

Davis Farmland EE Onboarding Checklist

Employee Name:

- Employee Welcome Packet - Acknowledgement of Policies & Notices

- Consent, Release & Authorization to reproduce Physical Likeness and Name

- Meal Break Waiver (optional)

- Direct Deposit Authorization Form

- I-9 Form

- W-4 Form

- Use of Motor Vehicle Policy (As Needed)



2020

Employee Welcome Packet

Davis Farmland & Davis Mega Farm Festival

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## **Welcome**

It is our privilege to welcome you to Davis Farmland & Davis Mega Farm Festival. We wish you every success in your new job, and we hope that you quickly feel at home. This Welcome Packet was developed to describe some of the expectations we have for all of our employees and what you can expect from us. We hope that your experience here will be challenging, enjoyable, and rewarding.

The Davis Family



**Owners & Managers**

Farmland is owned and operated by the John, Larry and Doug Davis.

Farmland is operated and managed by the Farmland Managers.

Please feel free to contact owners or managers with any concerns.

**RHONDA DELAROSA**

Cell 978.235.5235  
Office 978.422.6666 ext. 103  
e-mail rhonda@davisfarmland.com

**Director of Guests**

Admissions/Reservations/Gift Shop

**LISA CAMERON-SCOTT**

Cell 978.265.0067  
Office 978.422.6666 ext. 105  
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**Director of Fun**

Outside Farm Operations

**JOSH FREDA**

Cell 978.549.2558  
Office 978.422.6666 ext. 108  
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**Food Service Manager**

**STEFANIE NATOLI**

Cell 508.272.1461  
Office 978.422.6666 ext. 106  
e-mail accounting@davisfarmland.com

**Director of Numbers**

Accounting/Payroll/HR

**NICOLETTE SACCO**

Cell 774.239.8139  
Office 978.422.6666 ext. 109  
e-mail nic@davisfarmland.com

**Director of Wow**

Farmland Operations/Marketing

## **General Information**

### ***Farmland closures***

- You may not be required to work if Farmland is closed due to weather.
- Closures are posted by 7:30am daily on our website.
- Check the website [www.davisfarmland.com](http://www.davisfarmland.com) by clicking “Are we open today”.
- Alternatively you can call the main number: 978-422-6666.

### ***Parking***

- Staff park at the ends of each row at the far end of the lot.
- DO NOT PARK side by side, only nose to nose.
- When the ends of the rows are all taken, park perpendicular to the fence or berms.
- Farmers over the age of 60 may park closer to the entrance.

### ***Arrival***

- Enter the Redstone Hill area slowly and do not have your radio too loud.
- Farmers should arrive 5 minutes before their assigned work time.
- Farmers should be in dress code and ready to start work.
- After clocking in report to your manager or supervisor for morning tasks.

### ***Morning meeting***

- Each morning we will all gather at 9:15 in the bunny picnic area.
- Meeting will cover daily and upcoming events, inform you of scheduled groups, and share recognition, concerns and experiences to assure a good show.
- We value your input and we look forward to your participation.

### ***Lockers***

- Are provided for farmers to use on a daily basis.
- Farmers must provide their own locks.
- Items must be removed each night so that other farmers can use the lockers.
- Valuables should be left at home.
- DO NOT put stickers on the lockers with your name.
- Lockers are located in the employee break room.
- Davis Farmland is not responsible for lost, stolen or damaged property.

### ***Restrooms***

- Farmer’s use the same restrooms as our guests.
- Restrooms are located inside the Herd Rock, Admissions Courtyard and the Udder Rock.
- Always check for cleanliness each time you use the facilities and clean up any messes you see.

## ***Smoking***

- Farmers are allowed to smoke in the designated smoking area.
- This area is located on the right side in the break room.
- Cigarettes should be put out in the proper place, not on the ground.

## ***Visiting Farmland and Mega Farm Festival***

- You are welcome to visit on your days off. But you must act as a guest. This means
  - Only visit during posted operating hours.
  - No picking up the animals.
  - No going into any areas marked “Farmers Only” areas.
  - Farmers are not allowed to bring family members or friends into areas that are marked farmer only. This includes food service, the office, the break room, GI, Pony shed, etc.
  - No discounts on food.

## ***Payday & Wages***

- Payday is every Thursday.
- Staff can pick up their checks in the office, **direct deposit is strongly encouraged.**
- Please visit the cash office to sign up for direct deposit.
- Any questions or issues with your pay, please see Stefanie Natoli or her assistant in the cash office

## ***Farm equipment***

- You may be allowed to use equipment such as the tractors, trash truck or a farm vehicle.
- An equipment use policy must be filled out prior to using a farm vehicle.
- When using farm equipment you should be mindful of your surroundings.
- If you have an accident, report it IMMEDIATELY.

## ***Cell Phones***

- Cell phone use and texting is prohibited except to check the time and must remain silent while you are working.
- Personal emergency situations must be cleared with your manager prior to the start of your shift.

## ***Check list before coming to work***

- Am I sick?
- Are my hands clean and are my fingernails trimmed?
- Are all my tattoos covered?
- Are my clothes clean?
- Did I cover any open cuts or burns?
- Are all my piercings out?
- Is all my jewelry off?
- Am I smiling?

## **Part 1 – General Employment Policies and Practices**

### ***Equal Employment Opportunity***

The Farm is an equal opportunity employer. We will extend equal opportunity to all individuals without regard to race, religion, color, sex (including pregnancy, sexual orientation and gender identity), national origin, disability, age, genetic information, or any other status protected under applicable federal, state, or local laws. Our policy reflects and affirms the Farm's commitment to the principles of fair employment and the elimination of all discriminatory practices.

### ***Your Employment Relationship with the Farm***

Like most American companies, Davis Farmland, LLC generally does not offer individual employees a formal employment contract with the Farm. Employment is "at will," meaning that you or the Farm may end your employment at any time for any lawful reason.

### ***Orientation and Training***

To help you become familiar with the Farm and our way of doing things, the Farm will provide an orientation, orientations are scheduled multiple times a year.

### ***Employee Benefits***

- Employees working at Davis Farmland will receive a season pass to Davis Farmland, good for up to 4 people.
- Employees working at Davis Mega Farm Festival will receive a season pass to Davis Mega Farm Festival, good for up to 4 people.
- Employee discounts: 30% off merchandise

### ***Attendance and Punctuality***

Schedules vary depending on the weather and guest flow; Because of this you may be asked to go home early or stay late. It is important for you to report to work on time and to avoid unnecessary absences. The Farm recognizes that illness or other circumstances beyond your control may cause you to be absent from work from time to time.

- If you are sick or running late, you should call your manager's cell phone or call and leave a message on the main line 978.422.6666
- Requesting to leave early or to come in late should be done in advance. Schedule appointments on your days off.
- Requesting days off should be submitted at least 2 weeks in advance.

### ***Overtime***

Because of the nature of our business, your job may periodically require overtime work. If the Farm requires that you work overtime, we will give you as much advance notice as possible. You should not work overtime hours without prior approval by your immediate supervisor or the designated manager.



## Part 2 – Sick time and other leave

MA EARNED SICK TIME NOTICE

# EARNED SICK TIME

## Notice of Employee Rights

Beginning July 1, 2015, Massachusetts employees have the right to earn and take sick leave from work.

### WHO QUALIFIES?

**All employees** in Massachusetts can earn sick time.

This includes full-time, part-time, temporary, and seasonal employees.

### HOW IS IT EARNED?

- Employees earn 1 hour of sick time for every 30 hours they work.
- Employees can earn and use up to **40 hours per year** if they work enough hours.
- Employees with unused earned sick time at the end of the year can **rollover up to 40 hours**.
- Employees **begin earning** sick time on their first day of work and **may begin using** earned sick time 90 days after starting work.

### WILL IT BE PAID?

- If an employer has 11 or more employees, sick time must be paid.
- For employers with 10 or fewer employees, sick time may be unpaid.
- Paid sick time must be paid on the same schedule and at the same rate as regular wages.

### WHEN CAN IT BE USED?

- An employee can use sick time when the employee or the employee's child, spouse, parent, or parent of a spouse is sick, has a medical appointment, or has to address the effects of domestic violence.
- The smallest amount of sick time an employee can take is one hour.
- Sick time cannot be used as an excuse to be late for work without advance notice of a proper use.
- Use of sick time for other purposes is not allowed and may result in an employee being disciplined.

### CAN AN EMPLOYER HAVE A DIFFERENT POLICY?

Yes. Employers may have their own sick leave or paid time off policy, so long as employees can use at least the same amount of time, for the same reasons, and with the same job-protections as under the Earned Sick Time Law.

### RETALIATION

- Employees using earned sick time cannot be fired or otherwise retaliated against for exercising or attempting to exercise rights under the law.
- Examples of retaliation include: denying use or delaying payment of earned sick time, firing an employee, taking away work hours, or giving the employee undesirable assignments.

### NOTICE & VERIFICATION

- Employees must **notify** their employer before they use sick time, except in a emergency.
- Employers may require employees to **use a reasonable notification system** the employer creates.
- If an employee is out of work for 3 consecutive days **OR** uses sick time within 2 weeks of leaving his or her job, an employer may require documentation from a medical provider.

### DO YOU HAVE QUESTIONS?

Call the Fair Labor Division at 617-727-3465  Visit [www.mass.gov/ago/earnedsicktime](http://www.mass.gov/ago/earnedsicktime)



Commonwealth of Massachusetts  
Office of the Attorney General  
English - July 2016

#### The Attorney General enforces the Earned Sick Time Law and regulations.

It is unlawful to violate any provision of the Earned Sick Time Law. Violations of any provision of the Earned Sick time law, M.G.L. c. 149, § 148C, or these regulations, 940 CMR 33.00 shall be subject to paragraphs (1), (2), (4), (6) and (7) of subsection (b) of M.G.L. c. 149, §27C(b) and to § 150. This notice is intended to inform.

Full text of the law and regulations are available at [www.mass.gov/ago/earnedsicktime](http://www.mass.gov/ago/earnedsicktime).

## **Jury Duty**

The Company encourages employees to fulfill their civic duties. To that end, employees will be allowed leave to serve on a jury, if summoned. We request that you give us a copy of your summons notice as soon as you receive it, so that we may keep it on file.

Employees called to jury duty will be paid regular wages for the first three (3) days of your service. After the third day, you will be compensated by the state at \$50 per day.

## **Part 3 – Anti-Discrimination & Harassment**

Davis Farmland LLC is committed to a work environment in which all individuals are treated with respect and dignity. Davis Farmland LLC has developed this policy to ensure that all its employees can work in an environment free from unlawful harassment, discrimination and retaliation.

### ***Equal employment opportunity***

It is the policy of Davis Farmland LLC to ensure equal employment opportunity without discrimination or harassment on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, disability, marital status, citizenship, national origin, genetic information, or any other characteristic protected by law.

### ***Sexual Harassment***

Sexual harassment constitutes discrimination and is illegal under federal, state and local laws. In Massachusetts, the legal definition for sexual harassment is this: “sexual harassment” means sexual advances, requests for sexual favors, and verbal or physical conduct of sexual nature when: a) submission to or rejection of such advances, requests or conduct is made either explicitly or implicitly a term or condition of an individual’s employment or as a basis for employment decisions, or b) such advances, requests or conduct have the purpose or effect of unreasonably interfering with an individual’s work performance by creating intimidation, hostile, humiliating or sexually offensive work environment.

### ***Harassment***

Harassment on the basis of any other protected characteristic is also strictly prohibited. Under this policy, harassment is verbal, written or physical conduct that denigrates or shows hostility or aversion toward an individual because of his or her race, color, religion, sex, sexual orientation, gender identity or expression, national origin, age, disability, marital status, citizenship, genetic information, or any other characteristic protected by law, or that of his or her relatives, friends or associates, and that: a) has the purpose or effect of creating an intimidating, hostile or offensive work environment, b) has the purpose or effect of unreasonably interfering with an individual’s work performance, or c) otherwise adversely affects an individual’s employment opportunities.

Harassing conduct includes epithets, slurs or negative stereotyping; threatening, intimidating or hostile acts; denigrating jokes; and written or graphic material that denigrates or shows hostility or aversion toward an individual or group that is placed on walls or elsewhere on the employer’s premises or circulated in the workplace, on company time or using company equipment by e-mail, phone (including voice messages), text messages, social networking sites or other means.

## ***Retaliation***

Davis Farmland LLC encourages reporting of all perceived incidents of discrimination or harassment. Davis Farmland LLC prohibits retaliation against any individual who reports discrimination or harassment or participates in an investigation of such reports.

### **Reporting an Incident of Harassment, Discrimination or Retaliation**

If any of our employees believes that he or she has been subject to harassment or discrimination, the employee has the right to file a complaint with our organization. This may be done in writing or orally.

### **Investigation Procedure**

Individuals who believe they have been the victims of conduct prohibited by this policy or believe they have witnessed such conduct should discuss their concerns with their immediate supervisor and/or human resources.

Any reported allegations of harassment, discrimination or retaliation will be investigated promptly. Davis Farmland LLC will maintain confidentiality throughout the investigatory process to the extent consistent with adequate investigation and appropriate corrective action.

Misconduct constituting harassment, discrimination or retaliation will be dealt with appropriately. Responsive action may include, for example, training, referral to counseling or disciplinary action such as a warning, reprimand, temporary suspension without pay, or termination, as Davis Farmland LLC believes appropriate under the circumstances.

False and malicious complaints of harassment, discrimination or retaliation (as opposed to complaints that, even if erroneous, are made in good faith) may be the subject of appropriate disciplinary action.

## MPWFA Notice

### MASSACHUSETTS COMMISSION AGAINST DISCRIMINATION

## **MCAD Guidance**

## **PREGNANT WORKERS FAIRNESS ACT**

### **Issued 1/23/2018**

The Pregnant Workers Fairness Act (“the Act”) amends the current statute prohibiting discrimination in employment, G.L. c. 151B, §4, enforced by the Massachusetts Commission Against Discrimination (MCAD). The Act, effective on April 1, 2018, expressly prohibits employment discrimination on the basis of pregnancy and pregnancy-related conditions, such as lactation or the need to express breast milk for a nursing child. It also describes employers’ obligations to employees that are pregnant or lactating and the protections these employees are entitled to receive. Generally, employers may not treat employees or job applicants less favorably than other employees based on pregnancy or pregnancy-related conditions and have an obligation to accommodate pregnant workers.

#### Under the Act:

- Upon request for an accommodation, the employer has an obligation to communicate with the employee in order to determine a reasonable accommodation for the pregnancy or pregnancy-related condition. This is called an “interactive process,” and it must be done in good faith. A reasonable accommodation is a modification or adjustment that allows the employee or job applicant to perform the essential functions of the job while pregnant or experiencing a pregnancy-related condition, without undue hardship to the employer.
- An employer must accommodate conditions related to pregnancy, including post-pregnancy conditions such as the need to express breast milk for a nursing child, unless doing so would pose an undue hardship on the employer. “Undue hardship” means that providing the accommodation would cause the employer significant difficulty or expense.
- An employer cannot require a pregnant employee to accept a particular accommodation, or to begin disability or parental leave if another reasonable accommodation would enable the employee to perform the essential functions of the job without undue hardship to the employer.
- An employer cannot refuse to hire a pregnant job applicant or applicant with a pregnancy-related condition, because of the pregnancy or the pregnancy-related condition, if an applicant is capable of performing the essential functions of the position with a reasonable accommodation.
- An employer cannot deny an employment opportunity or take adverse action against an employee because of the employee’s request for or use of a reasonable accommodation for a pregnancy or pregnancy-related condition.
- An employer cannot require medical documentation about the need for an accommodation if the accommodation requested is for: (i) more frequent restroom, food or water breaks; (ii) seating; (iii) limits on lifting no more than 20 pounds; and (iv) private, non-bathroom space for expressing breast milk. An employer, may, however, request medical documentation for other accommodations.
- Employers must provide written notice to employees of the right to be free from discrimination due to pregnancy or a condition related to pregnancy, including the right to reasonable accommodations for conditions related to pregnancy, in a handbook, pamphlet, or other means of notice no later than April 1, 2018.

Page 2 of 2 MCAD Guidance PWFA

**Boston Headquarters:** One Ashburton Place, Room 601, Boston, MA 02108 | (617) 994-6000

**Springfield:** 436 Dwight Street, Room 220, Springfield, MA 01103 | (413) 739-2145 **Worcester:** 484

Main Street, Room 320, Worcester, MA 01608 | (508) 453-9630 **New Bedford:** 128 Union Street, Suite

206 New Bedford, MA 02740 | (774) 510-5801 [www.mass.gov/mcad/](http://www.mass.gov/mcad/)

- Employers must also provide written notice of employees' rights under the Act: (1) to new employees at or prior to the start of employment; and (2) to an employee who notifies the employer of a pregnancy or a pregnancy-related condition, no more than 10 days after such notification.

The foregoing is a synopsis of the requirements under the Act, and both employees and employers are encouraged to read the full text of the law available on the General Court's website here:

<https://malegislature.gov/Laws/SessionLaws/Acts/2017/Chapter54>.

*If you believe you have been discriminated against on the basis of pregnancy or a pregnancy-related condition, you may file a formal complaint with the MCAD. You may also have the right to file a complaint with the Equal Employment Opportunity Commission if the conduct violates the Pregnancy Discrimination Act, which amended Title VII of the Civil Rights Act of 1964. Both agencies require the formal complaint to be filed within 300 days of the discriminatory act.*

## **Part 4 – Additional Policies**

### **Davis Farmland & Davis Mega Farm Festival**

#### **CODE OF CONDUCT**

The code of conduct is a set of guiding principles for the conduct of business on behalf of Davis Farmland LLC (Davis Farmland & Davis Mega Farm Festival). Davis Farmland & Davis Mega Farm Festival (“The Farm”) strive to provide high quality entertainment for our guests. It is the responsibility of our team members to be courteous, knowledgeable about our services, and to help our guests enjoy the highest quality experience we can provide.

At The Farm, we value safety, cleanliness, and friendliness as our number one, two and three priorities.

#### **Safety #1**

The health, safety, and welfare of our guests, team members and animals are of utmost importance. These cannot be ignored, minimized or sacrificed. Team members are expected to work safely and to provide a safe environment. All employees should be observant when working and bring any safety hazard to the attention of their manager immediately. We all share the responsibility for making our guests, team members, and animals feel safe.

#### **Cleanliness #2**

We set the tone for The Farm. Our guest’s place great importance on our cleanliness because it reflects on our company’s values and business practices. It is the job of every staff and management team member at Farmland to follow the guidelines to keep our home immaculate inside and out. When the details are taken care of, a quality environment emerges for the farmers and our guests.

#### **Friendliness #3**

Our team members are the cornerstone of the farmland experience. Remember that in every interaction, you are the face of The Farm. The Farm is committed to treating our employees with fairness, dignity, and respect. In turn, team members are expected to treat our guests with fairness, dignity, and respect. Staff should be courteous, polite, helpful, and friendly. Our business is built on our guest’s trust and confidence; therefore, we expect the full and undivided dedication and efforts of our team members. Team members are ambassadors of The Farm and we all share in the responsibility to preserve the reputation of The Farm, in or out of work.

## **USE OF CORPORATE INFORMATION, OPPORTUNITIES, AND ASSETS**

Team members may not reveal confidential company information or use it for their personal benefit. Such information includes but is not limited to personnel information, sales and earnings figures, acquisitions, business plans, and new projects.

Company assets are property of Davis Farmland LLC and everyone must protect the assets and ensure they are used appropriately and efficiently. Theft, carelessness, and waste reduce profitability. Assets should only be used for legitimate Davis Farmland LLC business.

Some examples of company assets, appropriate uses, and violations are below

**Money** – Team members who use a cash register should verify their till at the beginning and end of their shift. Ensure that cash drawers are not left unattended. Never use a till that is not assigned to you. Removing cash from the register for personal use is considered theft. If an employee's drawer is off \$10 or more, 3 or more times, register privileges can be terminated.

**Time** - Team members will only be paid for the time they have worked. It is the responsibility of each team member to clock in and out for their shift and for breaks. Team members must not share their employee number and pin with other team members, and may not clock in/out for a coworker. In the case that a team member misses a time punch, it is the responsibility of that team member to fill out a missed punch form and turn it in to the accounting office.

**Food & Beverage Inventory** – All Food & Beverage items are for resale and may not be consumed unless purchased. Prepared food that is inferior (improperly cooked, expired, etc.) must be disposed of according to our F & B waste policy and may not be consumed by team members. Food menu items may not be altered in any way for staff.

**Supplies** - All office, janitorial, animal, and restaurant supplies are here for the purpose of conducting Davis Farmland LLC business and may not be used for personal reasons and are not to be brought home. Examples of these supplies include but are not limited to: copy paper, pens & pencils, general office supplies, household cleaners, animal food, condiments, plastic ware, food & beverages.

**Information** – Company information, business plans, and current business practices are considered assets and may not be shared or sold.

As team members, you have the responsibility to act with integrity and honesty on the job. Comply with all applicable laws and regulations in performing your duties. Be familiar with the above code of conduct and seek help when you have a question regarding the code. Share concerns about any conduct that violates our code with your manager or HR office.

We are committed to compliance with our code of conduct and anyone who violates it is subject to disciplinary action, up to and including termination.



## ***Dress Code and Public Image***

The following guidelines have been developed to establish consistency and to maintain the quality and integrity of the Farmland Look. As you read this handbook, remember that you are the key to keeping our heritage alive and creating an unparalleled experience for our Guests each and every day. A big part of our show is you, with your quick smile, your eagerness to help, and your willingness to maintain the Farmland look that our Guests have come to associate with our very special brand.

The Farmland Look is a classic look that is clean, natural, polished and professional, and avoids “cutting edge” trends or extreme styles. Few of you are real farmers, but you are all farmer actors in the production of Farmland. Therefore, as in any Broadway or screen production, to fulfill your role as an actor you must dress accordingly. Attire is part of the show and greatly influences people’s behavior. We need to sell ourselves because we are the most important single component of Farmland. Our dress code presents you in a very simple yet distinctive image.

- Clothes must be worn as they are designed and listed below. For example, clothes should not be worn too loose, too tight, low on the hips, etc.
- Be sure clothing is clean, hands are washed, face is shaven, and your hair is neat.
- A messy, dirty, or shabby appearance is a turn-off to anyone.
- There is no chewing gum or tobacco.

### **Male and Female Clothing:**

- Jeans, overalls, slacks, or shorts, but all must have pockets, belt loops and no rips or holes.
- Shorts need to be at least the length of the person’s fingertips with arms at rest by your sides.
- Dresses, skirts, sweatpants, wind pants, short shorts, slouch pants, and spandex **are NOT ALLOWED.**
- Part-time employees get 2 Farmland T-shirts, and full-time employees get 3.
- All T-shirts are the same color (GREEN for farmers, BLUE for admissions).
- Food Service farmers have a BLACK T-shirt as well as hat and apron provided.
- All T-shirts must be tucked in.
- You can wear layers as long as the green T-shirt or Farmland sweatshirt is your outer layer.
- T-shirts cannot be rolled up on the arms.
- Additional T-shirts and hats at can be purchased at a reduced price at the General Store.
- You may also purchase a staff sweatshirt, which can be worn in the colder months.

### **Footwear:**

- Sneakers or lightweight boots are recommended.
- Remember, you will step in animal manure and ground conditions can become very wet.
- Your footwear needs to be very comfortable. You may be walking many miles a day.

- Platform heels, open back shoes, or sandals are **NOT allowed**. (Sandals may be worn only while covering the play and spray area).

**Hats:**

- We strongly recommend a straw western style hat. (Felt hats will get ruined in the rain).
- These hats are inexpensive and provide maximum sun protection.
- Baseball caps are permitted, but may not contain offensive pictures or words. Food service must wear hat that is provided.
- Baseball caps must be worn properly with the bill facing front.

**Sunscreen:** You will need good sun protection for your face and neck. Farmland supplies sunscreen for all employees.

**Sunglasses:**

- Sunglasses are not allowed unless for medical reasons.
- Sunglasses make it uncomfortable for guests to approach you because they can't see your eyes.
- This is another good reason for wearing a wide brimmed hat.
- Sunglasses may be worn only while operating the play and spray area.
- If colored or tinted contact lenses are worn, the resulting eye color must be natural looking.

**Gloves:** All outside farmers should have a pair of work gloves.

**Jewelry:**

- Watches, engagement and wedding rings can be worn.
- We recommend that all farmers wear a wristwatch.
- No necklaces, bracelets, or anklets due to safety hazards.
  - Medical bracelets are allowed, but must not be dangling.
- Girls are allowed to wear two stud earrings, one in each earlobe.
- All other piercings must be REMOVED before the start of your shift.
  - Piercing cannot be covered up with band-aids.
- The managers must approve any variance from these rules.

**Make-up:**

- We prefer that you wear no make-up. If you feel you need to, follow these guidelines:
- Remember that our goal is to create a wholesome "down on the farm" look.
- Foundation, rouge, and lipstick should be of natural colors and worn in moderation.
- Eye shadow is not allowed.

**Fingernails:** Your fingernails should be kept trimmed and clean.

- Nails can have a coat of clear or a light natural color of polish on them.
- No black, dark, red, gold, silver, multicolored or neon polish is allowed.
- Charms or decals on fingernails are not permitted.
- Artificial nails are not allowed. They can fall off and become a safety problem.

**Personal Hygiene:** Due to close contact with guests and fellow farmers, the use of a deodorant is required. For the same reasons, the use of perfumes and colognes are not allowed.

**Hair:** Men and women with long hair should braid or keep it up and away from face.

- Fancy barrettes and hairpins are considered jewelry and are not allowed.
- Natural hair color with no unnatural streaking or frosting. The Farmland look does not permit extremes in dyeing, bleaching or coloring. If the hair color is changed, it must be natural-looking and well maintained
- Conservative braided hairstyles without beads or ornamentation are permitted.
- Artificial hair is permitted if it looks natural and meets all of the above requirements.

**Facial Hair:** Men may have a trimmed moustache, sideburns, beard, or goatee.

- All facial hair must be short, trimmed, and approved by a manager.
- Food service staff must follow guidelines for food preparation, which will be covered by the food service manager.

**Extra Clothes:** Because of changing weather and the possibility of needing extra clothes, we recommend that you keep an extra set of clothing in your car, or locker.

**Body Alteration Or Modification:**

- Body alterations or modifications that achieve a visible, physical effect that detracts from a professional image are prohibited.
- Examples include, but are not limited to: visible tattoos, brands, body piercing (other than traditional ear piercing for women.)
- Clothing must cover tattoos.
- Ask your manager if you have any questions.

**IT IS YOUR RESPONSIBILITY ALONE TO UPHOLD THE DRESS CODE. DON'T FORCE YOUR MANAGER TO SPEAK TO YOU.**

- As with all of your duties and responsibilities as a Cast Member, you are expected to demonstrate professionalism and good judgment at all times related to your appearance.

If the farmer deviates from the Farmland Dress Code, the following will occur:

**First Violation:**

- Farmer will receive a verbal warning of the non-compliance and must rectify the situation immediately.
- Farmer may be dismissed for the day until the situation is rectified.

**Second Violation:**

- This results in a written warning and is documented in the farmer's file.

**Third Violation:**

- Farmers who do not comply will be suspended and/or terminated.

*Discretion is left to the Management Team regarding all dress code matters*

## ***Alcohol and Drug Policy***

Davis Farmland LLC takes drug and alcohol abuse as a serious matter. Providing a safe and fun recreational facility for guests and employees is a major goal for Davis Farmland LLC. Insuring a safe work place and a safe haven for enjoyment of our guests is imperative. Therefore, we have adopted the following drug and alcohol policy.

### **Policy**

Davis Farmland LLC absolutely prohibits the sales of, use of and/or possession of alcohol or non-prescribed drugs at the work place or while on company premises. It is required that employees arrive to work not under the influence of alcohol and/or drugs. Any violation will result in immediate discipline, including suspension and/or discharge.

Any employee who appears to be impaired while on the job may be asked by their manager or an owner to submit to a test to determine whether they are under the influence of alcohol or illegal drugs. Tests may include breathalyzer and blood tests, as well as urinalysis. Once requested to submit to such tests, failure to take a requested test may lead to disciplinary actions, including possible termination.

Employees who are taking prescription drugs that can cause side effects, such as drowsiness or impaired reflexes should inform their manager that they are taking such medication. They should share with their manager the possible side effects on their performance, as well as the length of time they will be on the prescribed drug. If the prescribed drug could cause a safety concern, the manager may assign the worker to another duty, if available, or may temporarily relieve the employee of his or her duties.

## ***Social Media Policy***

At Davis Farmland and Davis Mega Farm Festival we understand that social media can be a fun and rewarding way to share your life and opinions with family, friends and co-workers around the world. However, use of social media also presents certain risks and carries with it certain responsibilities. To assist you in making responsible decisions about your use of social media, as it relates to The Farm, we have established these guidelines for appropriate use of social media.

This policy applies to all associates who work for The Farm.

### **GUIDELINES**

Your internet activity involving any information or photographs that relates to The Farm or to any third party that has disclosed information to The Farm is discouraged. In your postings or blog site(s) you must include a disclaimer that the views are your own and not those of The Farm.

The same principles and guidelines found in The Farm policies apply to your activities online as they are connected with the company. Ultimately, you are solely responsible for what you post online. Before creating online content, consider some of the risks and rewards that are involved. Remember that you represent The Farm whenever you post or comment on social media. Keep in mind that any of your conduct that adversely affects your job performance, the performance of fellow associates or otherwise adversely affects The Farm, members, customers, suppliers, people who work on behalf of The Farm or legitimate business interests may result in disciplinary action up to and including termination.

**Acknowledgement of Receipt of Davis Farmland, LLC Policies and Notices**

I acknowledge that I have received a copy of the Davis Farmland, LLC 2020 Welcome Packet. I understand that I am responsible for reading and abiding by all policies and procedures, as well as all other policies and procedures of the Farm.

I also understand that the purpose of this Packet is to inform me of the Farm’s policies and procedures, and that it is not a contract of employment. I understand that the Farm has the right to change any provision of this Handbook at any time and that I will be bound by any such changes.

I have read and understand the following policies and notices:

Please initial each item and sign and date at the bottom indicating your agreement.

Policy	Initial
- Massachusetts Earned Sick Time Notice	
- Nondiscrimination and Anti-Harassment	
- MPWFA Notice	
- Code of Conduct	
- Dress Code and Public Image	
- Social Media Policy	
- Alcohol and Drug Policy	

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

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

CONSENT, RELEASE AND AUTHORIZATION TO REPRODUCE PHYSICAL LIKENESS AND NAME

I hereby agree and consent to your photographing, filming, taping and/or recording my likeness, voice, sound and quote and, with this Consent, Release and Authorization (this "Consent"), I hereby grant to you and your parent, related and affiliated companies, and their respective licensees and assigns, and the directors, officers, employees and agents of each (collectively "Davis Farmland and Davis Mega Farm Festival"), forever and throughout the world, the right to use and license the right to reuse such photographs, films, tapes and/or recordings of my likeness, voice, sound, quote, and my name, in all media, whether now know or hereafter devised, whether for advertising, publicity, or promotional purposes or for any other purposes whatsoever, without further compensation to me or any limitation whatsoever. In granting this license, I understand that Davis Farmland and Davis Mega Farm Festival is not under any obligation to exercise any of its rights, licenses and privileges herein granted.

I hereby release Davis Farmland LLC from all claims, demands, liabilities, damages, costs and expenses (including, but not limited to, attorneys' fees and fees of other professionals) that I may now or hereafter have against Davis Farmland and Davis Mega Farm Festival arising in connection with your use of my likeness, voice, sound and quote in such photographs, films, tapes and /or recordings and your exercise of the rights hereby granted, including, without limitation, claims for compensation, defamation or invasion of privacy or other claims for infringement or violation of personal or property rights of any sort whatsoever.

This Consent shall be binding upon me, and my heirs, personal representatives and assigns, and shall be governed by and construed under the laws of the Commonwealth of Massachusetts without regard to conflicts of laws principles. Venue for any legal action arising out of or in connection with this Consent shall be in Worcester County, Massachusetts, and I waive my right to a trial by jury. This Consent constitutes the entire agreement between the parties hereto with respect to the subject matter of this Consent and supersedes any and all previous agreements, communications or representations between the parties, whether written or oral, with respect to such subject matter.

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Employee Signature

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Parent/Legal Guardian Signature  
(If employee is under 18 years of age)

---

Date





**Davis Farmland & Davis Mega Farm Festival**

2020 Massachusetts

**MEAL BREAK WAIVER**

HOURLY EMPLOYEES

**MEAL BREAKS:**

You are entitled by law to a 30-minute unpaid meal break free from all work duties for each six hours worked in a day. You must punch out at the beginning of your meal break and punch back in at the end of your break on the time clock.

**MEAL BREAK WAIVER:**

Davis Farmland and Davis Mega Farm Festival will never deny your meal break time, but should you prefer to waive your right to a meal break and instead, work through your meal break time and be paid, **with the permission of your manager (or under extenuating circumstances)**, you will need to sign a meal break waiver. To lessen the burden of signing a waiver on every occurrence, you may voluntarily waive your meal breaks for the entire 2019 season. It is your free choice whether to sign this waiver, but it is ultimately your manager's decision to accept or deny your request to work through your break time. **Signing this Meal Break Waiver does not interfere with your right to take meal breaks to which you are entitled.**

My signature below acknowledges my voluntary decision to waive my daily Meal Breaks during the 2020 Season. I understand that I may only work through my meal breaks with the permission of my manager or under extenuating circumstances. I also understand that I am legally entitled to a 30-minute un paid break for every 6 hours I work and will never be forced to work through my break. I am responsible to punch out before meal breaks and back in after breaks on the time clock and that my failure to do so will result in discipline, up to and including termination.

Signature \_\_\_\_\_

Date Signed \_\_\_\_\_



## Direct Deposit Authorization

### Employer Section

Please fill in this portion and submit the completed form to your Client Relations Specialist for enrollment.

Company Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

### Employee Verification - Read and sign

I hereby authorize Complete Payroll Solutions (CPS) to deposit any funds due to me as instructed by my employer by initiating credit entries to my account(s) at the financial institution (bank) indicated on this form. I also authorize the bank to accept and credit my accounts as presented by CPS to my authorized accounts. In the event that CPS deposits erroneously into my account, I authorize CPS to debit my account for an amount not to exceed the original erroneous credit. This authorization is to remain in full force and effect until CPS and the bank have received written notice from me of its termination in such a time and manner as to afford CPS and the bank reasonable opportunity to act on it.

Employee Name \_\_\_\_\_

SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Employee Address \_\_\_\_\_

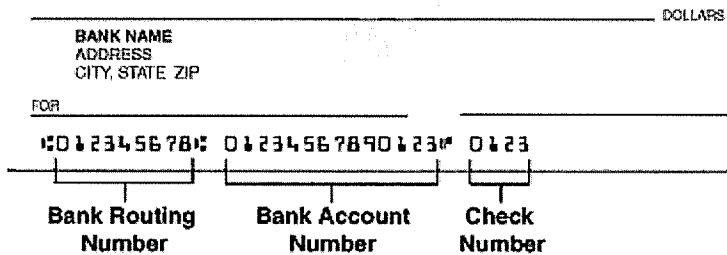
DOB \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

street  
\_\_\_\_\_  
City State ZIP

Email \_\_\_\_\_

**To enroll in the Direct Deposit service, please fill out this form completely and submit to your payroll manager. Attach a voided check (not a deposit slip) for all checking accounts. For deposits to a savings account, request the proper routing/transit number from your bank as it may be different than what is on your deposit slip.**

Below is an example check displaying where the necessary information to complete this form can be found



Bank Name _____ Routing/Transit # _____ Account Number _____ <input type="checkbox"/> Deposit Net <input type="checkbox"/> Deposit \$ _____ Check one <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	Bank Name _____ Routing/Transit # _____ Account Number _____ <input type="checkbox"/> Deposit Net <input type="checkbox"/> Deposit \$ _____ Check one <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____
Bank Name _____ Routing/Transit # _____ Account Number _____ <input type="checkbox"/> Deposit Net <input type="checkbox"/> Deposit \$ _____ Check one <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____	Bank Name _____ Routing/Transit # _____ Account Number _____ <input type="checkbox"/> Deposit Net <input type="checkbox"/> Deposit \$ _____ Check one <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other _____

Amount Change   
  Add Account(s)   
  Replace Account(s)   
  Remove Account(s)

Employee Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

FOR OFFICE USE ONLY		
Received ____ / ____ / _____	Entered ____ / ____ / _____	By _____



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

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

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

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

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

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

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

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

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

**Preparer and/or Translator Certification (check one):**

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

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

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

Employer Completes Next Page



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

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

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

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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**List A**
**OR**
**List B**
**AND**
**List C**  
**Identity and Employment Authorization**
**Identity**
**Employment Authorization**

Document Title	Document Title	Document Title
Issuing Authority	Issuing Authority	Issuing Authority
Document Number	Document Number	Document Number
Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)	Expiration Date (if any) (mm/dd/yyyy)
Document Title	Additional Information	QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title		
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		

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

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

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

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

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

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

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

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

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

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		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		1. A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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		2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph		3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card		4. Native American tribal document
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: (1) The same name as the passport; and (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.		5. U.S. Military card or draft record		5. U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		6. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		7. Employment authorization document issued by the Department of Homeland Security
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
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		<b>For persons under age 18 who are unable to present a document listed above:</b>		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
	12. Day-care or nursery school record			

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

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

# 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.**

**2020**

<b>Step 1: Enter Personal Information</b>	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ <b>Does your name match the name on your social security card?</b> 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 widow(er)) <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, when to use the online estimator, 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 . . . . .

**TIP:** To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

**Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs.** Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

<b>Step 3: Claim Dependents</b>	If your 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>	\$

**Step 5:  
Sign  
Here**

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

▶ \_\_\_\_\_ ▶ \_\_\_\_\_  
**Employee's signature** (This form is not valid unless you sign it.) **Date**

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

**Exemption from withholding.** You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 16, 2021.

**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 the 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.** Step 3 of Form W-4 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 2020 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.

- 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
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
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
c Add the amounts from lines 2a and 2b and enter the result on line 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.
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)

Step 4(b) — Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). 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
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er), \$18,650 if you're head of household, \$12,400 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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)**

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	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,370	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

**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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

**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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240

**DAVIS FARMLAND LLC  
DAVIS FARMLAND & DAVIS MEGA FARM FESTIVAL  
FARM EQUIPMENT & VEHICLE USE FORM**

Employee Name: \_\_\_\_\_ Date: \_\_\_\_\_

Job Area: \_\_\_\_\_ Manager: \_\_\_\_\_

MA License Current:  Yes  No MA License #: \_\_\_\_\_ Copy Attached

Date of Birth: \_\_\_\_\_ Expiration Date of License: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Are you 18 or older?  Yes  No

Is your license now revoked/suspended in MA or any other State or Canada?  Yes  No

Have you driven for at least two years?  Yes  No

Do you have any moving traffic violations or have you been involved in any vehicle accidents while driving any motor vehicles during the last 2 years?  Yes  No

If "Yes", please describe below:

<u>Date</u>	<u>City/State</u>	<u>Description</u>	<u>Mark on Record</u>
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I understand that, if approved, I am only allowed to operate the equipment/vehicles that my manager has approved on the rear of this form

I understand that I am required to notify my Manager if my license is revoked or suspended for any reason.

I authorize Davis Farmland LLC to access and evaluate my motor vehicle record.

I have read the Use of Motor Vehicle and Motorized Equipment Policy and agree to comply.

I certify that all the information provided above is correct. I understand that any falsification of information or failure to comply with the mandatory regulations may result in removal of driving privileges and/or disciplinary action.

\_\_\_\_\_  
Farmer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Manager Signature

\_\_\_\_\_  
Date

Farmer Name: \_\_\_\_\_

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

**FARMLAND EQUIPMENT AND VEHICLE LIST**

			MGR APP
#1	Farm Truck	Blue 2010 Chevy Colorado	
#3	White Truck	White 2015 Chevy Silverado	
#2	Doug's Truck	2018 Ford F250	
#4	John's Truck	White 2016 Chevy Silverado	
#5	Larry's Truck	2017 Moo Mobile GMC Yukon	
#7	Club Cars	Golf Carts	
#6	Lawn Mower		
#8	Weed Wacker	Hand and Push models	
#9	Hayride Tractor	2016 John Deere/2015 Farmco Hay Wagon*	
#10	5085 Tractor - Middle	John Deere 2015	
#11	5100 Tractor - Large	John Deere 2014	
#12	Round Bale	Feeding	
#13	Rake & Tedder	Heston Gyro Rake** & Misc rakes/Kuhn Tedder***	
#14	Sand & Bark Mulch	Bucket & Forks	
#15	Round Baling	Tractor plus JD Round Baler <sup>+</sup>	
#16	Square Baling	Tractor plus JD Square Baler <sup>++</sup>	
#17	Field Mower	2015 Kuhn Disc Mower/2015 Woods Mower	