

Davis Farmland EE Onboarding Checklist**2021**

Employee Name:

- Employee Welcome Packet - Acknowledgement of Policies & Notices

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

- Meal Break Waiver (optional)

- Work Permit if undr 18

- Emergency Contact Info

- Direct Deposit Authorization Form

- I-9 Form

- W-4 Form

- Use of Motor Vehicle Policy (As Needed)



2021

Employee Welcome Packet

Davis Farmland & Davis Mega Farm Festival

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



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 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.

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.

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.

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.

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/

- 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.

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.

- 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.

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.

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.

Employee Signature

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

Date

Davis Farmland & Davis Mega Farm Festival
2021 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 2021 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 2021 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 unpaid 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 _____



THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS

Employment Permit Application for 14 through 17 Year-Olds

Instructions: After completing the form and obtaining the required signatures as indicated, take this completed form to the Superintendent of Schools, or the person your school (including a charter school) has authorized to issue work permits, in the school district where you live or attend school. You should bring with you proof of your age, such as your birth certificate, passport, or immigration record. The Superintendent, or the person your school (including a charter school) has authorized to issue work permits, will then issue you an Employment Permit.

Bring the signed work permit back to your employer who must keep it until you leave the job.

Questions about this application should be directed to the Department of Labor Standards at (617) 626-6952.

If you are under 18 years of age, you must obtain a work permit before starting a new job.¹ G.L. c. 149, §§86-89. The following are the steps you should take; **please note that a Physicians Certificate of Health is required only of 14 and 15 year-olds.**

Steps for Getting an Employment Permit

1. Obtain a job offer from an employer.
2. Ask the employer to complete the following section:

Promise of Employment

Name of Minor:	
Name of Employer:	
Business Address:	
Job Title & Primary Duties:	
Number of Hours per day Minor is to be Employed:	
The undersigned agrees to employ this minor as stated above and in compliance with state law. A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.	
Signature of Employer or Authorized Agent	Date

¹ Minors who are 17 years of age, who can show documented proof of a high school diploma or the equivalent to the school official authorized to issue work permits, do not need a signed work permit, but must still complete this permit application.

NOTE: If the minor seeking an employment permit resides outside of Massachusetts, the minor should obtain a work permit from the superintendent of schools in the city/town in Massachusetts where the minor is to be employed.

3. **For 14 and 15 year-olds only (16 and 17 year-olds may skip this step):** Ask your doctor to complete the following section:

Note: The following Certificate of Health must be signed **within 12 months** of the date this application is presented to the school official issuing the permit.

Physician's Certificate of Health

I hereby certify that I have made a thorough physical examination of the following named 14 or 15 year-old minor:

and that, in my opinion, said minor is in sufficiently sound health and physically able to perform the work indicated above. **A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.**

Signature of Physician

Date

4. Ask your parent, guardian, or custodian to sign below.

I hereby approve the issuance of a permit for the work indicated above. **A summary of laws governing minors' hours of work and hazardous occupations can be found at the end of this application form.**

Name of Parent, Guardian, or Custodian

Signature of Parent, Guardian, or Custodian

Date

5. Sign this application below:

Signature of Minor

Date

Summary of Massachusetts² Laws Regulating Minors' Work Hours and Occupation Restrictions

Prohibited Jobs (Hazardous Orders)

Persons under 14 may not work: There are a few exceptions to this such as working as news carriers, on farms, and in entertainment (with a special permit).

Persons under 16 years old may *NOT*:

- Operate, clean or repair power-driven machinery (except office machines or machines in retail or food service not otherwise prohibited)
 - Cook (except on electric or gas grills that do not have open flames)
 - Operate fryolators, rotisseries, NEICO broilers, or pressure cookers
 - Operate, clean or repair power-driven food slicers, grinders, choppers, processors, cutters and mixers
 - Perform any baking activities
 - Operate microwave ovens (except to heat food in microwave ovens with a maximum capacity of 140 degrees Fahrenheit)
 - Clean kitchen surfaces that are hotter than 100 degrees Fahrenheit
 - Filter, transport, or dispose of cooking oil or grease hotter than 100 degrees Fahrenheit
 - Work in freezers or meat coolers
 - Work in a manufacturing facility or occupation (e.g., in a factory, as an assembler)
 - Work on ladders, scaffolds or their substitutes
 - Work in garages, except dispensing gas and oil
 - Work in brick or lumber yards
 - Work in amusement places (e.g., pool or billiard room, or bowling alley)
 - Work in barber shops
 - Work in construction, transportation, communications, or public utilities (except doing clerical work away from heavy machinery off the job-site)
 - Work in warehouses (except doing clerical work)
 - Load or unload trucks, railroad cars, or conveyors
 - Ride in or on a motor vehicle (except in a passenger seat wearing a seatbelt)
-
- Wash windows in public or commercial buildings if the window sill is more than 10 feet above the ground

² This is a compilation of state and federal child labor laws. The most protective laws are presented here and apply to all employers of teens including parents who may employ their children. There are additional regulations in this area not summarized here and some exceptions for employers in agricultural industries. Questions about the state child labor laws should be directed to the Massachusetts Office of the Attorney General, Fair Labor and Business Practices Division (617-727-3465). Questions about federal child labor laws should be directed to the U.S. Department of Labor, Wage and Hour Division (617-624-6700).

- Work doing laundry in a commercial laundry or dry cleaning establishment
- Work as a public messenger
- Work at processing operations (e.g., in meat, fish, or poultry processing or cracking nuts, bulk or mass mailing)
- Work around boilers or in engine rooms
- Do industrial homework
- Work with dangerous electrical machinery or appliances
- Work that is determined by the Massachusetts Attorney General to be dangerous to the health and well-being of minors
- **Work in any of the occupations or tasks prohibited for persons under age 18**

Persons under 18 years old may *NOT*:

- Drive a vehicle, forklift or work assist vehicle (except golf carts in certain circumstances)
- Ride as a passenger in a forklift
- Operate, clean or repair power-driven meat slicers, grinders or choppers
- Operate, clean or repair power-driven bakery machines (except for certain countertop models and pizza dough rollers)
- Work 30 feet or more above ground or water
- Handle, serve, or sell alcoholic beverages
- Use circular or band saws, guillotine shears, wood chippers, or abrasive cutting discs
- Use power-driven woodworking machines
- Use, service, drive or work from hoisting machines
- Operate or load power-driven paper balers, compactors, or other power-driven paper processing machines
- Use power-driven metal-forming, punching, or shearing machines
- Use buffing or polishing equipment
- Manufacture brick, tile, or kindred products
- Manufacture or store explosives
- Work in excavation, wrecking, demolition, or shipbreaking
- Work in forest fire fighting, forest fire prevention, timber track operations or forestry service
- Work in logging, sawmilling, or mining
- Work slaughtering, packing, or processing meat or poultry
- Work in railway operations
- Work in roofing or on or about a roof
- Work in foundries or around blast furnaces
- Work manufacturing phosphorus or phosphorus matches
- Work where they are exposed to radioactive substances
- Work as a firefighter or engineer on a boat
- Oil or clean hazardous machinery in motion
- Work in any job requiring the possession or use of a firearm*

Tasks not specifically permitted by the US DOL Secretary of Labor are prohibited.
Legal Work Hours for Teens in Massachusetts

Note: After 8:00 p.m., all minors must have the direct and immediate supervision of an adult supervisor who is located in the workplace and is reasonably accessible to the minor, unless the minor works at a kiosk, cart or stand in the common area of an enclosed shopping mall that has security from 8:00 p.m. until the mall is closed to the public.*

14 and 15 Year Olds

Work Hours

Only between 7 a.m. and 7 p.m. during the school year

Not during school hours

Only between 7 a.m. and 9 p.m. during the summer

(from July 1 through Labor Day)

Maximum Hours When School Is in Session

18 hours a week

3 hours a day on school days

8 hours a day Saturday, Sunday, holidays

6 days a week

Maximum Hours When School Is Not in Session

40 hours a week

8 hours a day

6 days a week

16 and 17 Year Olds

Work Hours*

Only between 6 a.m. and 10 p.m. (on nights preceding a regularly scheduled school day) – if the establishment stops serving clients or customers at 10:00 p.m., the minor may be employed until 10:15 p.m.

Only between 6 a.m. and 11:30 p.m. (on nights not preceding a regularly scheduled school day).

Exception for restaurants and racetracks: only between 6 a.m. and 12:00 midnight (on nights not preceding a regularly scheduled school day).

Maximum Hours of Work – Whether or Not School is in Session

48 hours a week

9 hours a day

6 days a week

* Indicates a change MA Child Labor Laws, effective date January 3, 2007.

EMPLOYEE EMERGENCY CONTACT FORM

EMPLOYEE NAME:

Last, First, Middle Initial

Social Security #

EMERGENCY CONTACT INFORMATION (please list 2):

1. _____
Primary Contact Name Relationship

Telephone#

Alternate Telephone#

2. _____
Secondary Contact Name Relationship

Telephone#

Alternate Telephone#



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 ____ / ____ / ____

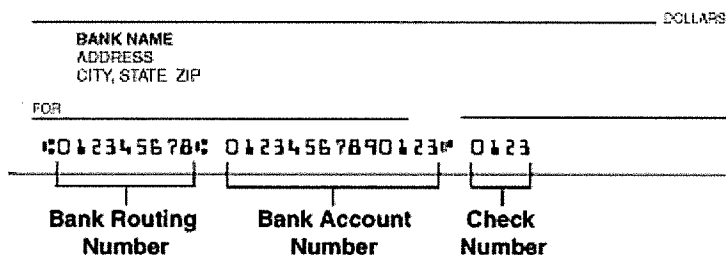
street

Email _____

City State ZIP

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



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

☐ 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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____	
<div>QR Code - Section 1 Do Not Write In This Space</div>	

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.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
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.)*

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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)
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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
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (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. 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 		<ol style="list-style-type: none"> 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 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 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 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. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

OMB No. 1545-0074

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.**

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	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 estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in 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 2021 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 ▶ \$		
	Add the amounts above and enter the total here	3	\$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$

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
Employers Only	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.

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 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 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.

- 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)

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	\$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

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	\$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

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	\$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

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