

IHT STAFFING
 2105-A CROMLEY CIRCLE
 MYRTLE BEACH, SC 29577

Personal Health History Questionnaire

Applicable state and federal laws prohibit discrimination based on disability or prior filing of claim for workers' compensation or taking medical leave to which you were entitled. This personal health history questionnaire will be maintained in a file separate from your employment file. Any false statements, misrepresentations, or concealments to secure employment are sufficient grounds for dismissal.

Circle YES or NO if you now have, or if you are being treated now by a health care provider, OR if you have had in the past, or have been treated in the past by a health care provider, for any of the following. Please provide the details of any "YES" answer, including the duration of the condition, dates of treatment, work restrictions or impairment level (if any), and outcome. Please use additional sheets of paper if necessary to fully answer each question.

| | | | | |
|------------------------------|-----------------------------|-----|--|----------|
| YES | <input type="checkbox"/> NO | 1. | Carpel Tunnel diagnosis or surgery | DETAILS: |
| YES | <input type="checkbox"/> NO | 2. | Heart Disease or Attack | DETAILS: |
| <input type="checkbox"/> YES | <input type="checkbox"/> NO | 3. | Bone or Joint problems, ie. Knee/shoulder/wrist, etc. | DETAILS: |
| YES | <input type="checkbox"/> NO | 4. | Dizziness, fainting spells or frequent headaches | DETAILS: |
| YES | <input type="checkbox"/> NO | 5. | Depression/Nervous Disorder/Mental Illness | DETAILS: |
| YES | <input type="checkbox"/> NO | 6. | Back or neck condition/injury? | DETAILS: |
| YES | <input type="checkbox"/> NO | 7. | Have you ever had surgery? | DETAILS: |
| YES | <input type="checkbox"/> NO | 8. | Do you have any physical limitations that limit or reduce your ability to perform any work related duties? | DETAILS: |
| YES | <input type="checkbox"/> NO | 9. | Have you ever had a workers' compensation claim due to an on-the-job injury or illness? | DETAILS: |
| YES | <input type="checkbox"/> NO | 10. | Have you had any medical condition, illness, or disease that resulted in your absence from work or inability to perform the essential functions of your job for more than 7 consecutive work days? | DETAILS: |

Have you ever had or been treated for any of the following conditions or diseases?

Repetitive Stress Trauma: No Yes Diabetes: No Yes
 Back or neck problems or injury: No Yes Alcoholism: No Yes
 Knee injury: No Yes Drug Addiction: No Yes
 Major illness in the past five years: No Yes

Employee Signature _____ Date _____

Print Name _____ Social Security Number (SSN) _____

Witnessed by _____ Date _____



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

In order to have your paystubs emailed to you weekly from our payroll system, please provide an email address: _____

IMPORTANT: Direct Deposit will not be processed until a voided check or direct deposit form from your bank is provided to us.

In order to receive Automatic Deposits, please complete the following information. For new enrollees and employees changing accounts, you must attach a voided personal check; if a savings deposit, please provide the proper routing number. Print clearly using a pen

Financial Institution (Bank) Information (For Direct Deposit Accounts Only) Please verify the ABA Routing Number, with your financial institution, for your Checking Account(s) (first 9 digits on your check) and for all other accounts. The employee is responsible for the accuracy of ABA Routing Number. Please allow 14 business days before receiving your first direct deposit.

| | | |
|---|---|--|
| Employer Information: | Company Name | Date of Hire |
| Employee Information: | Employee Name | Soc. Sec. # |
| | Street Address | |
| | City | State |
| | | Home Phone Number |
| <input type="checkbox"/> New Enrollment <input type="checkbox"/> Change Institution <input type="checkbox"/> Cancel Participation | | |
| Financial Institution Information: | Financial Institution Name | Type of Account |
| | Street Address | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | City | State |
| | Direct Deposit Routing/Transit No. | Account Number |
| | | Bank Phone Number |
| | | Deposit Amount |
| | | \$ _____ |
| | | _____ % |
| Financial Institution Information: (Use reverse side for additional institutions) | Financial Institution Name | Type of Account |
| | Street Address | <input type="checkbox"/> Checking <input type="checkbox"/> Savings |
| | City | State |
| | Direct Deposit Routing/Transit No. | Account Number |
| | | Bank Phone Number |
| | | Deposit Amount |
| | | \$ _____ |
| | | _____ % |
| Permission to Deduct | <p>FOR NEW ENROLLMENTS AND CHANGES, A VOIDED CHECK OR SAVINGS DEPOSIT SLIP MUST BE ATTACHED TO THIS FORM. (TO VERIFY OF ROUTING/TRANSIT NUMBERS)</p> <p>I (we) hereby authorize Employers HR, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) checking and/or savings account indicated below and the financial institution named below to credit and/or debit the same to such account. If I become subject to any attachment, garnishment, or levies, my participation in Direct Deposit may be terminated, and I will receive a check for my pay. In the event of an employee termination, the final pay may be a physical check. In order to cancel, you MUST provide written notice to Employers HR prior to payroll run with your name, SSN, and signature with the request to cancel. Employers HR will send Direct Deposits to arrive on your check date. Employers HR assumes no responsibility for when your banking institution credits funds to your account and reserves the right to override this authorization in accordance with your work site agreement.</p> | |
| | Employee Signature | Date |

www.employershr.net

_____ :PAYCARD (CHECK IF YOU WOULD LIKE A PAYCARD)

By providing the information requested above and signing below, I hereby elect and consent to receive my wages, including but not limited to off cycle age payments and wage payments upon discharge by electronic transfer of wages to a paycard.

EmployeeSignature: _____ Date: _____

PAYCARD NUMBER: _____

DEPOSIT AMOUNT: _____ OR ALL: _____

PRINT FULL NAME: _____

ADDRESS: _____

BIRTHDATE: _____

SS NUMBER: _____

IHT STAFFING

PERMANENT & TEMPORARY SERVICES

CRIMINAL BACKGROUND AND DRUG TESTING REIMBURSEMENT

_____, I agree to have my criminal background checked for a possible position with IHT. I also agree to a drug test to be conducted.

By signing this form, applicant is agreeing to reimburse IHT for the cost of this criminal background check/drug test from their 1st paycheck in the amount of \$20.00.

Applicant Signature: _____

Date: _____

IHT Coordinator: _____

Worker's Compensation Policy

All worker's compensation claims must be reported to IHT Staffing immediately for any accidents or injuries while working or while on any work site. All claims must be submitted within 8 hours of happening, whether major or minor. You must contact IHT Staffing (843-626-7970, during business hours and 843-450-3087, after hours).

After reporting your injury, you must report to our office to fill out necessary paperwork. From there you will be sent to an approved Doctor's Care or Emergency Room depending on your medical needs. If an accident happens after hours or on the weekend, a report must be made and you must report to our office at 8a on the following Monday morning to complete paperwork. You must bring all medical documentation with you.

Failure to report an injury in the 8 hours could mean that your claim could be delayed. If you seek medical attention on your own, you ARE RESPONSIBLE for that medical bill.

If you have a minor injury and decide not to file a WC claim, you will need to fill out a Refusal of Treatment. This must also be done within the 8-hour period.

After each medical visit, you must bring in all documentation given to you to IHT Staffing after your visit.

I have read the Workers' Compensation Policy and understand all procedures.

Date:

IHT STAFFING POLICIES AND PROCEDURES

Please initial each line after you have read and completely understand each statement

___ I understand that I am expected to complete any job assignment that I accept unless the work is unsafe. If I consider the job unsafe, I will call IHT Staffing immediately. A 24-hour answering service is available seven days a week for your convenience, 843-626-7970. All job details will be given to the employee upon acceptance of assignments.

___ I understand that failure to complete a job assignment without reasonable cause will result in a pay rate of the Federal Minimum Wage (\$7.25) for that particular assignment. This includes but not limited to the following: quitting a position without giving a 48-hour notice to IHT Staffing, no call, no show, disorderly or improper conduct while on the job causing reason for dismissal.

___ If for some unexpected reason such as an emergency or illness and I cannot make an assignment or if I will be arriving late, I will contact IHT Staffing as soon as possible so that a replacement can be scheduled in my place. I also agree to give IHT Staffing 48-hour notice if I need time off for a doctor's visit, car repairs, etc. My failure to do so will be grounds for IHT Staffing to assume that I have voluntarily quit. Non-compliance with this availability policy is regarded as voluntarily quit and you may be ineligible for unemployment benefits. Also, it states on the back of the IHT Staffing timecard when signed, you are agreeing to the terms and conditions. An employer may not hire an IHT Staffing employee before hours are completed without IHT Staffing being paid a fee.

___ Full-time is defined as 40 hours per week.

___ IHT Staffing has a very strict SUBSTANCE ABUSE POLICY and by signing this form I consent to submit to pre-employment (as required) and random drug testing. I understand that failure to comply with this my assignment will be grounds for my immediate termination.

___ IHT Staffing is not liable for drug screening and background checks. The employee will pay for the required pre-employment screenings upfront when applicable.

___ Timecards are the responsibility of the employee. They can be picked up at the office during business hours, printed off the IHT Staffing website (ihtstaffing.com) or found in the mailbox beside the front door. I understand that IHT Staffing will not recognize or pay for any hours worked by me WITHOUT a timecard SIGNED by the client. As an employee of IHT Staffing, it is my responsibility to fill out a timecard properly and make sure that it is turned into IHT Staffing office by 9 am every Monday morning. If the timecard is faxed, it is my responsibility to follow up and confirm that my timecard has been received. Failure to turn in a signed timecard could result in not being paid on time. Pay checks are available for pick-up every Friday from 7:30 am to 5:00 pm. IHT Staffing offers direct deposit and pay cards in addition to regular paychecks.

___ I understand that if I give IHT Staffing permission to mail my paycheck due to moving out of state to the address that I have provided on a Self-Addressed Stamped Envelope. I also understand that it is my responsibility to pay the \$35 stop payment fee to IHT Staffing in the event that I do not receive my mailed check and it needs to be reissued.

By signing below, you are agreeing to IHT Staffing's policies and procedures.

Employee Signature: _____ Date: _____

IMPORTANT- TO ALL EMPLOYEES:

PLEASE REMEMBER TO ADHERE TO THE FOLLOWING POLICIES WHILE WORKING ON SITE FOR IHT STAFFING. FAILURE TO DO SO WILL RESULT IN RECEIVING MINIMUM WAGE AND POSSIBLE TERMINATION.

NO EATING OR DRINKING ANYWHERE WHILE AT WORK, EXCEPT IN DESIGNATED AREAS AND YOU MUST BRING YOUR OWN FOOD AND DRINK.

NO CELL PHONE USE WHILE WORKING.

NO SMOKING EXCEPT IN DESIGNATED AREAS AND ONLY AT BREAK TIMES.

NO VISITORS AT WORK.

NO DRINKING ALCOHOLIC BEVERAGES ON PREMISES

NO SLEEPING OR LOUNGING WHILE AT WORK.

DO NOT DISCUSS WAGES WITH ANY OTHER EMPLOYEES.

ALL TIMECARDS MUST BE TURNED IN BY 9AM ON MONDAY. IT IS YOUR RESPONSIBILITY TO TURN THESE IN- NOT OURS!

ABSOLUTELY NO GUNS, KNIVES OR OTHER WEAPONS ANYWHERE ON WORK PROPERTY- THIS INCLUDES IN VEHICLES AND ON PARKING LOTS.

REMEMBER THIS POLICY:

HOSPITALITY/WEEKEND WORKERS: WEEKENDS ARE MANDATORY!!!

IF UNIFORMS ARE REQUIRED, YOU MUST WEAR THEM- THEY ARE MANDATORY.

IF UNIFORMS, KEYS AND SUPPLIES ARE ISSUED AND YOU ARE NO LONGER WORKING THERE, YOU ARE REQUIRED TO TURN THEM IN TO THE OFFICE AT IHT AND YOU WILL NOT RECEIVE YOUR PAY UNTIL YOU DO.

SIGNED: _____ DATE: _____

EMPLOYEE ACKNOWLEDGEMENT FORM

The Coastal Group (and all affiliated companies) is firmly committed to your safety. We will do everything possible to prevent workplace accidents and are committed to providing a safe working environment for you and all employees.

You are encouraged to report any unsafe work practices or safety hazards encountered on the job. All accidents/incidents (no matter how slight) are to be reported immediately to the supervisor on duty.

A key factor in implementing this policy will be strict compliance to all applicable federal, state, local, and The Coastal Groups policies and procedures. Failure to comply with these policies may result in disciplinary actions.

Additionally, The Coastal Group (and all affiliates) subscribes to these principles:

1. All accidents are preventable through implementation of effective Safety and Health Control policies and programs.
2. Safety and Health controls are a major part of our work week every day.
3. Accident prevention is good business. It minimizes human suffering, promotes better working conditions for everyone, holds The Coastal Group in higher regard with customers, and increases productivity.
4. Management is responsible for providing the safest possible workplace for Employees. Consequently, management is committed to allocating and providing the resources needed to promote and effectively implement this safety policy.
5. Employees are responsible for following safe work practices, company rules, and for preventing accidents and injuries.
6. Our safety program applies to all employees and persons affected or associated in any way by the scope of this business.

By signing this document, I confirm receipt of The Coastal Group's Employee Safety Handbook and acknowledge that I have read and understood all policies, programs, and actions as described and agree to comply with these policies.

Employee Name (printed)

Employee Signature

DATE

EEO IDENTIFICATION

Various agencies of the United States Government require employers to maintain information on applicants pertaining to factors such as race, sex, and type of position for which an individual applies. The information requested on this sheet is for compliance with certain record keeping requirements. Waterfront Staffing Inc believe all persons are entitled to equal employment opportunities and do not discriminate against its employees or applicants for employment because of race, color, sex, religion, national origin, disability, veteran status, age, marital status, or any other protected group status.

Name: _____ Date: ____ / ____ / ____

Position applied for: _____

Social Security Number (SSN): _____ Date of Birth: ____ / ____ / ____ Gender: Male Female

Race/Ethnic Data:

White (Non-Hispanic)
Origins of Europe, North
Africa, or Middle East

Asian (Non-Hispanic)
Origins of Far East, Southeast
Asia, or the Indian subcontinent

Native Hawaiian or Other
Pacific Islander
Origins of Hawaii, Guam, Samoa,
or other Pacific Islands

Black or African American
(Non-Hispanic)
Origins in any of the black
Racial groups of Africa

Hispanic or Latino
Mexican, Cuban, Puerto Rican,
South or Central American, or
Other Spanish culture or origin
regardless of race

American Indian or Alaskan Native
Origins of North and South America
(including Central America), who
maintain tribal affiliation or
community attachment

Two or more races
(Non-Hispanic)
All persons who identify with more
than one of the above races

Regulations issued by the U.S. Department of Labor with respect to disabled individuals, disabled veteran and Vietnam Era veterans require that federal contractors provide an opportunity for self-identification to candidates seeking employment. Such self-identification is submitted on a voluntary basis, for use one in accordance with regulations, and without subjecting the individual to adverse treatment.

Disabled/Veteran Classification(s):

Special Disabled Veteran
(30% or more disability)

Vietnam Era Veteran

Other Eligible Veteran

Disabled Individual

To be Completed by the Worksite Employer

If the employee elected not to complete this form, the Worksite Employer has completed it through visual identification as required by law.

From the EEO job classification listed below, which one best describes the position filled?

1.1 - Executive/Senior Level
Officials and Managers

2 - Professionals

6 - Craft Workers (skilled)

1.2 - First/Mid Level Officials
& Managers

3 - Technicians

7 - Operative (semi-skilled)

4 - Sales

8 - Laborers (unskilled)

5 - Office and Clerical

9 - Service Workers



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in Section 1, or specify which acceptable documentation employees must present for Section 2 or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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 (if any) | Other Last Names Used (if any) | |
| Address (Street Number and Name) | | | Apt. Number (if any) | City or Town | | State |
| Date of Birth (mm/dd/yyyy) | | U.S. Social Security Number | | Employee's Email Address | | Employee's Telephone Number |

| | | | |
|--|---|----|---|
| <p>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</p> | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): | | |
| | <input type="checkbox"/> 1. A citizen of the United States | | |
| | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.) | | |
| | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.) | | |
| <input type="checkbox"/> 4. A noncitizen (other than Item Numbers 2. and 3. above) authorized to work until (exp. date, if any) | | | |
| If you check Item Number 4., enter one of these: | | | |
| USCIS A-Number | | OR | Form I-94 Admission Number |
| | | OR | Foreign Passport Number and Country of Issuance |

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

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

| Document Title 1 | List A | OR | List B | AND | List C |
|---------------------------|---|----|--------|-----|--------|
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 2 (if any) | Additional Information <input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents. | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |
| Document Title 3 (if any) | | | | | |
| Issuing Authority | | | | | |
| Document Number (if any) | | | | | |
| Expiration Date (if any) | | | | | |

| | | |
|--|--|---------------------------------------|
| Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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. | | First Day of Employment (mm/dd/yyyy): |
|--|--|---------------------------------------|

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

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

Company Name: IHT Staffing

Location: Myrtle Beach, SC

SECTION 1

Employee: _____ SS#: _____
Address: _____ Apt.: _____ Phone: _____
City: _____ County: _____ State: _____ Zip: _____
Hire Date with Client: _____ Hire Date with Employers HR: _____

IN CASE OF EMERGENCY, PLEASE CONTACT

Name: _____ Relationship: _____
Address: _____ Apt.: _____ Phone: _____
City: _____ County: _____ State: _____ Zip: _____

SECTION 2

Date of Birth: _____ Sex: Male Female

Please check the appropriate box below:

Hispanic or Latino White Black or African American Native Hawaiian or Other Pacific Islander
 Asian American Indian or Alaska Native Two or more Races

Employee Signature: _____ Date: _____

This Section Must be Completed by Your Supervisor

Supervisor's Name: _____ Hire Date: _____

Type of Hire: New Hire Re-hire Employers HR/Client Transaction

Job Title: _____ Employees # _____ Badge # _____

Division: _____ Department _____ Location _____ Region _____

Employee: Full Time Part Time Exempt Non-exempt Workers Compensation Class Code _____

Pay Cycle: Weekly Bi-Weekly Semi-Monthly Monthly

Pay type and Rate: Hourly Rate \$ _____ Salary (Per Pay Cycle) \$ _____ Commissions/Other \$ _____

Insurance Eligibility: YES NO Date Eligible _____ Benefit Group _____

Employers HR is an Equal Opportunity Employer. The above information is used only to submit to the EEO report to the Federal Government each year. Employers HR is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race, ethnicity and gender. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and separate from personnel files. It will only be used in accordance with the provisions of applicable laws, executive orders and regulations: including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

I, the undersigned employee, in consideration of my hiring by Employers HR as an at-will leased employee, of Employer HR, acknowledge and agree to the following. I have been hired as an at will employee of Employers HR which is an employee leasing company and there is no contract of employment which exist between me and the client to which I have been assigned, not between Employers HR and Me. I understand and agree that either Employers HR or I can terminate our employment relationship at any time, as I am an at will employee. I also agree that I may be assigned to an affiliated Employers HR company and employed by such company at any time at the sole and complete discretion of Employers HR and without my consent or agreement. I also agree that while I am a leased employee of Employers HR, if Employers HR does not receive payment from client for services which I perform as a leased employee, Employers HR will still pay me the applicable minimum wage (or the legally required minimum salary or overtime pay) for any such pay period, and I agree to this method of compensation. I understand that the client to which I am assigned at all times remains obligated to pay me my regular hourly rate of pay if I am non-exempt employee and to pay me my full salary if am an exempt employee even if Employers HR is not paid by the client to which I am assigned. I have been informed and I agree that if my assignment with any Employers HR client to which I am assigned ends for any reason, I must report back to Employers HR with in seventy-two (72) hours for possible reassignment and that unemployment benefits may be denied to me if I fail to do so. In recognition of the fact that any work injuries which might be sustained by me are covered by state workers compensation statutes, and to avoid the circumvention of such statutes which might result from suits against the customers or clients of Employers HR or against Employers HR based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of Employers HR or against Employers HR for damages based upon injuries which are covered under such workers compensation statutes. I also agree to comply with any drug testing policy, which Employers HR may adopt, and I specifically agree to post-accident drug testing in any situation where it is allowed by law. In addition, I also agree that if at any time during my employment I am subjected to any type of discrimination, including discrimination because of race, sex, age, religion, color, veteran status, retaliation, national origin, handicap, disability or marital status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact Employers HR Human Resources Direction at 888-796-8398 in order to obtain assistance in the resolution of such matters.

Employee Signature: _____ Date: _____

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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.

2023

| | | | |
|---|---|-----------|---|
| 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 surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Reserved for future use.

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

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

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

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

| | | | |
|--|--|-------------|----|
| Step 3: Claim Dependent and Other Credits | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 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

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

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

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

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

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

Specific Instructions

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

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

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



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

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

Step 4 (optional).

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

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

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

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



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

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

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

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



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately } 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 territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

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

Single or Married Filing Separately

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

Head of Household

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

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STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUE

SC W-4
(Rev. 11/3/22)
3527
2023

dor.sc.gov

**SOUTH CAROLINA EMPLOYEE'S
WITHHOLDING ALLOWANCE CERTIFICATE**

Give this form to your employer. Keep the worksheets for your records. The SCDOR may review any allowances and exemptions claimed. Your employer may be required to send a copy of this form to the SCDOR.

Part I: Employee Information

| | | | | | |
|---|-------|-----------|---|--------------------------|--|
| 1 First name and middle initial | | Last name | | 2 Social Security Number | |
| Address | | | 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. If Married filing separately, check Married, but withhold at higher Single rate. | | |
| City | State | ZIP | 4 Check if your last name is different on your Social Security card. <input type="checkbox"/> For a replacement card, contact the Social Security Admin at 1-800-772-1213 . | | |
| 5 Total number of allowances (from the applicable worksheet on page 3) | | | | 5 | |
| 6 Additional amount, if any, to withhold from each paycheck | | | | 6 \$ | |
| 7 I claim exemption from withholding for 2023. Check the box for the exemption reason and write Exempt on line 7. For tax year 2022, I had a right to a refund of all South Carolina Income Tax withheld because I had no tax liability, and for tax year 2023 I expect a refund of all South Carolina Income Tax withheld because I expect to have no tax liability. <input type="checkbox"/> I elect to use the same state of residence for tax purposes as my military servicemember spouse. I have provided my employer with a copy of my current military ID card and a copy of my spouse's latest Leave and Earning Statement (LES). State of domicile: _____ | | | | | |
| | | | | 7 | |

Under penalty of law, I certify that this information is correct, true, and complete to the best of my knowledge.

Employee's signature (required) _____ **Date** _____

Part II: Employer Information

Complete box 8 and box 10 if sending to the SCDOR. Complete box 8, box 9, and box 10 if sending to the State Directory of New Hires.

| | | | |
|-------------------------------|--|----------------------------|---|
| 8 Employer's name and address | | 9 First date of employment | 10 Employer identification number (EIN) |
|-------------------------------|--|----------------------------|---|

INSTRUCTIONS

Employee instructions

Complete the SC W-4 so your employer can withhold the correct South Carolina Income Tax from your pay. If you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Determine the number of withholding allowances you should claim for withholding for 2023 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Consider completing a new SC W-4 each year and when your personal or financial situation changes. This keeps your withholding accurate and helps you avoid surprises when you file your South Carolina Individual Income Tax return.

For the latest information about South Carolina Withholding Tax and the SC W-4, visit dor.sc.gov/withholding.

Exemptions: You may claim exemption from South Carolina withholding for 2023 for one of the following reasons:

- For tax year 2022, you had a right to a refund of **all** South Carolina Income Tax withheld because you had **no** tax liability, **and** for tax year 2023 you expect a refund of **all** South Carolina Income Tax withheld because you expect to have **no** tax liability.
- Under the Servicemembers Civil Relief Act, you are claiming the same state of residence for tax purposes as your military servicemember spouse. You are only in South Carolina, or a bordering state, to be with your military spouse who is serving in the state in compliance with military orders. Provide your employer with a copy of your current military ID card and a copy of your spouse's latest Leave and Earnings Statement (LES). Your military ID card must have been issued within the last four years. The assignment location on the LES must be in South Carolina or a bordering state. Enter your spouse's state of domicile on the line provided.

If you are exempt, complete **only** line 1 through line 4 and line 7. Check the box for the reason you are claiming an exemption and write **Exempt** on line 7. Your exemption for 2023 expires February 15, 2024. If you are a military spouse and you no longer qualify for the exemption, you have 10 days to update your SC W-4 with your employer.

Filers with multiple jobs or working spouses: You will need to file an SC W-4 for each employer. If you have more than one job, or if you are married filing jointly and your spouse is also working, you may want to consider only claiming allowances on the SC W-4 for the highest earning job and/or adding additional withholding on line 6 to ensure you are having enough withheld.

Employee's Withholding Certificate

Department of the Treasury
Internal Revenue Service

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.

2023

| | | | |
|---|---|-----------|---|
| 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 surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) | | |

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Reserved for future use.

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

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

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

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

| | | | |
|--|--|-------------|----|
| Step 3: Claim Dependent and Other Credits | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): Multiply the number of qualifying children under age 17 by \$2,000 \$ _____ Multiply the number of other dependents by \$500 \$ _____ Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here | 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) |
|-----------------------|-----------------------------|--------------------------|--------------------------------------|

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dor.sc.gov

STATE OF SOUTH CAROLINA
DEPARTMENT OF REVENUESOUTH CAROLINA EMPLOYEE'S
WITHHOLDING ALLOWANCE CERTIFICATE

SC W-4

(Rev. 11/3/22)
3527

2023

Give this form to your employer. Keep the worksheets for your records. The SCDOR may review any allowances and exemptions claimed. Your employer may be required to send a copy of this form to the SCDOR.

Part I: Employee Information

| | | | | |
|---------|---|-----------|---|---|
| 1 | First name and middle initial | Last name | 2 | Social Security Number |
| Address | | | 3 | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. If Married filing separately, check Married, but withhold at higher Single rate. |
| City | State | ZIP | 4 | Check if your last name is different on your Social Security card. <input type="checkbox"/> For a replacement card, contact the Social Security Admin at 1-800-772-1213. |
| 5 | Total number of allowances (from the applicable worksheet on page 3) | | | 5 |
| 6 | Additional amount, if any, to withhold from each paycheck | | | 6 \$ |
| 7 | I claim exemption from withholding for 2023. Check the box for the exemption reason and write Exempt on line 7. For tax year 2022, I had a right to a refund of all South Carolina Income Tax withheld because I had no tax liability, and for tax year 2023 I expect a refund of all South Carolina Income Tax withheld because I expect to have no tax liability. <input type="checkbox"/> I elect to use the same state of residence for tax purposes as my military servicemember spouse. I have provided my employer with a copy of my current military ID card and a copy of my spouse's latest Leave and Earning Statement (LES). State of domicile: _____ | | | 7 |

Under penalty of law, I certify that this information is correct, true, and complete to the best of my knowledge.

Employee's signature (required)

Date

Part II: Employer Information

Complete box 8 and box 10 if sending to the SCDOR. Complete box 8, box 9, and box 10 if sending to the State Directory of New Hires.

| | | | | | |
|---|-----------------------------|---|--------------------------|----|--------------------------------------|
| 8 | Employer's name and address | 9 | First date of employment | 10 | Employer identification number (EIN) |
|---|-----------------------------|---|--------------------------|----|--------------------------------------|

INSTRUCTIONS

Employee instructions

Complete the SC W-4 so your employer can withhold the correct South Carolina Income Tax from your pay. If you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Determine the number of withholding allowances you should claim for withholding for 2023 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Consider completing a new SC W-4 each year and when your personal or financial situation changes. This keeps your withholding accurate and helps you avoid surprises when you file your South Carolina Individual Income Tax return.

For the latest information about South Carolina Withholding Tax and the SC W-4, visit dor.sc.gov/withholding.

Exemptions: You may claim exemption from South Carolina withholding for 2023 for one of the following reasons:

- For tax year 2022, you had a right to a refund of **all** South Carolina Income Tax withheld because you had **no** tax liability, **and** for tax year 2023 you expect a refund of **all** South Carolina Income Tax withheld because you expect to have **no** tax liability.
- Under the Servicemembers Civil Relief Act, you are claiming the same state of residence for tax purposes as your military servicemember spouse. You are only in South Carolina, or a bordering state, to be with your military spouse who is serving in the state in compliance with military orders. Provide your employer with a copy of your current military ID card and a copy of your spouse's latest Leave and Earnings Statement (LES). Your military ID card must have been issued within the last four years. The assignment location on the LES must be in South Carolina or a bordering state. Enter your spouse's state of domicile on the line provided.

If you are exempt, complete **only** line 1 through line 4 and line 7. Check the box for the reason you are claiming an exemption and write **Exempt** on line 7. Your exemption for 2023 expires February 15, 2024. If you are a military spouse and you no longer qualify for the exemption, you have 10 days to update your SC W-4 with your employer.

Filers with multiple jobs or working spouses: You will need to file an SC W-4 for each employer. If you have more than one job, or if you are married filing jointly and your spouse is also working, you may want to consider only claiming allowances on the SC W-4 for the highest earning job and/or adding additional withholding on line 6 to ensure you are having enough withheld.

Nonwage income: If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making Estimated Tax payments using the SC1040ES, Individual Declaration of Estimated Tax, or adding additional withholding from this job's wages on line 6. Otherwise, you may owe additional tax. Find the SC1040ES with instructions at dor.sc.gov/forms. The fastest, easiest way to make Estimated Tax payments is using our free, online tax portal, **MyDORWAY**, at dor.sc.gov/pay. Select **Individual Income Tax Payment** to get started. Do not mail a paper copy of the SC1040ES if you pay online. If you have not yet filed a South Carolina Individual Income Tax return, you must use the SC1040ES and cannot make Estimated Tax payments on MyDORWAY.

Employer instructions

Complete box 8 through box 10, as necessary. Employees do **not** complete this section.

- **New hire reporting:** You must report newly-hired employees within 20 days after the employee's first day of work. For more information, see SC Code Section 43-5-598 and 42 USC Section 653a or visit newhire.sc.gov.
- **Box 8:** Enter your name and address. If you are sending a copy of this form to the State Directory of New Hires, enter the address where child support agencies should send income withholding orders.
- **Box 9:** If you are sending a copy of this form to the State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If you rehired the employee after they had been separated from your service for at least 60 days, enter the rehire date.
- **Box 10:** Enter your Employer Identification Number (EIN).

All employers reporting South Carolina wages or withholdings must submit the W-2s directly to the SCDOR. Submitting the W-2s to the Social Security Administration does not meet this requirement. The fastest, easiest way to submit W-2s is using our free, online tax portal, **MyDORWAY**, at MyDORWAY.dor.sc.gov. Sign in to your existing account or create an account to get started. Once you've logged in, select the **More** tab, then click **Upload W-2s**, listed under the **Other** section.

The Withholding Tax Tables and the Withholding Tax Formula are available at dor.sc.gov/withholding.

Worksheet instructions

Personal Allowances Worksheet: Complete the worksheet on page 3 to determine the number of withholding allowances to claim.

- **Line C: Head of household** - Generally, you may claim the head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. For more information on filing status, refer to IRS Pub. 501, available at irs.gov.
- **Line E: Dependents** - The total number of dependents claimed on your South Carolina return must equal the number of dependents claimed on your federal return. This includes qualifying children and qualifying relatives. Enter the total number of eligible dependents.
- **Line F: Dependents under the age of 6** - Enter the number of dependents from line E who have **not** reached the age of six by December 31, 2023.

Enter the total from line G of this worksheet on line 5 of the SC W-4.

Deductions, Adjustments, and Additional Income Worksheet: Complete this **optional** worksheet if you plan to itemize or claim adjustments to income and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding.

- **Reduce withholding:** Complete this worksheet to determine if you are able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you reduce your withholding, your refund at the end of the year will be smaller, but your paycheck will be larger.
- **Increase withholding:** You can also use this worksheet to determine how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Enter the total from line 10 of this worksheet on line 5 of the SC W-4.

SC W-4 Worksheets
KEEP FOR YOUR RECORDS

Personal Allowances Worksheet

| | | | |
|----------|---|----------|-------|
| A | Enter 1 for yourself | A | _____ |
| B | Enter 1 if you will file as married filing jointly | B | _____ |
| C | Enter 1 if you will file as head of household | C | _____ |
| D | Enter 1 if: | D | _____ |
| | <ul style="list-style-type: none"> • You are single, or married filing separately, and have only one job; or • You are married filing jointly, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. | | |
| E | Dependents: Enter the number of dependents you will claim on your 2023 federal return | E | _____ |
| F | Dependents under the age of 6: Enter the number of dependents from line E who are under the age of 6 as of December 31, 2023. | F | _____ |
| G | Add line A through line F. | G | _____ |

For accuracy, **complete all worksheets that apply.**

- **If you plan to itemize or claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If the above situation does not apply, **stop here** and enter the number from line G on line 5 of the SC W-4 on page 1.

Deductions, Adjustments, and Additional Income Worksheet

Note: Use this worksheet **only** if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

| | | | |
|-----------|--|-----------|----------|
| 1 | Enter an estimate of your 2023 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. For more information, refer to IRS Pub. 505, available at irs.gov | 1 | \$ _____ |
| 2 | Enter the 2023 federal standard deduction amount based on your filing status. | 2 | \$ _____ |
| 3 | Subtract line 2 from line 1. If zero or less, enter 0. | 3 | \$ _____ |
| 4 | Enter an estimate of your 2023 adjustments to income and any additional standard deduction for age or blindness. For more information, refer to IRS Pub. 505, available at irs.gov | 4 | \$ _____ |
| 5 | Add line 3 and line 4 | 5 | \$ _____ |
| 6 | Enter an estimate of your 2023 nonwage income not subject to withholding (such as dividends or interest) | 6 | \$ _____ |
| 7 | Subtract line 6 from line 5. If zero, enter 0. Enter a negative amount in brackets | 7 | \$ _____ |
| 8 | Divide line 7 by \$4,400. Enter a negative amount in brackets . Round decimals down | 8 | _____ |
| 9 | Enter the number from the Personal Allowances Worksheet , line G. | 9 | _____ |
| 10 | Add line 8 and line 9. If zero or less, enter 0. | 10 | _____ |

Enter the total from line 10 on line 5 of the SC W-4 on page 1.

The Family Privacy Protection Act

Under the Family Privacy Protection Act, the collection of personal information from citizens by the SCDOR is limited to the information necessary for the SCDOR to fulfill its statutory duties. In most instances, once this information is collected by the SCDOR, it is protected by law from public disclosure. In those situations where public disclosure is not prohibited, the Family Privacy Protection Act prevents such information from being used by third parties for commercial solicitation purposes.

Social Security Privacy Act Disclosure

It is mandatory that you provide your Social Security Number on this tax form if you are an individual taxpayer. 42 U.S.C. 405(c)(2)(C)(i) permits a state to use an individual's Social Security Number as means of identification in administration of any tax. SC Regulation 117-201 mandates that any person required to make a return to the SCDOR must provide identifying numbers, as prescribed, for securing proper identification. Your Social Security Number is used for identification purposes.



VSI 3122501-BSD1

OFFICE USE ONLY LOCATION _____

Rehire Date ___/___/_____

ENROLLMENT FORM

ESC/MEC 4NAW P1M v24.1

A. REQUIRED EMPLOYEE INFORMATION**PRINT USING BLACK or BLUE INK (Must Be Filled Out)**

| | | | |
|-------------------|----------------------|--|--|
| Name | Phone | Do you or any of your dependents receive Medicare Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No. If Yes: | |
| Social Security # | Date of Birth / / | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Medicare Health Insurance Claim Number (HICN) |
| Address | Apt. # | Medicare Effective Date | |
| City | Zip | State | Name of Covered Person(s): 1. _____ 2. _____ |

B. MEDICARE INFORMATION**C. LIMITED BENEFIT PLAN SELECTION****Payroll Deducted Weekly Rates**

You **MUST** enroll in the **Fixed Indemnity Medical Insurance Plan** before adding any additional benefits in Section C. Your coverage level for the additional benefits in Section C will be identical to your fixed indemnity medical plan selection. These plans are underwritten by BCS Insurance Company and 4 Ever Life Insurance Company.

| | FIXED INDEMNITY MEDICAL ¹ | DENTAL ¹ | VISION ¹ | TERM LIFE ¹ | SHORT-TERM DISABILITY ^{1,2} |
|-----------------------|--|--|--|--|--|
| Employee Only | <input type="checkbox"/> \$19.98 | <input type="checkbox"/> \$5.40 | <input type="checkbox"/> \$2.42 | <input type="checkbox"/> \$0.60 | <input type="checkbox"/> \$4.20 |
| Employee + Child(ren) | <input type="checkbox"/> \$33.17 | <input type="checkbox"/> \$14.58 | <input type="checkbox"/> \$6.54 | <input type="checkbox"/> \$0.90 | |
| Employee + Spouse | <input type="checkbox"/> \$37.96 | <input type="checkbox"/> \$10.80 | <input type="checkbox"/> \$4.84 | <input type="checkbox"/> \$0.90 | |
| Employee + Family | <input type="checkbox"/> \$50.55 | <input type="checkbox"/> \$20.52 | <input type="checkbox"/> \$9.20 | <input type="checkbox"/> \$1.80 | |
| | <input type="checkbox"/> NO to ALL Benefits | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No |

¹ This coverage is not available to residents of NH, HI, or PR. ² STD is not available to persons who reside in CA, HI, NH, NJ, NY, or RI.

For Term Life / Accidental Death & Dismemberment please write in your beneficiary information. Accidental Death & Dismemberment is part of the Group Term Life Benefit.

Name _____ Relationship _____

D. REQUIRED DEPENDENT INFORMATION

| | | | | |
|------|-------------------|----------------------|---|--|
| Name | Social Security # | Date of Birth / / | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner |
| Name | Social Security # | Date of Birth / / | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner |
| Name | Social Security # | Date of Birth / / | Gender <input type="checkbox"/> M <input type="checkbox"/> F | Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Domestic Partner |

E. OPTIONAL MEC WELLNESS/PREVENTIVE BENEFIT SELECTION

83122501-M-BSD1

Payroll Deducted Weekly Rates

Enrolling in the **Optional MEC Wellness/Preventive Benefit** may **DISQUALIFY** you from receiving a subsidy from the health insurance exchange. The MEC Wellness/Preventive Benefit is **NOT** underwritten by BCS Insurance Company. It is a benefit offered and provided by your employer. Note: The Patient Protection and Affordable Care Act (PPACA) individual mandate no longer imposes a penalty at the federal level; however, please check with your state for any state specific individual mandate requirements or penalties. Rates for the MEC Wellness/Preventive Benefit are billed weekly.

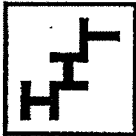
\$13.42 Employee Only \$15.18 Employee + Child(ren) \$16.38 Employee + Spouse \$18.66 Employee + Family
 NO to MEC Wellness/Preventive

F. REQUIRED SIGNATURE**YOU MUST SIGN AND DATE EVEN IF YOU DECLINE COVERAGE**

By signing below, I confirm I have read the Benefits Summary and the Limitations and Exclusions for the recommended benefit plans; I've been offered self-funded ACA compliant coverage (MEC Wellness/Preventive). I understand that weekly or biweekly rates, as provided above, will be deducted based on my assignment; open enrollment is only available for a limited time; that making no benefit selection is a declination of benefit coverage and benefit coverage is only available to employees who are over the age of 18 with a valid SSN.

DATE ___/___/_____

▶ SIGNATURE _____



2105 Cromley Circle
 Unit A
 Myrtle Beach, SC 29577
 P (843)626-7970
 F (843)626-7974
 ihtstaffing.com

IMPORTANT FOR EMPLOYEE: BY EXECUTING THIS FORM, EMPLOYEE AGREES TO TERMS AND CONDITIONS OF INNOVATIVE HIRING TECHNOLOGY, INCORPORATED AND CERTIFIES THAT THIS FORM IS TRUE AND ACCURATE AND THAT NO INJURIES WERE SUFFERED

| | |
|------------------------|--|
| EMPLOYEE SIGNATURE | |
| PRINT EMPLOYEE NAME | |
| SOCIAL SECURITY NUMBER | |

ASSIGNMENT COMPLETED? YES NO

AVAILABLE FOR WORK? YES NO

WHEN AVAILABLE

IF AVAILABILITY NOT INDICATED, IT MAY BE ASSUMED THAT I AM NOT AVAILABLE.

- Type or use ballpoint pen. Press hard, you are making 2 copies.
- Use a separate time record for each week, each pay rate.
- Must be signed by authorized representative of client company.

PLEASE DO NOT ADVANCE ANY MONEY TO EMPLOYEE

CUSTOMER AGREEMENT

I certify that the hours worked by the above named IHT Staffing employee are true and correct and that the work was performed in a satisfactory manner. I do hereby agree not to work for any contractor or anyone associated with the company that IHT Staffing has referred me to for a period of 6 months without first notifying IHT Staffing. If I fail to comply with this agreement I will be charged a fair and equitable fee up to 15% of my first year's annual salary for my placement.

I understand that I cannot allow your employee to operate any motor vehicles, automotive or truck equipment without my signing a Driver's Release. I agree to accept full responsibility for any bodily injury, property damage, or fire caused by the said IHT Staffing employee while said IHT Staffing employee is operating any of the aforementioned vehicles or equipment.

I hereby warrant that I comply with all laws, rules and regulations of duly constituted governmental bodies concerning IHT Staffing or any other employees and agree to indemnify and hold IHT Staffing harmless from any and all claims, suits, demands or other causes of action which may arise or be asserted against IHT Staffing by reason of my

failure to comply with same. I further agree not to entrust the said IHT Staffing employee with any cash, negotiables or other valuables without prior written permission from IHT Staffing. It is further understood that IHT Staffing will not be responsible for any claims arising out of or under its Fidelity bond unless such claims are reported in writing to IHT Staffing within one week after the alleged wrongful act.

It is agreed that if I become delinquent in the payment of all or part of any invoice generated hereby, I will be responsible for all costs of collection, including attorney's fees if collected by or through an attorney-at-law.

Recognizing the substantial investment that IHT Staffing has in maintaining its staff we agree to contact IHT Staffing in writing immediately if our firm is interested in offering the employee represented by the above Social Security number employment within 180 days after the week ending date above, and if we agree to hire this employee this contact with IHT Staffing will be for the purpose of agreeing on what compensation IHT Staffing should receive from us for putting this employee on our payroll.

| INITIAL | DATE | DAY | TIME STARTED | TIME FINISHED | LESS LUNCH | TOTAL HOURS WORKED | |
|---------|------|------|--------------|---------------|------------|--------------------|----|
| | | | | | | REGULAR | OT |
| | | MON | | | | | |
| | | TUES | | | | | |
| | | WED | | | | | |
| | | THUR | | | | | |
| | | FRI | | | | | |
| | | SAT | | | | | |
| | | SUN | | | | | |

TOTAL HOURS FOR WEEK TO NEAREST 1/4 HOUR
 CLIENT TO DRAW LINE THROUGH ANY BLANK SPACES ABOVE

IMPORTANT: BY EXECUTION OF THIS FORM, CLIENT CERTIFIES THAT HOURS SHOWN ARE CORRECT, WORK WAS DONE SATISFACTORILY AND THAT ALL CLAIMS, SUITS AND CONDITIONS ON THE REVERSE SIDE OF THIS FORM, PLEASE DRAW LINE THROUGH UNUSED SPACES ABOVE

CLIENT COMPANY: _____ DEPT: _____
 AUTHORIZED SIGNATURE: _____
 PLEASE PRINT NAME: _____ TITLE: _____

WHITE OFFICE
 CANARY CLIENT

PLEASE SEE AGREEMENT ON REVERSE SIDE