone Number(s): ____________________

Social Security Number: ____________________

Hgt: ________ Wgt: ________ Hair: ________ Eyes: ________ Age: ________

Have you ever been convicted of a Felony? ________ If > yes, explain below:

________________________________________________________________________

________________________________________________________________________

Signature ____________________

NOTARY

This document has been subscribed and affirmed to before me in the County of ____________________.

State of Colorado, this ________ day of ____________________, 2013.

Official Signature of Notary ____________________

My commission expires on ____________________

Screened: ____________ Date: ____________ By: ____________________

Case Report Number: ____________________

Revised 9/12/13
Employment Eligibility Verification

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

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
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<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
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<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
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I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

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

☐ A citizen of the United States

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

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

☐ An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) . Some aliens may write "N/A" in this field. (See instructions)

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

1. Alien Registration Number/USCIS Number: __________________________

   OR

2. Form I-94 Admission Number: __________________________

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

Foreign Passport Number: __________________________

Country of Issuance: __________________________

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

Signature of Employee: __________________________

Date (mm/dd/yyyy): __________________________

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator: __________________________

Date (mm/dd/yyyy): __________________________

Last Name (Family Name) __________________________

First Name (Given Name) __________________________

Address (Street Number and Name) __________________________

City or Town __________________________

State __________________________

Zip Code __________________________
Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

<table>
<thead>
<tr>
<th>List A</th>
<th>OR</th>
<th>List B</th>
<th>AND</th>
<th>List C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identity and Employment Authorization</td>
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<td>Identity</td>
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<td>Employment Authorization</td>
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<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td>Expiration Date (if any) (mm/dd/yyyy):</td>
<td></td>
</tr>
</tbody>
</table>

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.)

<table>
<thead>
<tr>
<th>Signature of Employer or Authorized Representative</th>
<th>Date (mm/dd/yyyy)</th>
<th>Title of Employer or Authorized Representative</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Name (Family Name)</td>
<td>First Name (Given Name)</td>
<td>Employer's Business or Organization Name</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Employer's Business or Organization Address (Street Number and Name)</td>
<td>City or Town</td>
<td>State</td>
</tr>
<tr>
<td>The Job Store Inc. 7100 E. Hampden Ave.</td>
<td>Denver</td>
<td>CO</td>
</tr>
</tbody>
</table>

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

<table>
<thead>
<tr>
<th>Document Title:</th>
<th>Document Number:</th>
<th>Expiration Date (if any) (mm/dd/yyyy):</th>
</tr>
</thead>
</table>

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

Signature of Employer or Authorized Representative:  Date (mm/dd/yyyy):  Print Name of Employer or Authorized Representative:
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.

<table>
<thead>
<tr>
<th>LIST A</th>
<th>LIST B</th>
<th>LIST C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents that Establish Both Identity and Employment Authorization</td>
<td>Documents that Establish Identity</td>
<td>Documents that Establish Employment Authorization</td>
</tr>
<tr>
<td>1. U.S. Passport or U.S. Passport Card</td>
<td>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</td>
<td>1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT</td>
</tr>
<tr>
<td>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</td>
<td>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</td>
<td>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</td>
</tr>
<tr>
<td>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</td>
<td>3. School ID card with a photograph</td>
<td>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</td>
</tr>
<tr>
<td>4. Employment Authorization Document that contains a photograph (Form I-766)</td>
<td>4. Voter's registration card</td>
<td>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</td>
</tr>
<tr>
<td>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:</td>
<td>5. U.S. Military card or draft record</td>
<td>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</td>
</tr>
<tr>
<td>a. Foreign passport; and</td>
<td>6. Military dependent's ID card</td>
<td>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</td>
</tr>
<tr>
<td>b. Form I-94 or Form I-94A that has the following:</td>
<td>7. U.S. Coast Guard Merchant Mariner Card</td>
<td>5. Native American tribal document</td>
</tr>
<tr>
<td>(1) The same name as the passport; and</td>
<td>8. Native American tribal document</td>
<td>6. U.S. Citizen ID Card (Form I-197)</td>
</tr>
<tr>
<td>(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.</td>
<td>9. Driver's license issued by a Canadian government authority</td>
<td>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</td>
</tr>
<tr>
<td>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</td>
<td>For persons under age 18 who are unable to present a document listed above:</td>
<td>8. Employment authorization document issued by the Department of Homeland Security</td>
</tr>
<tr>
<td></td>
<td>10. School record or report card</td>
<td></td>
</tr>
<tr>
<td></td>
<td>11. Clinic, doctor, or hospital record</td>
<td></td>
</tr>
<tr>
<td></td>
<td>12. Day-care or nursery school record</td>
<td></td>
</tr>
</tbody>
</table>

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

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

I hereby authorize my employer, Job Store, Inc. (herein referred to as “Company”), to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (herein referred to as “Bank”) indicated below. Further I authorize Bank to accept and to credit my credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

Print Employee Name ___________________________  Account # ___________________________

Social Security #: ___________ - ___________ - ___________

Bank Name: ___________________________

Routing # ___________________________

Circle Option:  Checking  Savings  Pay Card

If selecting a checking deposit, I will staple a voided check stub hereto.

If selecting a savings deposit, I will staple a deposit slip with the appropriate routing number hereto. I understand some banks list a faux routing on deposit slips and it is my responsibility to review that the routing does not state this on the deposit slip.

If selecting a pay card, I do not need to attach anything hereto. However, I do understand it is my responsibility to review the terms and conditions of the pay card as it is an option.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank a reasonable opportunity to act on it. Further, I acknowledge it is my responsibility to make appropriate changes to information listed with the employer.

__________________________  ___________________________
Employee Signature  Date

Direct Deposit Cancellation Form

In canceling my direct deposit account information, I understand that I must provide updated account information or select the pay card option. This is due to the policy listed within my handbook and additionally reiterated hereto that direct deposit is a requirement of my employer, Job Store, Inc.

__________________________  ___________________________
Employee Signature  Date

7100 E. Hampden Avenue ~ Denver, CO 80224 ~ (303) 757-7801 ~ Fax (303) 757-5604
APPLICATION FOR BACKGROUND CHECK

A background check is mandatory for contractors/vendors. If a background check is requested, please provide the phone number of the director or immediate supervisor requesting the access code.

Applicant Name: __________________________ Last 4 Numbers of SSN: __________________________

DOB: _____/_____/_______ Sex: _________ Height: _________ Weight: _________ Hair: _________ Eyes: _________

Department: __________________________ Division: __________________________

Work Address: __________________________ Room Number: __________________________

Work Phone: ( ) __________________________ Emergency Contact Phone: ( ) __________________________

Applicant Driver’s License information: State: _________ Drivers License #: _________

Company Name: __________________________ Company Phone: ( ) __________________________

Company Supervisor Name: __________________________ Supervisor’s Phone: ( ) __________________________

I hereby authorize the Colorado State Patrol (hereinafter referred to as “CSP”) to conduct a standard criminal history check on me. This standard history check is designed to reveal if I have ever been subject to a criminal conviction, in which case a more complete criminal background investigation may be conducted on me.

This release is executed with full knowledge and understanding that this criminal history information is for the official use of the CSP only. Consent is granted to the CSP to furnish such information to the supervisor requesting said history in connection with my application for employment. Such information will be treated confidentially by the CSP, the requesting supervisor, and their staff at all times except as may otherwise be required by law.

Applicant Signature __________________________ Date: __________________________

(State Patrol use only)

Passed Background Check

Yes ___ No ___ IBM: _________

If application is also for a SECURITY ACCESS CODE, please fill out the following section:

Building(s) Requested: □ ALL BLDGS □ TUNNELS □ ALL BLDGS & TUNNELS □ CAPITOL HOUSE OFFICES

□ CAPITOL □ CAPITOL ATTIC □ ROTUNDA TUNNEL DOOR □ CAPITOL EXTERIOR TUNNEL DOOR

□ ANNEX □ ANNEX – SUBBASEMENT □ PIERCE □ POWER PLANT □ CENTENNIAL □ HUMAN SERVICES

□ LSB □ STATE SERVICES □ STATE OFFICE BUILDING □ 1570 GRANT □ WELLNESS CENTER

NORTH CAMPUS: □ West □ East □ North

□ 700 KIPLING □ 690 KIPLING □ 690 STAIR/ELEV FLR 1-4 □ 690 STAIR/ELEV FLR 1-3 □ 690 STAIR/ELEV 2ND FLR

The following information will be used in case the applicant requests information about the access code:

Mother’s Maiden Name: ____________ Unique Password: ____________ Code Expiration Date: ____________

I understand that the access code to be issued to me will be my private access code. I accept full responsibility for its use and will not share, assign, or divulge my code to any other person. I understand that if I abuse my code in any way, my code will be revoked for an undetermined amount of time.

Applicant Signature __________________________

Supervisor/Authorized Individual (PRINT) __________________________ Supervisor/Authorized Individual Signature ( ) __________________________ Phone _________