



## **Atlantic Labor Solutions, Inc. Welcomes you to the Team!**

### New Hire Application

**\*Attach 2 forms of ID copies/images along with completed application\***

*This application is not complete until all necessary forms and documents have been received.  
If you have any questions, please do not hesitate to contact your ALS Representative.*

*Atlantic Labor Solutions, Inc.*

*(757) 247-4015 VA Office*

*(307)251-4611 WY Office*

*"Team Work Makes The Dream Work"*

**ATLANTIC LABOR SOLUTIONS, INC.**  
421 North Ave, Newport News 23601  
(757) 247-4015 :Office (757) 247-4015 :Fax

**NEW HIRE POLICIES**

ATTENDANCE POLICY

- If you need to miss a day of work or you are going to be late, it is **MANDATORY** that you call and notify the ALS's office, and your work site supervisor prior to shift start.
- If an employee misses a day of work that is deemed inexcusable and monies are owed to ALS, all monies will be deducted immediately without any discussion to the employee.
- If a supervisor suspends an ALS employee, it is your responsibility to notify the office immediately.
- Should an employee voluntarily quit working or is terminated due to his or her performance within the first 30 days of employment, ALS will charge back all expenses accrued as a result of pre-employment screening, background investigations, OSHA training, weld testing etc.
- It is important to understand that you are an employee of ALS and our CUSTOMER, \_\_\_\_\_ (Trade) \_\_\_\_\_, but ALS pays your wages, taxes and insurance. By calling into the office, it helps maintain payroll accuracy and order. (757) 247-4015

\_\_\_\_\_ Initials

Final Checks

- ALS will hold an employee's final pay check until all PPE, equipment, tools, testing or expenses have been returned and/or paid for. When and if all materials/expenses have been accounted for, ALS will release payroll funds immediately.

\_\_\_\_\_ Initials

Direct Deposit

- All ALS employees are required to have direct deposit. If you currently have a checking or savings account we will need a voided check with the proper routing number and account number to complete this process.

\_\_\_\_\_ Initials

Pay Day

- Pay Day is Fridays after 2:30 PM eastern standard time, however due to the fact that we use direct deposit the funds may go into your account before Friday. Please don't bank on the fact that this will happen every week. If your funds are not in your account before 2:30 on Friday Atlantic Labor is not responsible for any fees incurred as a result of the funds not being there.

\_\_\_\_\_ Initials

Drug and Alcohol Policy

- ALS is a drug and alcohol free company that requires its employees to maintain the same standards while at work. At any time, ALS has the right to request a urine test and/or blood test to check for drugs and/or alcohol. Should a positive test be detected, immediate termination will follow. NO QUESTIONS ASKED!

\_\_\_\_\_ Initials

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Confidentially Agreement

- ALS employees are not allowed to discuss salaries, bonuses and other payment procedures with other employees of ALS or any employees or employers that you are working with or for. Any such discussion will be grounds for automatic termination. If you have a question concerning your pay please contact our main office where these concerns can be addressed. Any and all equipment and projects that you as an employee are assigned to work on, ALS has signed confidentially agreement with the customer and there should be no discussion about any project or work related items outside the customer's facilities. All non-compete or employment contracts will automatically go into effect upon signing this document and acceptance of first payroll check. Any such discussion will be grounds for automatic dismissal and can be punishable by law.

\_\_\_\_\_ Initials

Accident and Accident Reporting

- All accidents should be reported to ALS's office as soon as accident occurs. If you think you harmed or injured yourself please fill out an accident report. No exceptions! Any accident that is not reported immediately and an accident report not properly filled out will not be paid and the employee will be responsible for payment.

Taxable Rate and Per Diem

Your rate of pay will be \$ \_\_\_\_\_ per hour and per diem will be \$ \_\_\_\_\_ per hour.

By initializing and signing this document, it is acknowledged that the above policies have been discussed and fully understood. I have asked all questions and received all answers pertaining to these policies and fully understand and agree before signing. A copy of this agreement will be held in each employee's personnel record.

\_\_\_\_\_ Initials

Employee Signature

Date

ALS Representative Signature

Date

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**EMPLOYEE DATA INFORMATION**

Please check one:       New Hire       Rehire      Date Hired: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ MI: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Place of Birth (City & State): \_\_\_\_\_

Date of Birth : \_\_\_\_\_ Email Address: \_\_\_\_\_

Telephone (Cell): \_\_\_\_\_ Telephone (Other): \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

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**Notification and Authorization to Release Criminal Information for Employment Purposes**

The position for which I am being considered requires me to consent to a criminal background check as a condition of employment. This check includes the following: Criminal history reference searches for felony and misdemeanor convictions at the county and federal levels of every jurisdiction where I currently reside or where I have resided during the past 7 years; and sex offender registry searches at the county and federal levels in every jurisdiction where I currently reside or where I have resided.

**Authorization**

I hereby authorize ALS to conduct the criminal background check described above. In connection with this, I also authorize the use of law enforcement agencies and/or private background check organizations to assist ALS in collecting this information. I am aware that records of arrests on pending charges and/or convictions are not an absolute bar to employment. Such information will be used to determine whether the results of the background check reasonably bear on my trustworthiness or my ability to perform the duties of my position in a manner which is safe for ALS employees and their customers.

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

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**Please print (for identification purposes)**

Full Legal Name: \_\_\_\_\_  
First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Other Names You Have Used in Past Seven Years: \_\_\_\_\_

Current Address: \_\_\_\_\_

Previous Address (most recent): \_\_\_\_\_

Addresses in the 7 years prior to completing this authorization. If Applicable, please list below:

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Date of Birth: \_\_\_\_\_ Gender:  Male  Female

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

Driver's License # \_\_\_\_\_ State of Driver's License \_\_\_\_\_

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Have you ever been convicted of a criminal \*offense or have any pending criminal\* charges against you?

\*This refers only to felonies and misdemeanors; you do not need to include non-criminal traffic violations or municipal ordinance violations.

Yes: \_\_\_\_\_ (provide detail below) No: \_\_\_\_\_

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To the best of my knowledge, the information provided in this Notice and Authorization and any attachments thereto is true and complete. I understand that any falsification or omission of information may disqualify me for this position and/or may serve as grounds for the severance of my employment with ALS. By signing below I hereby provide my authorization to ALS to conduct a criminal background check and I acknowledge that I have been provided with a summary of my rights under the Fair Credit Reporting Act which is attached. In addition to those rights, I understand that I have a right to appeal an adverse employment decision made by ALS based on my background check information within three business days of receipt of such notice and that a determination on my appeal will be made in seven working days from ALS's receipt of such appeal.

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Employee Printed Name

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Employee Signature

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

ATLANTIC LABOR SOLUTIONS, INC.  
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**MEDICAL HISTORY QUESTIONNAIRE**

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

PRIMARY PHYSICIAN: \_\_\_\_\_ INSURANCE COMPANY: \_\_\_\_\_

**Medical History ( Please check what applies to you )**

	Atrial Fibrillation	Congestive Heart Failure
	Diabetes Jaundice	Chronic Lung Disease
	Diverticulosis	Pancreatitis
	Emphysema	Hiatal Hernia
	Heart Attack	Pacemaker
	High Blood Pressure	Cancer Heartburn/Reflux Stroke
	Irritable Bowl Syndrome	Inflammatory Bowl Syndrome
	Seizures	Transfusions
	Stomach Ulcer	Depression
	Thyroid Disease	Colon Polyps
	Weight Loss	Weight Gain

**Family History ( Please check what applies to you )**

	Celiac Disease	Colon Cancer
	Colon Polyps	Crohn's Disease
	Liver Disease	Pancreatic Disease
	Stomach Ulcers	Ulcerative Colitis

List Surgical History: \_\_\_\_\_

**Medications : ( Please list your current prescription medication that you take )**

Name of Medication, Amount Per Day and approximately when you started taking

Over the counter preparations that you are currently taking (including vitamins, herbals)

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**Allergies to Medications:**

Do you have allergies ? ( Please check one )  No  Yes ( If yes, please list below )

Allergies: \_\_\_\_\_

**Social History ( Please check what applies to you )**

***Marital Status:***

	Single	Married	
	Widowed	Children	

Occupation: \_\_\_\_\_

Do you drink alcohol ? ( Please check one )  No  Yes ( If yes, how much?) \_\_\_\_\_ Per Day

Do you use tobacco ? ( Please check one )  No  Yes

If no, did you ever smoke? ( Please check one )  No  Yes (If yes, When did you quit?) \_\_\_\_\_

Do you have any physical limitations or vision conditions that would prevent your from preforming the required duties for this job ? ( Please check one )  No  Yes

Are you able to lift at least 40 lbs.? ( Please check one )  No  Yes

Are you able to stand for prolonged periods at a time? ( Please check one )  No  Yes

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

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**DIRECT DEPOSIT FORM FOR ALS EMPLOYEE PAYROLL**

Employee Name:		
Bank Name:		
Bank Transit No:		
Bank Account No:		
Amount:	Savings	Checking

**USE FOR SPLIT DEPOSIT**

Employee Name:		
Bank Name:		
Bank Transit No:		
Bank Account No:		
Amount:	Savings	Checking
I hereby authorize and request Atlantic Labor Solutions, Inc. to make payment of any amount owing to me for payroll by initiating credit entries to my account(s) indicated in the bank(s) named above. In addition, I also authorize and request to initiate debit entries to my account(s) indicated above in the bank(s) named above in the following circumstances and under the following conditions:		

1. The debit entry is initiated for the purpose of correcting an erroneous credit previously initiated to my account.
2. The correcting entry is transmitted in such time as to be delivered or made available to the bank by midnight of the fifth day following the settlement of the erroneous entry.
3. Prior to the time the correcting entry is initiated, I will have been made aware of such correction and the reason therefore.

I authorize and request bank to accept any credit or correcting debit entries initiated to such account and to credit or debit the same to such account without responsibility for the correctness thereof:

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



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

**USCIS**  
**Form I-9**

OMB No. 1615-0047  
Expires 08/31/2019

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

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

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

Last Name (Family Name)	First Name (Given Name)	Middle Initial	Other Last Names Used (if any)									
Address (Street Number and Name)		Apt. Number	City or Town	State ZIP Code								
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>									Employee's E-mail Address		Employee's Telephone Number

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

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

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (See <i>instructions</i> )
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (See <i>instructions</i> )

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

1. Alien Registration Number/USCIS Number: \_\_\_\_\_  
**OR**  
2. Form I-94 Admission Number: \_\_\_\_\_  
**OR**  
3. Foreign Passport Number: \_\_\_\_\_  
Country of Issuance: \_\_\_\_\_

QR Code - Section 1  
Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
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**Preparer and/or Translator Certification (check one):**

<input type="checkbox"/> I did not use a preparer or translator.	<input type="checkbox"/> 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.)
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I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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



Employer Completes Next Page



2021

- ▶ 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		
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> <b>Single or Married filing separately</b> <input type="checkbox"/> <b>Married filing jointly or Qualifying widow(er)</b> <input type="checkbox"/> <b>Head of household</b> (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, when to use the estimator at [www.irs.gov/W4App](http://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](http://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 Step 4(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.....►

**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: Claim Dependents</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 and 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: 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.		
	 <b>Employee's signature</b> (This form is not valid unless you sign it.)		 <b>Date</b>
<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)

## General Instructions

### 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 2021 if you meet both of the following conditions: you had no federal income tax liability in 2020 and you expect to have no federal income tax liability in 2021. You had no federal income tax liability in 2020 if (1) your total tax on line 24 on your 2020 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, 29, and 30), 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 2021 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, 2022.

**Your privacy.** If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

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

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

If you (and your spouse) have a total of only two jobs, you may instead 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. 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 2021 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.

**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](http://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: 
$$\left\{ \begin{array}{l} \bullet \$25,100 \text{ if you're married filing jointly or qualifying widow(er)} \\ \bullet \$18,800 \text{ if you're head of household} \\ \bullet \$12,550 \text{ if you're single or married filing separately} \end{array} \right\}$$
 . . . . .

2 \$ \_\_\_\_\_

**3** If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" . . . . .

3 \$ \_\_\_\_\_

**4** Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information . . . . .

4 \$ \_\_\_\_\_

**5 Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . .

5 \$ \_\_\_\_\_

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

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

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

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

**Married Filing Jointly or Qualifying Widow(er)**

<b>Higher Paying Job</b> <b>Annual Taxable Wage &amp; Salary</b>	<b>Lower Paying Job Annual Taxable Wage &amp; Salary</b>											
	\$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	\$190	\$850	\$890	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,100	\$1,870	\$1,870
\$10,000 - 19,999	190	1,190	1,890	2,090	2,220	2,220	2,220	2,220	2,300	3,300	4,070	4,070
\$20,000 - 29,999	850	1,890	2,750	2,950	3,080	3,080	3,080	3,160	4,160	5,160	5,930	5,930
\$30,000 - 39,999	890	2,090	2,950	3,150	3,280	3,280	3,360	4,360	5,360	6,360	7,130	7,130
\$40,000 - 49,999	1,020	2,220	3,080	3,280	3,410	3,490	4,490	5,490	6,490	7,490	8,260	8,260
\$50,000 - 59,999	1,020	2,220	3,080	3,280	3,490	4,490	5,490	6,490	7,490	8,490	9,260	9,260
\$60,000 - 69,999	1,020	2,220	3,080	3,360	4,490	5,490	6,490	7,490	8,490	9,490	10,260	10,260
\$70,000 - 79,999	1,020	2,220	3,160	4,360	5,490	6,490	7,490	8,490	9,490	10,490	11,260	11,260
\$80,000 - 99,999	1,020	3,150	5,010	6,210	7,340	8,340	9,340	10,340	11,340	12,340	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,930	7,130	8,260	9,320	10,520	11,720	12,920	14,120	15,090	15,290
\$150,000 - 239,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,230	16,190	16,400
\$240,000 - 259,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,830	14,030	15,270	17,040	18,040
\$260,000 - 279,999	2,040	4,440	6,500	7,900	9,230	10,430	11,630	12,870	14,870	16,870	18,640	19,640
\$280,000 - 299,999	2,040	4,440	6,500	7,900	9,230	10,470	12,470	14,470	16,470	18,470	20,240	21,240
\$300,000 - 319,999	2,040	4,440	6,500	7,940	10,070	12,070	14,070	16,070	18,070	20,070	21,840	22,840
\$320,000 - 364,999	2,720	5,920	8,780	10,980	13,110	15,110	17,110	19,110	21,190	23,490	25,560	26,860
\$365,000 - 524,999	2,970	6,470	9,630	12,130	14,560	16,860	19,160	21,460	23,760	26,060	28,130	29,430
\$525,000 and over	3,140	6,840	10,200	12,900	15,530	18,030	20,530	23,030	25,530	28,030	30,300	31,800

**Single or Married Filing Separately**

<b>Higher Paying Job</b> <b>Annual Taxable Wage &amp; Salary</b>	<b>Lower Paying Job Annual Taxable Wage &amp; Salary</b>											
	\$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	\$440	\$940	\$1,020	\$1,020	\$1,410	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040	\$2,040
\$10,000 - 19,999	940	1,540	1,620	2,020	3,020	3,470	3,470	3,470	3,640	3,840	3,840	3,840
\$20,000 - 29,999	1,020	1,620	2,100	3,100	4,100	4,550	4,550	4,720	4,920	5,120	5,120	5,120
\$30,000 - 39,999	1,020	2,020	3,100	4,100	5,100	5,550	5,720	5,920	6,120	6,320	6,320	6,320
\$40,000 - 59,999	1,870	3,470	4,550	5,550	6,690	7,340	7,540	7,740	7,940	8,140	8,150	8,150
\$60,000 - 79,999	1,870	3,470	4,690	5,890	7,090	7,740	7,940	8,140	8,340	8,540	9,190	9,990
\$80,000 - 99,999	2,000	3,810	5,090	6,290	7,490	8,140	8,340	8,540	9,390	10,390	11,190	11,990
\$100,000 - 124,999	2,040	3,840	5,120	6,320	7,520	8,360	9,360	10,360	11,360	12,360	13,410	14,510
\$125,000 - 149,999	2,040	3,840	5,120	6,910	8,910	10,360	11,360	12,450	13,750	15,050	16,160	17,260
\$150,000 - 174,999	2,220	4,830	6,910	8,910	10,910	12,600	13,900	15,200	16,500	17,800	18,910	20,010
\$175,000 - 199,999	2,720	5,320	7,490	9,790	12,090	13,850	15,150	16,450	17,750	19,050	20,150	21,250
\$200,000 - 249,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$250,000 - 399,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,820	20,930	22,030
\$400,000 - 449,999	2,970	5,880	8,260	10,560	12,860	14,620	15,920	17,220	18,520	19,910	21,220	22,520
\$450,000 and over	3,140	6,250	8,830	11,330	13,830	15,790	17,290	18,790	20,290	21,790	23,100	24,400

**Head of Household**

<b>Higher Paying Job</b> <b>Annual Taxable Wage &amp; Salary</b>	<b>Lower Paying Job Annual Taxable Wage &amp; Salary</b>											
	\$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	\$820	\$930	\$1,020	\$1,020	\$1,020	\$1,420	\$1,870	\$1,870	\$1,910	\$2,040	\$2,040
\$10,000 - 19,999	820	1,900	2,130	2,220	2,220	2,620	3,620	4,070	4,110	4,310	4,440	4,440
\$20,000 - 29,999	930	2,130	2,360	2,450	2,850	3,850	4,850	5,340	5,540	5,740	5,870	5,870
\$30,000 - 39,999	1,020	2,220	2,450	2,940	3,940	4,940	5,980	6,630	6,830	7,030	7,160	7,160
\$40,000 - 59,999	1,020	2,470	3,700	4,790	5,800	7,000	8,200	8,850	9,050	9,250	9,380	9,380
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,850	11,050	11,250	11,520	12,320
\$80,000 - 99,999	1,880	4,280	5,710	7,000	8,200	9,400	10,600	11,250	11,590	12,590	13,520	14,320
\$100,000 - 124,999	2,040	4,440	5,870	7,160	8,360	9,560	11,240	12,690	13,690	14,690	15,670	16,770
\$125,000 - 149,999	2,040	4,440	5,870	7,240	9,240	11,240	13,240	14,690	15,890	17,190	18,420	19,520
\$150,000 - 174,999	2,040	4,920	7,150	9,240	11,240	13,290	15,590	17,340	18,640	19,940	21,170	22,270
\$175,000 - 199,999	2,720	5,920	8,150	10,440	12,740	15,040	17,340	19,090	20,390	21,690	22,920	24,020
\$200,000 - 249,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$250,000 - 349,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,880	24,980
\$350,000 - 449,999	2,970	6,470	9,000	11,390	13,690	15,990	18,290	20,040	21,340	22,640	23,900	25,200
\$450,000 and over	3,140	6,840	9,570	12,160	14,660	17,160	19,660	21,610	23,110	24,610	26,050	27,350

**Pre-Screening Notice and Certification Request for  
the Work Opportunity Credit**► Information about Form 8850 and its separate instructions is at [www.irs.gov/form8850](http://www.irs.gov/form8850).**Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.**

Your name \_\_\_\_\_ Social security number ► \_\_\_\_\_

Street address where you live \_\_\_\_\_

City or town, state, and ZIP code \_\_\_\_\_

County \_\_\_\_\_ Telephone number \_\_\_\_\_

If you are under age 40, enter your date of birth (month, day, year) \_\_\_\_\_

- 1**  Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
  
- 2**  Check here if **any** of the following statements apply to you.
  - I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
  - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
  - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
  - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
    - a. Received SNAP benefits (food stamps) for the past 6 months; **or**
    - b. Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
  - During the past year, I was convicted of a felony or released from prison for a felony.
  - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
  - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
  
- 3**  Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 4**  Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
  
- 5**  Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
  
- 6**  Check here if you are a member of a family that:
  - Received TANF payments for at least the past 18 months; **or**
  - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
  - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
  
- 7**  Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

**Signature—All Applicants Must Sign**

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

**Job applicant's signature ►****Date**

Please fill in these forms slowly and legibly.  
(no script) Rev. 2/25/16

Company Name: Atlantic Labor Solutions Inc.  
Company Code for Online Users: \_\_\_\_\_

Have you <b>worked for this Employer before?</b> Are you a Re-hire? If Yes, enter last day of employment: _____		Yes _____ No _____
Are you under age 40?		Yes _____ No _____
Have you been <b>unemployed for at least 27 weeks</b> , and collected Unemployment Insurance?		Yes _____ No _____
Are you a <b>Veteran of the US Armed Forces?</b>		Yes _____ No _____
If yes: Are you a member of a family that received SNAP (Food Stamps Benefits)? Yes _____ No _____ Are you entitled to compensation for a service-connected disability? Yes _____ No _____ Were you discharged from active duty within the last year? Yes _____ No _____ Were you unemployed for a combined total of 6 months before you were hired? Yes _____ No _____		
Have you, or your family, received <b>SNAP benefits (Food Stamps)</b> in the <b>6 months</b> before you were hired? Or received <b>SNAP Benefits</b> for at least a <b>3 month period</b> , but you are no longer receiving it?		Yes _____ No _____
If yes to either question, enter Name of Primary Recipient: _____ And City, State where benefits were received _____.		
Are you a member of a family that received <b>TANF</b> assistance for at least 18 months before you were hired? Or, did your family stop being eligible for <b>TANF</b> assistance within 2 years before being hired, because you reached the maximum time those benefits can be received?		Yes _____ No _____ Yes _____ No _____
If yes to either question, enter Name of Primary Recipient: _____ And City, State where benefits were received _____.		
Did you receive Supplemental Security Income ( <b>SSI Benefits</b> ) for any month, ending within the 60 days, before you were hired?		Yes _____ No _____
Were you convicted of a <b>Felony</b> during the year before you were hired?		Yes _____ No _____
Were you referred to an employer by: <ul style="list-style-type: none"><li>• A Vocational Rehab Agency approved by the state? Yes _____ No _____</li><li>• An Employment Network under the Ticket to Work Program? Yes _____ No _____</li><li>• The Dept. of Veteran Affairs? Yes _____ No _____</li></ul>		
Print Name: _____	Social Security #: _____	Date of Birth: _____

This company participates in various federal and state tax credit programs. This information in no way will negatively impact any hiring, retention decision. Your responses to the questions will only be shared with your employer's management and federal, state, or local governmental agencies as needed in administration of these programs. By completing this form, you knowingly and voluntarily waive any objection to providing your social security number. Any information provided will be used in a manner consistent with the American Disability Act. Under penalty of perjury, I certify that this information is true and correct to the best of my knowledge. I hereby authorize this company's management, and federal, state, and local government agencies to provide information to TC Services USA, Inc., and/or SWA, to determine eligibility. I understand that the information above may be subject to verification.

Employment Start Date \_\_\_\_\_ Starting Wage \_\_\_\_\_ Position \_\_\_\_\_

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_