Employee : 21-10-132-0636 *** Peters, Anne *** 11/05/20
Client ....: Target Roofing & Sheet Metal

[redacted]-0625 Employee Information Sheet >>>

Soc-Sec-Num .:	XXX-XX-0625	Co. Hire Date :	05/06/20
Status Code .:	T - Terminated	Sub. Hire Date:	05/06/20
Address1 ....:	1920 Virginia Ave #202	Orig Hire Date:	05/06/20
Address2 ....:		Pay Period ...:	Weekly
City .....:	Fort Myers	Pay Type .....:	Salary
State .....:	FL Zip: 33901	Full/Part-Time:	Full-Time
Home Phone ..:	(239) 872-2528	Employee Type :	
Work Phone ..:	(239) 332-5707	Termination Dt:	06/05/20
Occupation ..:	clerical	Termination Cd:	Y
Unique Key ..:	0000577997		
EEO Job Cat .:	8	County Code ..:	12071

Pay Rate	Hours	Eff.Date
1,780.00	40.00	05/06/20
1,700.00	40.00	05/06/20

<< Miscellaneous Information >>

Sex .....:	Female	Emergency Contact:	
Race .....:	White	Relationship ....:	
Vet Status ..:	Unknown	Phone (Contact) .:	
Birth Date ..:	04/06/59	Handbook Ed:	Tag :
Leave/Abs Beg:	00/00/00	Date Recv'd: 00/00/00	Mail:
Leave/Abs End:	00/00/00		Dept Percent
Anniversary .:	05/06/21	Labor Dept 1 .....:	0.00
Review Date ..:	08/06/20	Labor Dept 2 .....:	0.00
I-9 Form ....:	Y	Labor Dept 3 .....:	0.00
Alien Exp. ..:	00/00/00	Labor Dept 4 .....:	0.00

<< Employee Benefits >>

Employee Life Ins:		Birthdate: 04/06/59 61 yrs	Uses Tobacco:
Flex Plan ...:	Y Key EE: N	Accrual Start Date:	05/06/20
Direct Dep. .:	Y	Vac/Sick Factors .:	0.0000 0.0000
Elig Strt Dt :	05/06/20	Credit Union Date :	00/00/00
Effective Dt :	06/01/20	Credit Union Acct#:	
Elig Ltr Sent:	00/00/00	Bank Account Code :	B2

<< Direct Deposit / Dependents >>

	Routing #	Bank Account #	C/S	Amount	A/P	Code
Direct Dep ..: Setup 1	[redacted]	[redacted]0218	C	100.00	P	22

<< Tax Table Information >>

*InUse Fed:	Stat	2c Kids	Deps	Oth Inc	Deducts	ExtraWh	KidsAmt	DepsAmt
*New W4:	M	N 00	00	0	0	.00		
	ST	Status	Exemptions	Extra W/H				
Old W4:		M					EIC:	
State W:	FL		00	.00				
Wk Comp:	FL-8810			SUI ...:	FL			
Local 1:		Local 2:		Local 3:				

577997

WBS | WORKFORCE BUSINESS SERVICES

TO BE COMPLETED BY THE BUSINESS OWNER
Client Company _____ Client # 6

Employee Name: Anne Peters T.W.

Florida Enrollment Form

Acknowledgment

Ihereby acknowledge my current employer (Client Company) has entered into an Client Services Agreement contract with Workforce Business Services (WBS). Through this contract WBS will provide Client Company with certain professional employer services and during the term of the contract I will be a utilized individual with WBS. I will remain an employee of Client Company and Client Company will continue to have control over my day-to-day job duties and the work site. Client Company will also continue to provide all on site supervision, including but not limited to, determining my job assignments and training requirments, evaluating my peformance and establishing pay rates. WBS will not have an on-site supervisor or representative at my work-site .

Reconocimiento del a endamiento de empleados

Por la presente reconozco que he sido infoilliado de que mi empleador actual (compafiia cliente) ha entrado en un acuerdo con Servicios de Personal Empresariales (WBS sus iniciales).A traves de este contrato, WBS proporcionara a la compafifa diente ciertos servicios profesionales de empleadores. En virtud de este acuerdo la compafiia cliente y WBS se convertiran en Co-Empleadores. Bajo esta relaci6n de Co-Empleadores, sere un empleado por arrendo de WBS, asignado unicamente y exclusivamente a la compafiia cliente. WBS se reserva el derecho de direcci6n y control sobre los empleados arrendados asignados al lugar de trabajo de la compafifa cliente. Continuare siendo un empleado de la compafiia cliente y la compafiia cliente seguira teniendo control sobre mis funciones de trabajo diarias y mi lugar de trabajo. La compafifa cliente tambien continuara prestando toda la supervision en el lugar de trabajo, incluyendo pero no limitandose a deteilllinar la asignaci6n de mi trabajo y los requisitos de entrenamiento, evaluaci6n de mi desempefio y establecimiento de tasas salariales. WBS no tendra un supervisor o representante en mi lugar de trabajo.

The Client Services Agreement between Client Company and WBS will not affect any agreement for employment or compensation which exists with my Client Company. If the contract between my Client Company and WBS is terminated, my status with WBS will also end on the date of the contract termination.

El acuerdo de arrendo de empleados entre la compafiia cliente y WBS no afectara ningun acuerdo de empleo o compensaci6n que existen con mi compafifa cliente. Si el contrato entre mi compafifa cliente y WBS se termina, el estatus de mi contrato también terminará.

If WBS does not receive payment from my Client Company for services which I perform, WBS may then pay me the minimum wage or the legally required minimum salary or overtime pay for that period and I agree to this method of compensation .WBS assumes responsibility for the payment of such minimum wages without regard to payments by Client Company to WBS. I also agree that WBS does not assume responsibility for payment of any bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, unless WBS has received in advance full payment for such items from Client Company. If the contract with my Client Company is terminated, my status with WBS will also cease.

Si WBS no recibe pago de mi compafiia cliente por los servicios que preste, WBS me pagara el salario minimo, o el salario mfnimo legal, o pagara las horas extras de ese periodo y estoy de acuerdo con este metodo de compensaci6n. WBS asume responsabilidad por el pago de salarios sin tener en cuenta los pagos efectuados por la compafifa cliente a WBS. Tambien estoy de acuerdo en que WBS no asume responsabilidad por pago alguno de bonos, comisiones, indemnizaciones por despido, compensaci6n diferida, compartir utilidades, vacaciones, enfermedad u otro tiempo a pagar, o por cualquier otro pago, donde WBS no ha recibido el pago completo por adelantado para tales prop6sitos por la compafifa cliente. Si se terminara el contrato con mi compania cliente, mi empleo con WBS tambien terminara.

r9/14

Drug Testing Authorization
I agree to comply with any drug/alcohol testing policy, which Workforce Business Services has or may adopt. I specifically agree to post-accident drug/alcohol testing for any work injury regardless of whether I am able to give consent at that time. This authorization or a photocopy hereof is my authority and consent to post-accident drug/alcohol testing in all instances.

Autorización para Pruebas de Drogas
Estoy de acuerdo en cumplir con cualquier póliza de pruebas de drogas/alcohol cual Workforce Business Services (WBS-por sus siglas en Ingles) tenga o pueda adoptar. Yo específicamente estoy de acuerdo a pruebas de drogas/alcohol después de cada accidente de trabajo sin importar si puedo dar consentimiento en ese tiempo. Esta autorización o una fotocopia de esta autorización es mi autoridad y consentimiento para pruebas de drogas/ alcohol en todos los casos.

Workers' Compensation Medical Authorization Release
I authorize any physician, medical practitioner, hospital, clinic or other health facility, or employer, to release any and all medical and non-medical information in its possession about me to Workforce Business Services' Workers' Compensation carrier or its legal representatives for purposes of a workers' compensation claim. (Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me.) I shall comply with the provisions of Florida Statute 440 concerning claims for workers' compensation benefits. If I provide false, misleading or incomplete information to obtain workers' compensation benefits, I may be denied such benefits. I may request and receive a copy of this authorization. A photocopy of this authorization shall be valid as the original.

Acuerdo de Autorización medica para compensación del trabajador
Yo autorizo a cualquier doctor, médico practicante, hospital, clínica u otra entidad de salud o empleador, para liberar toda la información médica y no médica en su posesión acerca de mi al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS-por sus siglas en Ingles) o a sus representantes legales para propósitos de una reclamación de compensación de trabajadores (Información médica significa toda la información en posesión de, o derivadas de los proveedores de atención de salud, relacionados con la historia médica, condición física o mental, o con mi tratamiento). Cumpliré con las provisiones del Estatuto 440 de la Florida concernientes a reclamaciones para beneficios de compensación. Si proporciono información falsa, engañosa o incompleta para obtener beneficios de compensación de trabajadores, tales beneficios me pueden ser negados. Puedo solicitar y recibir una copia de esta autorización. Una fotocopia de esta autorización será válida como la original.

I agree to promptly and without delay report all accident, injuries, potential safety hazards, safety suggestions and health related issues to my manager.

If I am a new hire, I acknowledge I am hereby notified within 7 days of my employment with client and as a utilized individual with Workforce Business Services that I am being employed on an established 90 day probationary period

Estoy de acuerdo en informar inmediatamente a el gerente todo accidente, lesion, peligros potenciales, sugerencias sobre seguridad y asuntos relacionados con la salud.
Si soy un nuevo empleado, reconozco que por la presente se me notifica dentro de los 7 dias de mi empleo con el cliente, como una persona utilizada con WBS, que estoy siendo empleado en un periodo de prueba establecido de 90 dias.

I certify that I have read, understand, and agree to the conditions and requirements contained in this document, including my authorization for drug testing and for release of my medical and non-medical information.

Yo certifico que he leído entiendo, y acepto las condiciones y requisitos contenidos en este documento, incluyendo mi autorización para pruebas de drogas y para la divulgación de mi información médica y no médica.

Employee Signature (Firma del empleado)X Anne Peters Date (Fecha): 05/06/2020

Employee Name (Nombre del empleado) Anne Peters

Date of Birth (Fecha de nacimiento): 4/6/1959

Address (Dirección): 1920 Virginia Ave APT 202

City, State, Zip (Ciudad, Estado, Zip): Fort Myers, FL 33901

Telephone Number (Número telefónico) 239-897-2518 Social Security No (No Seguridad Social): [redacted] 0625

Voluntary EEO Identification (Identificación del EEO voluntario)

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 applicant applies. The information requested here is for compliance with certain record keeping requirements.

Varias entidades del gobierno de Estados Unidos exigen a los empleadores que mantengan información sobre los solicitantes en relación con factores como raza, sexo y tipo de cargo para el cual se presenta el candidato. La información que aquí se solicita es para cumplir con ciertos requisitos de registro.

- ☐ White (Not of Hispanic or Latino origin) - Origins of Europe, North Africa, or the Middle East. Blanco (No de origen Hispánico ni Latino) – Originario de Europa, África del Norte o del Medio Oriente
- ☐ Black or African American (Not of Hispanic or Latino origin) - Origins in any of the Black racial groups of Africa. Negro o Afro-Americano (No de origen Hispánico ni Latino) – Orígenes en cualquiera de los grupos raciales negros de África
- ☐ Hispanic or Latino - Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Hispano o Latino – Mexicano, Puertorriqueño, Cubano, Centro o Suramericano o de otra cultura u origen proveniente de España, independientemente de la raza
- ☐ Asian (Not of Hispanic or Latino origin) - Origins of the Far East, Southeast Asia, the Indian Subcontinent. Asiático (no de origen Hispánico ni Latino) – Originario del Lejano Oriente, Sudeste Asiático, o Subcontinente Indio
- ☐ Native Hawaiian or other Pacific Islander - Origins of Hawaii, Guam, Samoa, or other Pacific Islands. Nativo Hawaiano o de otra Isla del Pacífico – originario de Hawai, Guam, Samoa u otras Islas del Pacífico
- ☐ American Indian/Alaska Native - Origins of North or South America (including Central America), who maintain tribal affiliation and community recognition. Indígena Americano / Nativo de Alaska - Originario de América del Norte o del Sur (incluyendo América Central) que mantiene su afiliación tribal y reconocimiento de la comunidad.
- ☐ Two or more races (Not of Hispanic or Latino origin) - All persons who identify with more than one of the listed races. Dos o más razas (No de origen Hispano ni Latino) – Todas las personas que se identifiquen con más de una de las razas mencionadas
- ☐ If the employee elected not to complete this information, the employer has completed it through visual identification as required by law. Si el empleado decidió no suministrar esta información, el empleador la suministra mediante identificación visual, de conformidad con lo dispuesto por la ley.

Completed by Client (Para ser diligenciado por el cliente)

New Hires (Nuevas Contrataciones)

You must fax, call or email the following information to WBS on or before the new hire starts work: name, WC Code, Social Security Number, Pay Rate and Date of Birth. Workforce Business Services can not pay any employee without receiving this information on or before the employee begins work. Nor will this employee be covered with workers' compensation coverage until this information has been submitted to us. To report a new hire after hours, please fax or call our offices and leave a detailed message.

WBS tiene que recibir este Informe de Vinculación En la fecha de contratacion o antes. Usted puede informar esta nueva contratación a WBS por fax o por teléfono y recibirá un número de identificación de confirmación. Workforce Business Servicesno podrá efectuar pagos a empleados sin el número de identificación del empleado. El empleado tampoco quedará cubierto por la compensación de trabajadores hasta que esta información no haya sido presentada. Para informar sobre alguna contratación fuera de los horas laborales, por favor envío un fax o llame a nuestras oficinas y deja un mensaje detallado.

THE UTILIZED INDIVIDUAL ENROLLMENT FORM MUST BE RETURNED TO WBS WITHIN THREE DAYS OF THE DATE OF HIRE.

EL FORMULARIO DE INSCRIPCIÓN DEL INDIVIDUAL UTILIZADO DEBE SER ENVIADO A WBS DENTRO DE LOS TRES DÍAS SIGUIENTES A LA FECHA DE CONTRATACIÓN.

Employee Name (Nombre del empleado) Anne Peters

Client Company Name (Nombre de la Compañía- Cliente): Target Roofing and Sheet Metal

Department (if applicable) (Departamento) (si es el caso) _____ Job Code (if applicable) (Código de trabajo) (si es el caso) _____

Rate of Pay (Tasa de pago) $ 1,700.00 ☐ Hourly (Por hora) ☑ Salary (Salario) ☐ Exempt (Exento) ☐ Non-Exempt (No Exento)

☑ Full Time (Tiempo completo) ☐ Part Time (Medio Tiempo) Work Comp. Code (Código Compensación Trabajadores) _____

From the EEO job classifications listed, which one best describes the employee's position?
¿De las clasificaciones de trabajos mencionadas, cuál es la que describe mejor el cargo del empleado?

- ☐ 1.1 - Executive/Senior Level Officers and Managers (Ejecutivo/Funcionarios y gerentes de nivel superior)
- ☐ 1.2 - First / Mid Level Officers and Managers (Funcionarios y gerentes de primer nivel/nivel medio)
- ☐ 2 - Professionals (Profesionales)
- ☑ 3 - Technichians (Técnicos)
- ☐ 4 - Sales (Vendedores)
- ☑ 5 -Office and Clerical (Oficina y administrativo)
- ☐ 6 - Craft Workers (skilled) (Artesanos (capacitados))
- ☐ 7 - Operative (semi-skilled) (Operarios (capacitación media))
- ☐ 8 - Laborers (unskilled) (Obreros (no capacitados))
- ☐ 9 - Service Workers (Trabajadores de servicios)

Job Description (Descripción del trabajo) _____

Original Date of Hire (Fecha de contratación original) 6/11/2020

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
▶ Give Form W-4 to your employer.
▶ Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Anne P	Peters	[redacted]0825

Address: 1920 Virginia Ave #202A

City or town, state, and ZIP code: FORT MYERS, FL 33901

▶ 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.

(c) ☐ Single or Married filing separately
☒ Married filing jointly (or Qualifying widow(er))
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

Step 2: Multiple Jobs or Spouse Works

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

Do only one of the following.

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

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

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

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

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $

Multiply the number of other dependents by $500 . . . ▶ $

Add the amounts above and enter the total here . . . . . 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.

Anne Peters
Employee's signature (This form is not valid unless you sign it.)

05/06/2020
Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
Target Roofing & Sheet Metal, Inc. 1841 Ortiz Ave Fort Myers FL 33905	05/11/2020	11-1111111

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form **W-4** (2020)

WBS WORKFORCE BUSINESS SERVICES

Employee Authorization Agreement For Direct Deposit

Client Company: Target Roofing and Sheet Metal

Employee Name: Anne Peters

Social Security Number: _____

Today's Date: 5/6/2020 Effective Date: 5/6/2020

I request my payroll deduction/direct deposit be placed in the following account(s):

Institution	Bank ABA No. (Cannot start with a 5)	Account Number	Deduction $ Amt / %	Account Type
_____ #	_____ #	_____	_____	☐ Savings ☐ Checking
_____ #	_____ #	_____	_____	☐ Savings ☐ Checking
_____ #	_____ #	_____	_____	☐ Savings ☐ Checking

I authorize Workforce Business Services to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown. The direct deposit(s) will be made on each succeeding payday, unless I notify Workforce Business Services in writing of my intent to cancel. Workforce Business Services' receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize Workforce Business Services to debit my account(s) not to exceed the original amount of the credit. I understand that Workforce Business Services reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

NOTE Initial set up of direct deposit may take 10 business days. You will receive a standard payroll check until this process has finalized. Workforce Business Services does not charge a fee for this service, however, your bank may. Please contact your bank directly with inquiries regarding additional fees.

Signature Anne Peters Date 5/6/2020

577997

1

JUN 16 2020
R.D.

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:26 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

An employee was terminated on the web by 054554.

Anne Peters
SSN: [redacted]0625
EE id: 21101320636

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:25:55

Term type: Involuntary
Term notes:

Please do not respond to this message. It is an automated message sent to you from the server.

Peters, Anne
1920 Virginia Ave 1202
Fort Myers, FL 33901

Period: 01/01/20 to 11/05/20

Workforce Business Services 12
SocSecNum: XXX-XX-0625
WkComp Code: FL-8810
Pay Rate 1: 1780.000 SALARY
Pay Rate 2: .000
Pay Cycle: WEEKLY

Target Roofing & Sheet Metal
Company Hire Date: 05/06/20
Subscriber Hire Dt: 05/06/20
Birthdate: 04/06/59
Insurance Codes: NN

Federal Tax Setup: M .00
State Tax Setup: FL 00 .00
Status: Full Time Term'd
Termination Date: 06/05/20
Dept 1:
Dept 2:

Local Tax 1:
Local Tax 2:
Local Tax 3:

Period: 01/01/20 to 11/05/20

		HOURS			EARNINGS			GROSS	TAXES				DEDUCTIONS			DIRECT	NET
CHECKDATE	RATE	REGULAR	OVERTIME	OTHER	REGULAR	OVERTIME	OTHER	PAY	FEDERAL	FICA	STATE	LOCAL	401K	INSURANCE	OTHER	DEPOSIT	PAY
05/15/20	44.50	40.000	.000	.000	1780.00	.00	.00	1780.00	148.77	136.17	.00	.00	.00	.00	.00	.00	1495.06
05/22/20	44.50	40.000	.000	.000	1780.00	.00	.00	1780.00	148.77	136.17	.00	.00	.00	.00	.00	1495.06	1495.06
05/29/20	44.50	40.000	.000	.000	1780.00	.00	.00	1780.00	148.77	136.17	.00	.00	.00	.00	.00	1495.06	1495.06
06/05/20	44.50	40.000	.000	.000	1780.00	.00	.00	1780.00	148.77	136.17	.00	.00	.00	.00	.00	1495.06	1495.06
TOTALS		160.000	.000	.000	7120.00	.00	.00	7120.00	595.08	544.68	.00	.00	.00	.00	.00	4485.18	5980.24

Earnings Hours		Earnings Amounts		Taxes		Deductions	
Regular	160.00	Regular	7120.00	Federal	595.08	Direct Deposit	4485.18
				FICA - OASDI	441.44		
				FICA - Medicare	103.24		

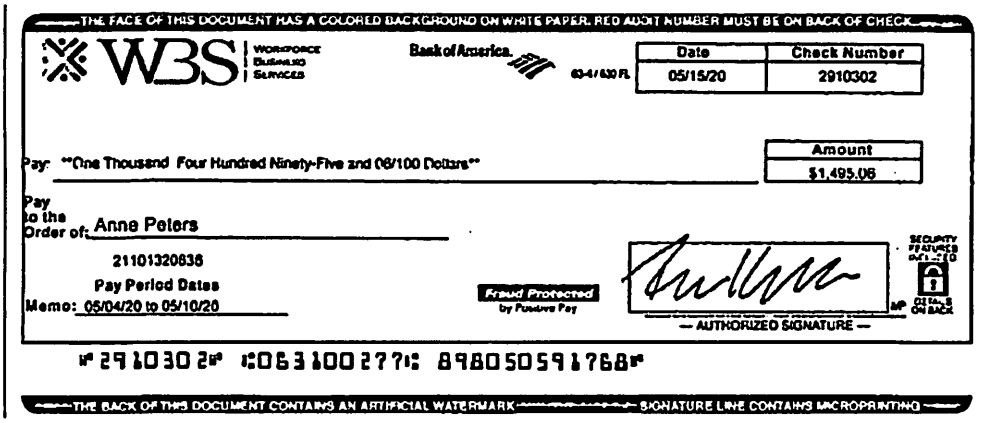
Check Inquiry Summary

BANK OF AMERICA

Account Number: 898050591768

Account Name: WORKFORCE BUSINESS SERVICES INC

Bank ID: 063100277



THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. RED VOID NUMBER MUST BE ON BACK OF CHECK

WBS Workforce Business Services

Bank of America

63-4/630 FL

Date	Check Number
05/15/20	2910302

Pay: **One Thousand Four Hundred Ninety-Five and 06/100 Dollars**

Amount
$1,495.06

Pay to the Order of: Anne Peters

21101320636

Pay Period Dates

Memo: 05/04/20 to 05/10/20

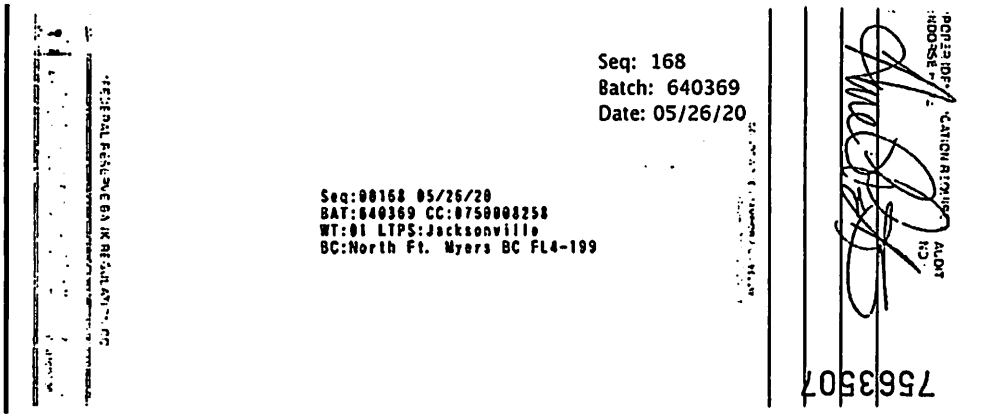
Fraud Protected by Positive Pay

— AUTHORIZED SIGNATURE —

SECURITY FEATURES DETAILS ON BACK

⑈2910302⑈ ⑆063100277⑆ 898050591768⑈

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK — SIGNATURE LINE CONTAINS MICROPRINTING



Seq: 168
Batch: 640369
Date: 05/26/20

Seq:00168 05/26/20
BAT:640369 CC:0750008258
WT:01 LTPS:Jacksonville
BC:North Ft. Myers BC FL4-199

POLICE IDF... CAUTION RISING... ALOT

7563507

Check Details

Check Number: 2910302
Account Number: 898050591768
Account Name: WORKFORCE BUSINESS SERVICES INC
Bank ID: 063100277

Amount: 1,495.06
Posted Date: 26-May-2020
Paid Date: 26-May-2020

Check Inquiry Summary

BANK OF AMERICA

Account Number: 898050591768

Account Name: WORKFORCE BUSINESS SERVICES INC

Bank ID: 063100277

Electronic Endorsement Information

BOFD - Bank Of First Deposit

Bank Name: BANK OF AMERICA, NA (BOFD)

Date: 26-May-2020

R/T: 11000138

Sequence Number: 2852756692

** Peters, Anne 1/5 Type/Seq:C01-New Batch:121 PC:W-
21101320636:Target Roofing & Sheet Metal SSN: 0625 Op-Yr:pjd-2020

Check# B2-2910302 Date: 05/15/20 PerBeg: 05/04/20 PerEnd: 05/10/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	44.50	40.00	1780.00
Tax	CFE Federal	1780.00	12.00	148.77
Tax	CFI FICA - OASDI	1780.00	6.20	110.36
Tax	CFJ FICA - Medicare	1780.00	1.45	25.81
Tax	CFL Florida	1780.00	.00	.00
Billed	FFI FICA - OASDI	1780.00		110.36
Billed	FFJ FICA - Medicare	1780.00		25.81
Billed	FFL FL - SUI	1780.00		30.26
Billed	FFU FUTA	1780.00		10.68
Billed	DAF Admin Fee	1780.00		13.35
Billed	FWC W/C	1780.00		1.76

Gross: 1780.00 Ded: .00 Tax: -284.94 Contr: 192.22
** Net Check ** $1,495.06 **

** Peters, Anne 2/5 Type/Seq:V01-Old Batch:129 PC: -
21101320636:Target Roofing & Sheet Metal SSN: 0625 Op-Yr:pjd-2020

Check# B2-2914101 Date: 05/22/20 PerBeg: PerEnd: 05/17/20 Entry: L

Type	Description	Basis	Rate/Hrs	Amount

Gross: .00 Ded: .00 Tax: .00 Contr: .00
** Net Check ** $.00 **

** Peters, Anne 3/5 Type/Seq:D01-New Batch:129 PC:W-
21101320636:Target Roofing & Sheet Metal SSN: 0625 Op-Yr:pjd-2020

Check# B2-2914328 Date: 05/22/20 PerBeg: 05/11/20 PerEnd: 05/17/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	44.50	40.00	1780.00
Ded	B1D Direct Deposit	.00	.00	1495.06
Tax	CFE Federal	1780.00	12.00	148.77
Tax	CFI FICA - OASDI	1780.00	6.20	110.36
Tax	CFJ FICA - Medicare	1780.00	1.45	25.81
Tax	CFL Florida	1780.00	.00	.00
Billed	FFI FICA - OASDI	1780.00		110.36
Billed	FFJ FICA - Medicare	1780.00		25.81
Billed	FFL FL - SUI	1780.00		30.26
Billed	FFU FUTA	1780.00		10.68
Billed	DAF Admin Fee	1780.00		13.35
Billed	FWC W/C	1780.00		1.76

Gross: 1780.00 Ded: -1495.06 Tax: -284.94 Contr: 192.22
** Net Check ** $.00 **

** Peters, Anne 4/5 Type/Seq:D01-New Batch:133 PC:W-
21101320636:Target Roofing & Sheet Metal SSN: 0625 Op-Yr:pjd-2020

Check# B2-2918439 Date: 05/29/20 PerBeg: 05/18/20 PerEnd: 05/24/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	44.50	40.00	1780.00
Ded	B1D Direct Deposit	.00	.00	1495.06
Tax	CFE Federal	1780.00	12.00	148.77
Tax	CFI FICA - OASDI	1780.00	6.20	110.36
Tax	CFJ FICA - Medicare	1780.00	1.45	25.81
Tax	CFL Florida	1780.00	.00	.00
Billed	FFI FICA - OASDI	1780.00		110.36
Billed	FFJ FICA - Medicare	1780.00		25.81
Billed	FFL FL - SUI	1780.00		30.26
Billed	FFU FUTA	1780.00		10.68
Billed	DAF Admin Fee	1780.00		13.35
Billed	FWC W/C	1780.00		1.76

Gross: 1780.00 Ded: -1495.06 Tax: -284.94 Contr: 192.22
** Net Check ** $.00 **

** Peters, Anne 5/5 Type/Seq:D01-New Batch:140 PC:W-
21101320636:Target Roofing & Sheet Metal SSN: 0625 Op-Yr:pjd-2020

Check# B2-2921999 Date: 06/05/20 PerBeg: 05/25/20 PerEnd: 05/31/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	44.50	40.00	1780.00
Ded	B1D Direct Deposit	.00	.00	1495.06
Tax	CFE Federal	1780.00	12.00	148.77
Tax	CFI FICA - OASDI	1780.00	6.20	110.36
Tax	CFJ FICA - Medicare	1780.00	1.45	25.81
Tax	CFL Florida	1780.00	.00	.00
Billed	FFI FICA - OASDI	1780.00		110.36
Billed	FFJ FICA - Medicare	1780.00		25.81
Billed	FFL FL - SUI	1660.00		28.22
Billed	FFU FUTA	1660.00		9.96
Billed	DAF Admin Fee	1780.00		13.35
Billed	FWC W/C	1780.00		1.76

Gross: 1780.00 Ded: -1495.06 Tax: -284.94 Contr: 189.46
** Net Check ** $.00 **

21101320636:Peters, Anne Target Roofing & Sheet Metal
Totals for all checks YTD

A01	Regular	160.00	7120.00
B1D	Direct Deposit	.00	4485.18
CFE	Federal	7120.00	595.08
CFI	FICA - OASDI	7120.00	441.44
CFJ	FICA - Medicare	7120.00	103.24
CFL	Florida	7120.00	.00
DAF	Admin Fee	7120.00	53.40
DFI	FICA - OASDI	7120.00	441.44
DFJ	FICA - Medicare	7120.00	103.24
DFL	FL - SUI	7000.00	119.00
DFU	FUTA	7000.00	42.00
DWC	W/C	7120.00	7.04

Employee : 21-10-132-0635 *** Crowther, Margaret *** 11/05/20
Client ....: Target Roofing & Sheet Metal

[redacted]-1471 Employee Information Sheet >>>

Soc-Sec-Num .:	XXX-XX-1471	Co. Hire Date :	05/06/20
Status Code .:	T - Terminated	Sub. Hire Date:	05/06/20
Address1 ....:	6651 Nalle Grade Rd	Orig Hire Date:	05/06/20
Address2 ....:		Pay Period ...:	Weekly
City .....:	North Fort Myers	Pay Type .....:	Salary
State .....:	FL Zip: 33917	Full/Part-Time:	Full-Time
Home Phone ..:	(239) 848-5414	Employee Type :	
Work Phone ..:	(239) 332-5707	Termination Dt:	06/05/20
Occupation ..:	clerical	Termination Cd:	L
Unique Key ..:	0000577993		
EEO Job Cat .:	5	County Code ..:	12071

Pay Rate	Hours	Eff.Date
1,900.00	40.00	05/06/20

<< Miscellaneous Information >>

Sex .....:	Female	Emergency Contact:	
Race .....:	White	Relationship ....:	
Vet Status ..:	Unknown	Phone (Contact) .:	
Birth Date ..:	08/03/85	Handbook Ed:	Tag :
Leave/Abs Beg:	00/00/00	Date Recv'd: 00/00/00	Mail:
Leave/Abs End:	00/00/00		Dept Percent
Anniversary .:	05/06/21	Labor Dept 1 .....:	0.00
Review Date .:	08/06/20	Labor Dept 2 .....:	0.00
I-9 Form ....:	Y	Labor Dept 3 .....:	0.00
Alien Exp. ..:	00/00/00	Labor Dept 4 .....:	0.00

<< Employee Benefits >>

Employee Life Ins:		Birthdate: 08/03/85 35 yrs	Uses Tobacco:
Flex Plan ...:	Y Key EE: N	Accrual Start Date:	05/06/20
Direct Dep. .:	Y	Vac/Sick Factors .:	0.0000 0.0000
Elig Strt Dt :	05/06/20	Credit Union Date :	00/00/00
Effective Dt :	06/01/20	Credit Union Acct#:	
Elig Ltr Sent:	00/00/00	Bank Account Code :	B2

<< Direct Deposit / Dependents >>

	Routing #	Bank Account #	C/S	Amount	A/P	Code
Direct Dep ..: Setup 1	[redacted]	[redacted]2734	C	100.00	P	22

<< Tax Table Information >>

*InUse Fed:	Stat	2c	Kids	Deps	Oth Inc	Deducts	ExtraWh	KidsAmt DepsAmt
*New W4:	M	N	00	00	0	0	.00	
	ST	Status	Exemptions		Extra W/H			
Old W4:		M						EIC:
State W:	FL		00		.00			
Wk Comp:	FL-8810				SUI ...:	FL		
Local 1:		Local 2:			Local 3:			

577993

WBS | WORKFORCE BUSINESS SERVICES

TO BE COMPLETED BY THE BUSINESS OWNER
Client Company _____ Client # 6

Employee Name: margaret Crowther T.W.

Florida Enrollment Form

Acknowledgment

I hereby acknowledge my current employer (Client Company) has entered into an Client Services Agreement contract with Workforce Business Services (WBS). Through this contract WBS will provide Client Company with certain professional employer services and during the term of the contract I will be a utilized individual with WBS. I will remain an employee of Client Company and Client Company will continue to have control over my day-to-day job duties and the work site. Client Company will also continue to provide all on site supervision, including but not limited to, determining my job assignments and training requirments, evaluating my peformance and establishing pay rates. WBS will not have an on-site supervisor or representative at my work-site .

Reconocimiento del a endamiento de empleados

Por la presente reconozco que he sido infoiiiado de que mi empleador actual (compafiia cliente) ha entrado en un acuerdo con Servicios de Personal Empresariales (WBS sus iniciales).A traves de este contrato, WBS proporcionara a la compafiia diente ciertos servicios profesionales de empleadores. En virtud de este acuerdo la compafiia cliente y WBS se convertiran en Co-Empleadores. Bajo esta relaci6n de Co-Empleadores, sere un empleado por arrendo de WBS, asignado unicamente y exclusivamente a la compafiia cliente. WBS se reserva el derecho de direcci6n y control sobre los empleados arrendados asignados al lugar de trabajo de la compafiia cliente. Continuare siendo un empleado de la compafiia cliente y la compafiia cliente seguira teniendo control sobre mis funciones de trabajo diarias y mi lugar de trabajo. La compafiia cliente tambien continuara prestando toda la supervision en el lugar de trabajo, incluyendo pero no limitandose a detelilinar la asignaci6n de mi trabajo y los requisitos de entrenamiento, evaluaci6n de mi desempefio y establecimiento de tasas salariales. WBS no tendra un supervisor o representante en mi lugar de trabajo.

The Client Services Agreement between Client Company and WBS will not affect any agreement for employment or compensation which exists with my Client Company. If the contract between my Client Company and WBS is terminated, my status with WBS will also end on the date of the contract termination.

El acuerdo de arrendo de empleados entre la compafiia cliente y WBS no afectara ningun acuerdo de empleo o compensaci6n que existen con mi compafiia cliente. Si el contrato entre mi compafiia cliente y WBS se termina, el estatus de mi contrato también terminará.

If WBS does not receive payment from my Client Company for services which I perform, WBS may then pay me the minimum wage or the legally required minimum salary or overtime pay for that period and I agree to this method of compensation .WBS assumes responsibility for the payment of such minimum wages without regard to payments by Client Company to WBS. I also agree that WBS does not assume responsibility for payment of any bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, unless WBS has received in advance full payment for such items from Client Company. If the contract with my Client Company is terminated, my status with WBS will also cease.

Si WBS no recibe pago de mi compafiia cliente por los servicios que preste, WBS me pagara el salario minimo, o el salario mfnimo legal, o pagara las horas extras de ese periodo y estoy de acuerdo con este metodo de compensaci6n. WBS asume responsabilidad por el pago de salarios sin tener en cuenta los pagos efectuados por la compafiia cliente a WBS. Tambien estoy de acuerdo en que WBS no asume responsabilidad por pago alguno de bonos, comisiones, indemnizaciones por despido, compensaci6n diferida, compartir utilidades, vacaciones, enfermedad u otro tiempo a pagar, o por cualquier otro pago, donde WBS no ha recibido el pago completo por adelantado para tales prop6sitos por la compafiia cliente. Si se terminara el contrato con mi compania cliente, mi empleo con WBS tambien terminara.

r9/14

Drug Testing Authorization

I agree to comply with any drug/alcohol testing policy, which Workforce Business Services has or may adopt. I specifically agree to post-accident drug/alcohol testing for any work injury regardless of whether I am able to give consent at that time. This authorization or a photocopy hereof is my authority and consent to post-accident drug/alcohol testing in all instances.

Autorización para Pruebas de Drogas

Estoy de acuerdo en cumplir con cualquier póliza de pruebas de drogas/alcohol cual Workforce Business Services (WBS-por sus siglas en Ingles) tenga o pueda adoptar. Yo específicamente estoy de acuerdo a pruebas de drogas/alcohol después de cada accidente de trabajo sin importar si puedo dar consentimiento en ese tiempo. Esta autorización o una fotocopia de esta autorización es mi autoridad y consentimiento para pruebas de drogas/ alcohol en todos los casos.

Workers' Compensation Medical Authorization Release

I authorize any physician, medical practitioner, hospital, clinic or other health facility, or employer, to release any and all medical and non-medical information in its possession about me to Workforce Business Services' Workers' Compensation carrier or its legal representatives for purposes of a workers' compensation claim. (Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me.) I shall comply with the provisions of Florida Statute 440 concerning claims for workers' compensation benefits. If I provide false, misleading or incomplete information to obtain workers' compensation benefits, I may be denied such benefits. I may request and receive a copy of this authorization. A photocopy of this authorization shall be valid as the original.

Acuerdo de Autorización medica para compensación del trabajador

Yo autorizo a cualquier doctor, médico practicante, hospital, clínica u otra entidad de salud o empleador, para liberar toda la información médica y no médica en su posesión acerca de mi al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS-por sus siglas en Ingles) o a sus representantes legales para propósitos de una reclamación de compensación de trabajadores (Información médica significa toda la información en posesión de, o derivadas de los provoedores de atención de salud, relacionados con la historia médica, condición física o mental, o con mi tratamiento). Cumpliré con las provisiones del Estatuto 440 de la Florida concernientes a reclamaciones para beneficios de compensación. Si proporciono información falsa, engañosa o incompleta para obtener beneficios de compensación de trabajadores, tales beneficios me pueden ser negados. Puedo solicitar y recibir una copia de esta autorización. Una fotocopia de esta autorización será válida como la original.

I agree to promptly and without delay report all accident, injuries, potential safety hazards, safety suggestions and health related issues to my manager.

If I am a new hire, I acknowledge I am hereby notified within 7 days of my employment with client and as a utilized individual with Workforce Business Services that I am being employed on an established 90 day probationary period

Estoy de acuerdo en informar inmediatamente a el gerente todo accidente, lesion, peligros potenciales, sugerencias sobre seguridad y asuntos relacionados con la salud.
Si soy un nuevo empleado, reconozco que por la presente se me notifica dentro de los 7 dias de mi empleo con el cliente, como una persona utilizada con WBS, que estoy siendo empleado en un periodo de prueba establecido de 90 dias.

I certify that I have read, understand, and agree to the conditions and requirements contained in this document, including my authorization for drug testing and for release of my medical and non-medical information.

Yo certifico que he leído entiendo, y acepto las condiciones y requisitos contenidos en este documento, incluyendo mi autorización para pruebas de drogas y para la divulgación de mi información médica y no médica.

Employee Signature (Firma del empleado)X Margaret Crowther Date (Fecha): 05/05/2020

Employee Name (Nombre del empleado) margaret Crowther

Date of Birth (Fecha de nacimiento): 08/03/1985

Address (Dirección): 6651 Nalle Grade Rd

City, State, Zip (Ciudad, Estado, Zip): North Fort Myers, FL 33917

Telephone Number (Número telefónico) 2398485414 Social Security No (No. Seguridad Social): [redacted]1471

Voluntary EEO Identification (Identificación del EEO voluntario)
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 applicant applies. The information requested here is for compliance with certain record keeping requirements.

Varias entidades del gobierno de Estados Unidos exigen a los empleadores que mantengan información sobre los solicitantes en relación con factores como raza, sexo y tipo de cargo para el cual se presenta el candidato. La información que aquí se solicita es para cumplir con ciertos requisitos de registro.

- ☐ White (Not of Hispanic or Latino origin) - Origins of Europe, North Africa, or the Middle East. Blanco (No de origen Hispánico ni Latino) – Originario de Europa, África del Norte o del Medio Oriente
- ☐ Black or African American (Not of Hispanic or Latino origin) - Origins in any of the Black racial groups of Africa. Negro o Afro-Americano (No de origen Hispánico ni Latino) – Orígenes en cualquiera de los grupos raciales negros de África
- ☐ Hispanic or Latino - Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Hispano o Latino – Mexicano, Puertorriqueño, Cubano, Centro o Suramericano o de otra cultura u origen proveniente de España, independientemente de la raza
- ☐ Asian (Not of Hispanic or Latino origin) - Origins of the Far East, Southeast Asia, the Indian Subcontinent Asiático (no de origen Hispánico ni Latino) – Originario del Lejano Oriente, Sudeste Asiático, o Subcontinente Indio
- ☐ Native Hawaiian or other Pacific Islander - Origins of Hawaii, Guam, Samoa, or other Pacific Islands. Nativo Hawaiano o de otra Isla del Pacífico – originario de Hawai, Guam, Samoa u otras Islas del Pacífico
- ☐ American Indian/Alaska Native - Origins of North or South America (including Central America), who maintain tribal affiliation and community recognition. Indígena Americano / Nativo de Alaska - Originario de América del Norte o del Sur (incluyendo América Central) que mantiene su afiliación tribal y reconocimiento de la comunidad.
- ☐ Two or more races (Not of Hispanic or Latino origin) - All persons who identify with more than one of the listed races. Dos o más razas (No de origen Hispano ni Latino) – Todas las personas que se identifiquen con más de una de las razas mencionadas
- ☐ If the employee elected not to complete this information, the employer has completed it through visual identification as required by law. Si el empleado decidió no suministrar esta información, el empleador la suministra mediante identificación visual, de conformidad con lo dispuesto por la ley.

Completed by Client (Para ser diligenciado por el cliente)

New Hires (Nuevas Contrataciones)

You must fax, call or email the following information to WBS on or before the new hire starts work: name, WC Code, Social Security Number, Pay Rate and Date of Birth. Workforce Business Services can not pay any employee without receiving this information on or before the employee begins work. Nor will this employee be covered with workers' compensation coverage until this information has been submitted to us. To report a new hire after hours, please fax or call our offices and leave a detailed message.

WBS tiene que recibir este Informe de Vinculación En la fecha de contratacion o antes. Usted puede informar esta nueva contratación a WBS por fax o por teléfono y recibirá un número de identificación de confirmación. Workforce Business Servicesno podrá efectuar pagos a empleados sin el número de identificación del empleado. El empleado tampoco quedará cubierto por la compensación de trabajadores hasta que esta información no haya sido presentada. Para informar sobre alguna contratación fuera de las horas laborales, por favor envíe un fax o llame a nuestras oficinas y deje un mensaje detallado.

THE UTILIZED INDIVIDUAL ENROLLMENT FORM MUST BE RETURNED TO WBS WITHIN THREE DAYS OF THE DATE OF HIRE.

EL FORMULARIO DE INSCRIPCIÓN DEL INDIVIDUAL UTILIZADO DEBE SER ENVIADO A WBS DENTRO DE LOS TRES DÍAS SIGUIENTES A LA FECHA DE CONTRATACIÓN

Employee Name (Nombre del empleado) Margaret Crowther

Client Company Name (Nombre de la Compañía- Cliente): Target Roofing Sheet Metal

Department (if applicable) (Departamento) (si es el caso) _____ Job Code (if applicable) (Código de trabajo) (si es el caso) _____

Rate of Pay (Tasa de pago) $ 1900.00 ☐ Hourly (Por hora) ☑ Salary (Salario) ☐ Exempt (Exento) ☐ Non-Exempt (No Exento)

☑ Full Time (Tiempo completo) ☐ Part Time (Medio Tiempo) Work Comp. Code (Código Compensación Trabajadores) _____

From the EEO job classifications listed, which one best describes the employee's position?
¿De las clasificaciones de trabajos mencionadas, cuál es la que describe mejor el cargo del empleado?

- ☐ 1.1 - Executive/Senior Level Officers and Managers (Ejecutivo/Funcionarios y gerentes de nivel superior)
- ☐ 1.2 - First / Mid Level Officers and Managers (Funcionarios y gerentes de primer nivel/nivel medio)
- ☐ 2 - Professionals (Profesionales)
- ☐ 3 - Technichians (Técnicos)
- ☐ 4 - Sales (Vendedores)
- ☑ 5 -Office and Clerical (Oficina y administrativo)
- ☐ 6 - Craft Workers (skilled) (Artesanos (capacitados))
- ☐ 7 - Operative (semi-skilled) (Operarios (capacitación media))
- ☐ 8 - Laborers (unskilled) (Obreros (no capacitados))
- ☐ 9 - Service Workers (Trabajadores de servicios)

Job Description (Descripción del trabajo) _____

Original Date of Hire (Fecha de contratación original) 5/11/2020

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
▶ Give Form W-4 to your employer.
▶ Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Margaret A	Crowther	[redacted]1471

Address: 6651 NALLE GRADE RD

City or town, state, and ZIP code: NORTH FORT MYERS, FL 33917

▶ 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.

(c) ☐ Single or Married filing separately
☒ Married filing jointly (or Qualifying widow(er))
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

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

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

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $ _____

Multiply the number of other dependents by $500 . . . . ▶ $ _____

Add the amounts above and enter the total here . . . . . 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.

Margaret Crowther
Employee's signature (This form is not valid unless you sign it.)

05/05/2020
Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
Target Roofing & Sheet Metal, Inc. 1841 Ortiz Ave Fort Myers FL 33905	05/11/2020	11-1111111

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form **W-4** (2020)

WBS WORKFORCE BUSINESS SERVICES

Employee Authorization Agreement For Direct Deposit

Client Company: Target Roofing Sheet Metal

Employee Name: Margaret Crowther

Social Security Number: _____

Today's Date: 5/14/2020 Effective Date: 5/14/2020

I request my payroll deduction/direct deposit be placed in the following account(s):

Institution	Bank ABA No. (Cannot start with a 5)	Account Number	Deduction $ Amt / %	Account Type
_____	# _____	# _____	_____	☐ Savings ☐ Checking
_____	# _____	# _____	_____	☐ Savings ☐ Checking
_____	# _____	# _____	_____	☐ Savings ☐ Checking

I authorize Workforce Business Services to withhold the indicated amount(s), if available, from my pay, and deposit directly into the account(s) shown. The direct deposit(s) will be made on each succeeding payday, unless I notify Workforce Business Services in writing of my intent to cancel. Workforce Business Services' receipt of a request to cancel a direct deposit authorization, it shall become effective after a reasonable opportunity to act upon it.

In the event funds are deposited erroneously into my account, I authorize Workforce Business Services to debit my account(s) not to exceed the original amount of the credit. I understand that Workforce Business Services reserves the right to refuse any direct deposit request. I also understand that all direct deposits are made through the Automated Clearing House (ACH), and that funds availability is subject to the terms and limitations of the ACH as well as my financial institution.

NOTE Initial set up of direct deposit may take 10 business days. You will receive a standard payroll check until this process has finalized. Workforce Business Services does not charge a fee for this service, however, your bank may. Please contact your bank directly with inquiries regarding additional fees.

Signature Margaret Crowther Date 5/14/2020

577993

Tracy Wetter

From: webchanges@gowbs.com
Sent: Friday, June 26, 2020 9:20 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

An employee was terminated on the web by 054554.

Margaret Crowther
SSN: [redacted]1471
EE Id: 21101320635

Term date: 6/5/2020
Date entered on web: 2020-06-26
Time entered on web: 09:20:12

Term type: Involuntary
Term notes:

Please do not respond to this message. It is an automated message sent to you from the server.

Crowther, Margaret
6651 Nalle Grade Rd
North Fort Myers, FL 33917

Period: 01/01/20 to 11/05/20

Workforce Business Services 12
SocSecNum XXX-XX-1471
WkComp Code: FL-8810
Pay Rate 1: 1900.000 SALARY
Pay Rate 2: .000
Pay Cycle WEEKLY

Target Roofing & Sheet Metal
Company Hire Date: 05/06/20
Subscriber Hire Dt: 05/06/20
Birthdate: 08/03/85
Insurance Codes: NN

Federal Tax Setup: M .00
State Tax Setup: FL 00 .00
Status: Full Time Term'd
Termination Date: 06/05/20
Dept 1:
Dept 2:

Local Tax 1:
Local Tax 2:
Local Tax 3:

Period: 01/01/20 to 11/05/20

		HOURS			EARNINGS			GROSS	TAXES				DEDUCTIONS			DIRECT	NET
								PAY								DEPOSIT	PAY
CHECKDATE	RATE	REGULAR	OVERTIME	OTHER	REGULAR	OVERTIME	OTHER		FEDERAL	FICA	STATE	LOCAL	401K	INSURANCE	OTHER		
05/15/20	47.50	40.000	.000	.000	1900.00	.00	.00	1900.00	163.17	145.35	.00	.00	.00	.00	.00	.00	1591.48
05/22/20	47.50	40.000	.000	.000	1900.00	.00	.00	1900.00	163.17	145.35	.00	.00	.00	.00	.00	1591.48	1591.48
05/29/20	47.50	40.000	.000	.000	1900.00	.00	.00	1900.00	163.17	145.35	.00	.00	.00	.00	.00	1591.48	1591.48
06/05/20	47.50	40.000	.000	.000	1900.00	.00	.00	1900.00	163.17	145.35	.00	.00	.00	.00	.00	1591.48	1591.48
TOTALS		160.000	.000	.000	7600.00	.00	.00	7600.00	652.68	581.40	.00	.00	.00	.00	.00	4774.44	6365.92

Earnings Hours		Earnings Amounts		Taxes		Deductions	
Regular	160.00	Regular	7600.00	Federal	652.68	Direct Deposit	4774.44
				FICA - OASDI	471.20		
				FICA - Medicare	110.20		

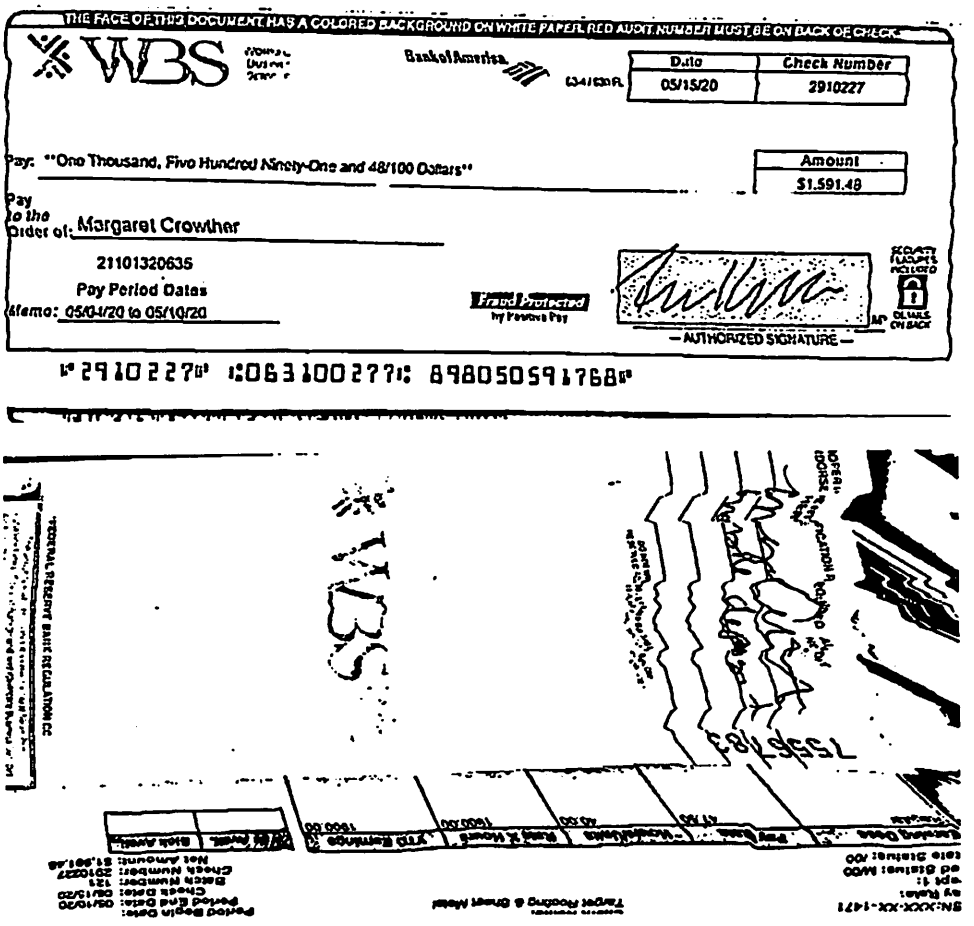
Check Inquiry Summary

BANK OF AMERICA

Account Number: 898050591768

Account Name: WORKFORCE BUSINESS SERVICES INC

Bank ID: 063100277


THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. RED AUDIT NUMBER MUST BE ON BACK OF CHECK

WBS

Bank of America

Date	Check Number
05/15/20	2910227

Pay: **One Thousand, Five Hundred Ninety-One and 48/100 Dollars**

Amount
$1,591.48

Pay to the Order of: Margaret Crowther

21101320635

Pay Period Dates

Memo: 05/04/20 to 05/10/20

Fraud Protected by Positive Pay

— AUTHORIZED SIGNATURE —

SECURITY FEATURES INCLUDED DETAILS ON BACK

⑈2910227⑈ ⑆063100277⑆ 898050591768⑈

Check Details

Check Number: 2910227
Account Number: 898050591768
Account Name: WORKFORCE BUSINESS SERVICES INC
Bank ID: 063100277

Amount: 1,591.48
Posted Date: 19-May-2020
Paid Date: 19-May-2020

29
015

Check Inquiry Summary

BANK OF AMERICA

Account Number: 898050591768

Account Name: WORKFORCE BUSINESS SERVICES INC

Bank ID: 063100277

Electronic Endorsement Information

BOFD - Bank Of First Deposit

Bank Name: FINEMARK NATIONAL BANK AND TRU (BOFD)
Date: 19-May-2020
R/T: 67016231
Sequence Number: 67016230263721

Bank Name: FINEMARK NATIONAL BANK A TRU (BOFD)
Date: 19-May-2020
R/T: 67016231
Sequence Number: 5260007380514

Bank Name: FEDERAL RES BANK OF ATLANTA
Date: 20-May-2020
R/T: 61000146
Sequence Number: 2267138774

Bank Name: BANK OF AMERICA, NA
Date: 19-May-2020
R/T: 111012822
Sequence Number: 004292524228

** Crowther, Margaret 1/5 Type/Seq:C01-New Batch:121 PC:W-
21101320635:Target Roofing & Sheet Metal SSN: 1471 Op-Yr:pjd-2020

Check# B2-2910227 Date: 05/15/20 PerBeg: 05/04/20 PerEnd: 05/10/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	47.50	40.00	1900.00
Tax	CFE Federal	1900.00	12.00	163.17
Tax	CFI FICA - OASDI	1900.00	6.20	117.80
Tax	CFJ FICA Medicare	1900.00	1.45	27.55
Tax	CFL Florida	1900.00	.00	.00
Billed	FFI FICA - OASDI	1900.00		117.80
Billed	FFJ FICA - Medicare	1900.00		27.55
Billed	FFL FL - SUI	1900.00		32.30
Billed	FFU FUTA	1900.00		11.40
Billed	DAF Admin Fee	1900.00		14.25
Billed	FWC W/C	1900.00		1.88

Gross: 1900.00 Ded: .00 Tax: -308.52 Contr: 205.18
** Net Check ** $1,591.48 **

** Crowther, Margaret 2/5 Type/Seq:V01-Old Batch:129 PC: -
21101320635:Target Roofing & Sheet Metal SSN: 1471 Op-Yr:pjd-2020

Check# B2-2914009 Date: 05/22/20 PerBeg: PerEnd: 05/17/20 Entry: L

Type	Description	Basis	Rate/Hrs	Amount

Gross: .00 Ded: .00 Tax: .00 Contr: .00
** Net Check ** $.00 **

** Crowther, Margaret 3/5 Type/Seq:D01-New Batch:129 PC:W-
21101320635:Target Roofing & Sheet Metal SSN: 1471 Op-Yr:pjd-2020

Check# B2-2914236 Date: 05/22/20 PerBeg: 05/11/20 PerEnd: 05/17/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	47.50	40.00	1900.00
Ded	B1D Direct Deposit	.00	.00	1591.48
Tax	CFE Federal	1900.00	12.00	163.17
Tax	CFI FICA OASDI	1900.00	6.20	117.80
Tax	CFJ FICA - Medicare	1900.00	1.45	27.55
Tax	CFL Florida	1900.00	.00	.00
Billed	FFI FICA - OASDI	1900.00		117.80
Billed	FFJ FICA - Medicare	1900.00		27.55
Billed	FFL FL - SUI	1900.00		32.30
Billed	FFU FUTA	1900.00		11.40
Billed	DAF Admin Fee	1900.00		14.25
Billed	FWC W/C	1900.00		1.88

Gross: 1900.00 Ded: -1591.48 Tax: -308.52 Contr: 205.18
** Net Check ** $.00 **

** Crowther, Margaret 4/5 Type/Seq:D01-New Batch:133 PC:W-
21101320635:Target Roofing & Sheet Metal SSN: 1471 Op-Yr:pjd-2020

Check# B2-2918337 Date: 05/29/20 PerBeg: 05/18/20 PerEnd: 05/24/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	47.50	40.00	1900.00
Ded	B1D Direct Deposit	.00	.00	1591.48
Tax	CFE Federal	1900.00	12.00	163.17
Tax	CFI FICA OASDI	1900.00	6.20	117.80
Tax	CFJ FICA - Medicare	1900.00	1.45	27.55
Tax	CFL Florida	1900.00	.00	.00
Billed	FFI FICA - OASDI	1900.00		117.80
Billed	FFJ FICA - Medicare	1900.00		27.55
Billed	FFL FL - SUI	1900.00		32.30
Billed	FFU FUTA	1900.00		11.40
Billed	DAF Admin Fee	1900.00		14.25
Billed	FWC W/C	1900.00		1.88

Gross: 1900.00 Ded: -1591.48 Tax: -308.52 Contr: 205.18
** Net Check ** $.00 **

** Crowther, Margaret 5/5 Type/Seq:D01-New Batch:140 PC:W-
21101320635:Target Roofing & Sheet Metal SSN: 1471 Op-Yr:pjd-2020

Check# B2-2921898 Date: 06/05/20 PerBeg: 05/25/20 PerEnd: 05/31/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	47.50	40.00	1900.00
Ded	B1D Direct Deposit	.00	.00	1591.48
Tax	CFE Federal	1900.00	12.00	163.17
Tax	CFI FICA - OASDI	1900.00	6.20	117.80
Tax	CFJ FICA - Medicare	1900.00	1.45	27.55
Tax	CFL Florida	1900.00	.00	.00
Billed	FFI FICA - OASDI	1900.00		117.80
Billed	FFJ FICA - Medicare	1900.00		27.55
Billed	FFL FL - SUI	1300.00		22.10
Billed	FFU FUTA	1300.00		7.80
Billed	DAF Admin Fee	1900.00		14.25
Billed	FWC W/C	1900.00		1.88

Gross: 1900.00 Ded: -1591.48 Tax: -308.52 Contr: 191.38
** Net Check ** $.00 **

21101320635:Crowther, Margaret Target Roofing & Sheet Metal
Totals for all checks YTD

A01	Regular	160.00	7600.00
B1D	Direct Deposit	.00	4774.44
CFE	Federal	7600.00	652.68
CFI	FICA - OASDI	7600.00	471.20
CFJ	FICA - Medicare	7600.00	110.20
CFL	Florida	7600.00	.00
DAF	Admin Fee	7600.00	57.00
DFI	FICA - OASDI	7600.00	471.20
DFJ	FICA - Medicare	7600.00	110.20
DFL	FL - SUI	7000.00	119.00
DFU	FUTA	7000.00	42.00
DWC	W/C	7600.00	7.52

Employee : 21-10-132-0637 *** Crowther, Dannielle C *** 11/05/20
Client ....: Target Roofing & Sheet Metal

<<< Employee Information Sheet >>>

[redacted]-8990

Soc-Sec-Num .:	XXX-XX-8990	Co. Hire Date :	05/08/20
Status Code .:	T - Terminated	Sub. Hire Date:	05/08/20
Address1 ....:	5302 Fairfield Way	Orig Hire Date:	05/08/20
Address2 ....:		Pay Period ...:	Weekly
City .....:	Fort Myers	Pay Type .....:	Salary
State .....:	FL Zip: 33919	Full/Part-Time:	Full-Time
Home Phone ..:	(239) 895-1052	Employee Type :	
Work Phone ..:	(239) 332-5707	Termination Dt:	06/05/20
Occupation ..:	clerical	Termination Cd:	R
Unique Key ..:	0000578235		
EEO Job Cat .:	5	County Code ..:	12071

Pay Rate	Hours	Eff.Date
1,840.00	40.00	05/08/20

<< Miscellaneous Information >>

Sex .....:	Female	Emergency Contact:			
Race .....:	White	Relationship ....:			
Vet Status ..:	Unknown	Phone (Contact) .:			
Birth Date ..:	05/09/87	Handbook Ed:		Tag :	
Leave/Abs Beg:	00/00/00	Date Recv'd:	00/00/00	Mail:	
Leave/Abs End:	00/00/00			Dept	Percent
Anniversary .:	05/08/21	Labor Dept 1 .....:			0.00
Review Date .:	08/08/20	Labor Dept 2 .....:			0.00
I-9 Form ....:	Y	Labor Dept 3 .....:			0.00
Alien Exp. ..:	00/00/00	Labor Dept 4 .....:			0.00

<< Employee Benefits >>

Employee Life Ins:	Birthdate: 05/09/87 33 yrs		Uses Tobacco:
Flex Plan ...: Y	Key EE: N	Accrual Start Date:	05/08/20
Direct Dep. .: Y		Vac/Sick Factors .:	0.0000 0.0000
Elig Strt Dt : 05/08/20		Credit Union Date :	00/00/00
Effective Dt : 06/01/20		Credit Union Acct#:	
Elig Ltr Sent: 00/00/00		Bank Account Code :	B2

<< Direct Deposit / Dependents >>

	Routing #	Bank Account #	C/S	Amount	A/P	Code
Direct Dep ..: Setup 1	[redacted]	[redacted]9457	C	100.00	P	22

<< Tax Table Information >>

	ST	Status	Exemptions	Extra W/H	KidsAmt	DepsAmt
*InUse Fed:						
*New W4:	S	N	00 03	0 0 .00		
Old W4:	S				EIC:	
State W: FL			00	.00		
Wk Comp: FL-8810				SUI ...: FL		
Local 1:		Local 2:		Local 3:		

WBS | WORKFORCE BUSINESS SERVICES

TO BE COMPLETED BY THE BUSINESS OWNER
Client Company _____ Client # _____

Employee Name: Dannielle Crowther
578235-05

Florida Enrollment Form

Acknowledgment

Ihereby acknowledge my current employer (Client Company) has entered into an Client Services Agreement contract with Workforce Business Services (WBS). Through this contract WBS will provide Client Company with certain professional employer services and during the term of the contract I will be a utilized individual with WBS. I will remain an employee of Client Company and Client Company will continue to have control over my day-to-day job duties and the work site. Client Company will also continue to provide all on site supervision, including but not limited to, determining my job assignments and training requirments, evaluating my peformance and establishing pay rates. WBS will not have an on-site supervisor or representative at my work-site .

Reconocimiento del a endamiento de empleados

Por la presente reconozco que he sido infolllado de que mi empleador actual (compafiia cliente) ha entrado en un acuerdo con Servicios de Personal Empresariales (WBS sus iniciales).A traves de este contrato, WBS proporcionara a la compafifa diente ciertos servicios profesionales de empleadores. En virtud de este acuerdo la compafiia cliente y WBS se convertiran en Co-Empleadores. Bajo esta relaci6n de Co-Empleadores, sere un empleado por arrendo de WBS, asignado unicamente y exclusivamente a la compafiia cliente. WBS se reserva el derecho de direcci6n y control sobre los empleados arrendados asignados al lugar de trabajo de la compafifa cliente. Continuare siendo un empleado de la compafiia cliente y la compafiia cliente seguira teniendo control sobre mis funciones de trabajo diarias y mi lugar de trabajo. La compafifa cliente tambien continuara prestando toda la supervision en el lugar de trabajo, incluyendo pero no limitandose a deteiillinar la asignaci6n de mi trabajo y los requisitos de entrenamiento, evaluaci6n de mi desempefio y establecimiento de tasas salariales. WBS no tendra un supervisor o representante en mi lugar de trabajo.

The Client Services Agreement between Client Company and WBS will not affect any agreement for employment or compensation which exists with my Client Company. If the contract between my Client Company and WBS is terminated, my status with WBS will also end on the date of the contract termination.

El acuerdo de arrendo de empleados entre la compafiia cliente y WBS no afectara ningun acuerdo de empleo o compensaci6n que existen con mi compafifa cliente. Si el contrato entre mi compafifa cliente y WBS se termina, el estatus de mi contrato también terminará.

If WBS does not receive payment from my Client Company for services which I perform, WBS may then pay me the minimum wage or the legally required minimum salary or overtime pay for that period and I agree to this method of compensation .WBS assumes responsibility for the payment of such minimum wages without regard to payments by Client Company to WBS. I also agree that WBS does not assume responsibility for payment of any bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, unless WBS has received in advance full payment for such items from Client Company. If the contract with my Client Company is terminated, my status with WBS will also cease.

SiWBS no recibe pago de mi compafiia cliente por los servicios que preste, WBS me pagara el salario minimo, o el salario mfnimo legal, o pagara las horas extras de ese periodo y estoy de acuerdo con este metodo de compensaci6n. WBS asume responsabilidad por el pago de salarios sin tener en cuenta los pagos efectuados por la compafifa cliente a WBS. Tambien estoy de acuerdo en que WBS no asume responsabilidad por pago alguno de bonos, comisiones, indemnizaciones por despido, compensaci6n diferida, compartir utilidades, vacaciones, enfermedad u otro tiempo a pagar, o por cualquier otro pago, donde WBS no ha recibido el pago completo por adelantado para tales prop6sitos por la compafifa cliente. Si se terminara el contrato con mi compania cliente, mi empleo con WBS tambien terminara.

ENTERED
MAY 11 2020
T.W.

Drug Testing Authorization

I agree to comply with any drug/alcohol testing policy, which Workforce Business Services has or may adopt. I specifically agree to post-accident drug/alcohol testing for any work injury regardless of whether I am able to give consent at that time. This authorization or a photocopy hereof is my authority and consent to post-accident drug/alcohol testing in all instances.

Autorización para Pruebas de Drogas

Estoy de acuerdo en cumplir con cualquier póliza de pruebas de drogas/alcohol cual Workforce Business Services (WBS-por sus siglas en ingles) tenga o pueda adoptar. Yo específicamente estoy de acuerdo a pruebas de drogas/alcohol después de cada accidente de trabajo sin importar si puedo dar consentimiento en ese tiempo. Esta autorización o una fotocopia de esta autorización es mi autoridad y consentimiento para pruebas de drogas/ alcohol en todos los casos.

Workers' Compensation Medical Authorization Release

I authorize any physician, medical practitioner, hospital, clinic or other health facility, or employer, to release any and all medical and non-medical information in its possession about me to Workforce Business Services' Workers' Compensation carrier or its legal representatives for purposes of a workers' compensation claim. (Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me.) I shall comply with the provisions of Florida Statute 440 concerning claims for workers' compensation benefits. If I provide false, misleading or incomplete information to obtain workers' compensation benefits, I may be denied such benefits. I may request and receive a copy of this authorization. A photocopy of this authorization shall be valid as the original.

Acuerdo de Autorización medica para compensación del trabajador

Yo autorizo a cualquier doctor, médico practicante, hospital, clínica u otra entidad de salud o empleador, para liberar toda la información médica y no médica en su posesión acerca de mi al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS-por sus siglas en ingles) o a sus representantes legales para propósitos de una reclamación de compensación de trabajadores (Información médica significa toda la información en posesión de, o derivadas de los proveedores de atención de salud, relacionados con la historia médica, condición física o mental, o con mi tratamiento). Cumpliré con las provisiones del Estatuto 440 de la Florida concernientes a reclamaciones para beneficios de compensación. Si proporciono información falsa, engañosa o incompleta para obtener beneficios de compensación de trabajadores, tales beneficios me pueden ser negados. Puedo solicitar y recibir una copia de esta autorización. Una fotocopia de esta autorización será válida como la original.

I agree to promptly and without delay report all accident, injuries, potential safety hazards, safety suggestions and health related issues to my manager.

If I am a new hire, I acknowledge I am hereby notified within 7 days of my employment with client and as a utilized individual with Workforce Business Services that I am being employed on an established 90 day probationary period

Estoy de acuerdo en informar inmediatamente a el gerente todo accidente, lesion, peligros potenciales, sugerencias sobre seguridad y asuntos relacionados con la salud.
Si soy un nuevo empleado, reconozco que por la presente se me notifica dentro de los 7 dias de mi empleo con el cliente, como una persona utilizada con WBS, que estoy siendo empleado en un período de prueba establecido de 90 días.

I certify that I have read, understand, and agree to the conditions and requirements contained in this document, including my authorization for drug testing and for release of my medical and non-medical information.

Yo certifico que he leído entiendo, y acepto las condiciones y requisitos contenidos en este documento, incluyendo mi autorización para pruebas de drogas y para la divulgación de mi información médica y no médica.

Employee Signature (Firma del empleado) X Dannielle Crowther Date (Fecha): 05/08/2020

Employee Name (Nombre del empleado) Dannielle Crowther

Date of Birth (Fecha de nacimiento): 05-09-1987

Address (Dirección): 5302 Fairfield Way

City, State, Zip (Ciudad, Estado, Zip): Fort Myers, FL 33919

Telephone Number (Número telefónico) 2398951052 Social Security No (No. Seguridad Social) [redacted]3990

Voluntary EEO Identification (Identificación del EEO voluntario)

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 applicant applies. The information requested here is for compliance with certain record keeping requirements.

Varias entidades del gobierno de Estados Unidos exigen a los empleadores que mantengan información sobre los solicitantes en relación con factores como raza, sexo y tipo de cargo para el cual se presenta el candidato. La información que aquí se solicita es para cumplir con ciertos requisitos de registro.

- ☐ White (Not of Hispanic or Latino origin) - Origins of Europe, North Africa, or the Middle East. Blanco (No de origen Hispánico ni Latino) – Originario de Europa, África del Norte o del Medio Oriente
- ☐ Black or African American (Not of Hispanic or Latino origin) - Origins in any of the Black racial groups of Africa. Negro o Afro-Americano (No de origen Hispánico ni Latino) – Orígenes en cualquiera de los grupos raciales negros de África
- ☐ Hispanic or Latino - Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Hispano o Latino – Mexicano, Puertorriqueño, Cubano, Centro o Suramericano o de otra cultura u origen proveniente de España, independientemente de la raza
- ☐ Asian (Not of Hispanic or Latino origin) - Origins of the Far East, Southeast Asia, the Indian Subcontinent. Asiático (no de origen Hispánico ni Latino) – Originario del Lejano Oriente, Sudeste Asiático, o Subcontinente Indio
- ☐ Native Hawaiian or other Pacific Islander - Origins of Hawaii, Guam, Samoa, or other Pacific Islands. Nativo Hawaiano o de otra Isla del Pacífico – originario de Hawai, Guam, Samoa u otras Islas del Pacífico
- ☐ American Indian/Alaska Native - Origins of North or South America (including Central America), who maintain tribal affiliation and community recognition. Indígena Americano / Nativo de Alaska - Originario de América del Norte o del Sur (incluyendo América Central) que mantiene su afiliación tribal y reconocimiento de la comunidad.
- ☐ Two or more races (Not of Hispanic or Latino origin) - All persons who identify with more than one of the listed races. Dos o más razas (No de origen Hispano ni Latino) – Todas las personas que se identifiquen con más de una de las razas mencionadas
- ☐ If the employee elected not to complete this information, the employer has completed it through visual identification as required by law. Si el empleado decidió no suministrar esta información, el empleador la suministra mediante identificación visual, de conformidad con lo dispuesto por la ley.

Completed by Client (Para ser diligenciado por el cliente)

New Hires (Nuevas Contrataciones)

You must fax, call or email the following information to WBS on or before the new hire starts work: name, WC Code, Social Security Number, Pay Rate and Date of Birth. Workforce Business Services can not pay any employee without receiving this information on or before the employee begins work. Nor will this employee be covered with workers' compensation coverage until this information has been submitted to us. To report a new hire after hours, please fax or call our offices and leave a detailed message.

WBS tiene que recibir este Informe de Vinculación En la fecha de contratacion o antes. Usted puede informar esta nueva contratación a WBS por fax o por teléfono y recibirá un número de identificación de confirmación. Workforce Business Servicesno podrá efectuar pagos a empleados sin el número de identificación del empleado. El empleado tampoco quedará cubierto por la compensación de trabajadores hasta que esta información no haya sido presentada. Para informar sobre alguna contratación fuera de las horas laborales, por favor envíe un fax o llame a nuestras oficinas y deje un mensaje detallado.

THE UTILIZED INDIVIDUAL ENROLLMENT FORM MUST BE RETURNED TO WBS WITHIN THREE DAYS OF THE DATE OF HIRE.

EL FORMULARIO DE INSCRIPCIÓN DEL INDIVIDUAL UTILIZADO DEBE SER ENVIADO A WBS DENTRO DE LOS TRES DÍAS SIGUIENTES A LA FECHA DE CONTRATACIÓN.

Employee Name (Nombre del empleado) Dannielle Crowther

Client Company Name (Nombre de la Compañía- Cliente): Target Roofing

Department (if applicable) (Departamento) (si es el caso) _____ Job Code (if applicable) (Código de trabajo) (si es el caso) 8810

Rate of Pay (Tasa de pago) $ 1840 weekly ☐ Hourly (Por hora) ☑ Salary (Salario) ☐ Exempt (Exento) ☐ Non-Exempt (No Exento)

☑ Full Time (Tiempo completo) ☐ Part Time (Medio Tiempo) Work Comp. Code (Código Compensación Trabajadores) _____

From the EEO job classifications listed, which one best describes the employee's position?
¿De las clasificaciones de trabajos mencionadas, cuál es la que describe mejor el cargo del empleado?

- ☐ 1.1 - Executive/Senior Level Officers and Managers (Ejecutivo/Funcionarios y gerentes de nivel superior)
- ☐ 1.2 - First / Mid Level Officers and Managers (Funcionarios y gerentes de primer nivel/nivel medio)
- ☐ 2 - Professionals (Profesionales)
- ☐ 3 - Technichians (Técnicos)
- ☐ 4 - Sales (Vendedores)
- ☑ 5 -Office and Clerical (Oficina y administrativo)
- ☐ 6 - Craft Workers (skilled) (Artesanos (capacitados))
- ☐ 7 - Operative (semi-skilled) (Operarios (capacitación media))
- ☐ 8 - Laborers (unskilled) (Obreros (no capacitados))
- ☐ 9 - Service Workers (Trabajadores de servicios)

Job Description (Descripción del trabajo) _____

Original Date of Hire (Fecha de contratación original) _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
▶ Give Form W-4 to your employer.
▶ Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Dannielle C	Crowther	[redacted]8990

Address: 5302 fairfield way

City or town, state, and ZIP code: Fort Myers, FL 33919

▶ 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.

(c) ☐ Single or Married filing separately
☐ Married filing jointly (or Qualifying widow(er))
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

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

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

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $ 6,000

Multiply the number of other dependents by $500 . . . . ▶ $

Add the amounts above and enter the total here . . . . . 3 $ 6000

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.

Dannielle Crowther
Employee's signature (This form is not valid unless you sign it.)

05/08/2020
Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
Target Roofing & Sheet Metal, Inc. 1841 Ortiz Ave Fort Myers FL 33905	05/11/2020	11-1111111

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form **W-4** (2020)

578235

Tracy Wetter

1

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 9:29 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

JUN 16 2020
R.D.

An employee was terminated on the web by 054554.

Dannielle C Crowther
SSN: [redacted]8990
EE id: 21101320637

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 09:29:14

Term type: Resignation
Term notes:

Please do not respond to this message. It is an automated message sent to you from the server.

Crowther, Dannielle C
9302 Fairfield Way
Fort Myers, FL 33919

Period: 01/01/20 to 11/05/20

Workforce Business Services 12
SocSecNum: XXX-XX-8990
WkComp Code: FL-8810
Pay Rate 1: 1840.000 SALARY
Pay Rate 2: .000
Pay Cycle: WEEKLY

Target Roofing & Sheet Metal
Company Hire Date: 05/08/20
Subscriber Hire Dt: 05/08/20
Birthdate: 05/09/87
Insurance Codes: NN

Federal Tax Setup: S .00
State Tax Setup: FL 00 .00
Status: Full Time Term'd
Termination Date: 06/05/20
Dept 1:
Dept 2:

Local Tax 1:
Local Tax 2:
Local Tax 3:

Period: 01/01/20 to 11/05/20

		HOURS			EARNINGS			GROSS	TAXES				DEDUCTIONS			DIRECT	NET
CHECKDATE	RATE	REGULAR	OVERTIME	OTHER	REGULAR	OVERTIME	OTHER	PAY	FEDERAL	FICA	STATE	LOCAL	401K	INSURANCE	OTHER	DEPOSIT	PAY
05/15/20	46.00	40.000	.000	.000	1840.00	.00	.00	1840.00	242.53	140.76	.00	.00	.00	.00	.00	.00	1456.71
05/22/20	46.00	40.000	.000	.000	1840.00	.00	.00	1840.00	242.53	140.76	.00	.00	.00	.00	.00	1456.71	1456.71
05/29/20	46.00	40.000	.000	.000	1840.00	.00	.00	1840.00	242.53	140.76	.00	.00	.00	.00	.00	1456.71	1456.71
06/05/20	46.00	40.000	.000	.000	1840.00	.00	.00	1840.00	242.53	140.76	.00	.00	.00	.00	.00	1456.71	1456.71
TOTALS		160.000	.000	.000	7360.00	.00	.00	7360.00	970.12	563.04	.00	.00	.00	.00	.00	4370.13	5826.84

Earnings Hours		Earnings Amounts		Taxes		Deductions	
Regular	160.00	Regular	7360.00	Federal	970.12	Direct Deposit	4370.13
				FICA - OASDI	455.32		
				FICA - Medicare	106.72		

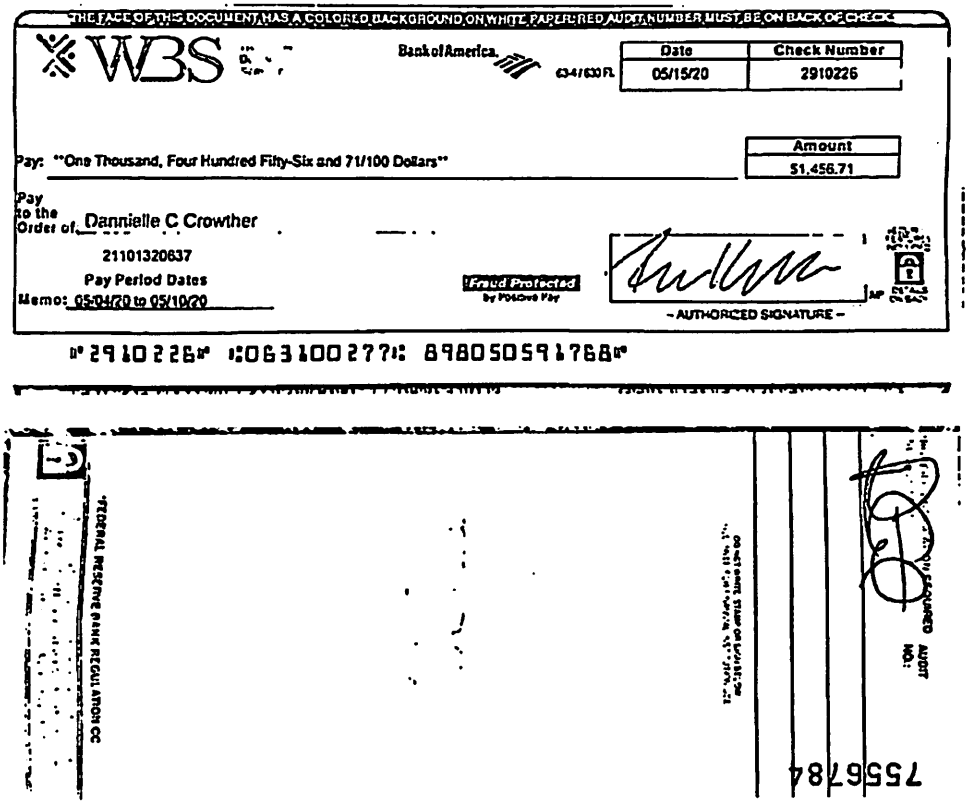
Check Inquiry Summary

BANK OF AMERICA

Account Number: 898050591768

Account Name: WORKFORCE BUSINESS SERVICES INC

Bank ID: 063100277



Check Details

Check Number: 2910226
Account Number: 898050591768
Account Name: WORKFORCE BUSINESS SERVICES INC
Bank ID: 063100277

Amount: 1,456.71
Posted Date: 01-Jun-2020
Paid Date: 01-Jun-2020

Electronic Endorsement Information

BOFD - Bank Of First Deposit

Bank Name: WELLS FARGO BANK, NA (BOFD)
Date: 01-Jun-2020
R/T: 91000019
Sequence Number: 000006386909782

Bank Name: BANK OF AMERICA, NA
Date: 01-Jun-2020
R/T: 111012822
Sequence Number: 009492671409

** Crowther, Dannielle 1/5 Type/Seq:C01-New Batch:121 PC:W-
21101320637:Target Roofing & Sheet Metal SSN: 8990 Op-Yr:pjd-2020

Check# B2-2910226 Date: 05/15/20 PerBeg: 05/04/20 PerEnd: 05/10/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	46.00	40.00	1840.00
Tax	CFE Federal	1840.00	22.00	242.53
Tax	CFI FICA - OASDI	1840.00	6.20	114.08
Tax	CFJ FICA - Medicare	1840.00	1.45	26.68
Tax	CFL Florida	1840.00	.00	.00
Billed	FFI FICA - OASDI	1840.00		114.08
Billed	FFJ FICA - Medicare	1840.00		26.68
Billed	FFL FL - SUI	1840.00		31.28
Billed	FFU FUTA	1840.00		11.04
Billed	DAF Admin Fee	1840.00		13.80
Billed	FWC W/C	1840.00		1.82

Gross: 1840.00 Ded: .00 Tax: -383.29 Contr: 198.70
** Net Check ** $1,456.71 **

** Crowther, Dannielle 2/5 Type/Seq:V01-Old Batch:129 PC: -
21101320637:Target Roofing & Sheet Metal SSN: 8990 Op-Yr:pjd-2020

Check# B2-2914008 Date: 05/22/20 PerBeg: PerEnd: 05/17/20 Entry: L

Type	Description	Basis	Rate/Hrs	Amount

Gross: .00 Ded: .00 Tax: .00 Contr: .00
** Net Check ** $.00 **

** Crowther, Dannielle 3/5 Type/Seq:D01-New Batch:129 PC:W-
21101320637:Target Roofing & Sheet Metal SSN: 8990 Op-Yr:pjd-2020

Check# B2-2914235 Date: 05/22/20 PerBeg: 05/11/20 PerEnd: 05/17/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	46.00	40.00	1840.00
Ded	B1D Direct Deposit	.00	.00	1456.71
Tax	CFE Federal	1840.00	22.00	242.53
Tax	CFI FICA - OASDI	1840.00	6.20	114.08
Tax	CFJ FICA - Medicare	1840.00	1.45	26.68
Tax	CFL Florida	1840.00	.00	.00
Billed	FFI FICA - OASDI	1840.00		114.08
Billed	FFJ FICA - Medicare	1840.00		26.68
Billed	FFL FL - SUI	1840.00		31.28
Billed	FFU FUTA	1840.00		11.04
Billed	DAF Admin Fee	1840.00		13.80
Billed	FWC W/C	1840.00		1.82

Gross: 1840.00 Ded: -1456.71 Tax: -383.29 Contr: 198.70
** Net Check ** $.00 **

** Crowther, Dannielle 4/5 Type/Seq:D01-New Batch:133 PC:W-
21101320637:Target Roofing & Sheet Metal SSN: 8990 Op-Yr:pjd-2020

Check# B2-2918336 Date: 05/29/20 PerBeg: 05/18/20 PerEnd: 05/24/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	46.00	40.00	1840.00
Ded	B1D Direct Deposit	.00	.00	1456.71
Tax	CFE Federal	1840.00	22.00	242.53
Tax	CFI FICA - OASDI	1840.00	6.20	114.08
Tax	CFJ FICA - Medicare	1840.00	1.45	26.68
Tax	CFL Florida	1840.00	.00	.00
Billed	FFI FICA - OASDI	1840.00		114.08
Billed	FFJ FICA - Medicare	1840.00		26.68
Billed	FFL FL - SUI	1840.00		31.28
Billed	FFU FUTA	1840.00		11.04
Billed	DAF Admin Fee	1840.00		13.80
Billed	FWC W/C	1840.00		1.82

Gross: 1840.00 Ded: -1456.71 Tax: -383.29 Contr: 198.70
** Net Check ** $.00 **

** Crowther, Dannielle 5/5 Type/Seq:D01-New Batch:140 PC:W-
21101320637:Target Roofing & Sheet Metal SSN: 8990 Op-Yr:pjd-2020

Check# B2-2921897 Date: 06/05/20 PerBeg: 05/25/20 PerEnd: 05/31/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	46.00	40.00	1840.00
Ded	B1D Direct Deposit	.00	.00	1456.71
Tax	CFE Federal	1840.00	22.00	242.53
Tax	CFI FICA - OASDI	1840.00	6.20	114.08
Tax	CFJ FICA - Medicare	1840.00	1.45	26.68
Tax	CFL Florida	1840.00	.00	.00
Billed	FFI FICA - OASDI	1840.00		114.08
Billed	FFJ FICA - Medicare	1840.00		26.68
Billed	FFL FL - SUI	1480.00		25.16
Billed	FFU FUTA	1480.00		8.88
Billed	DAF Admin Fee	1840.00		13.80
Billed	FWC W/C	1840.00		1.82

Gross: 1840.00 Ded: -1456.71 Tax: -383.29 Contr: 190.42
** Net Check ** $.00 **

21101320637:Crowther, Dannielle C Target Roofing & Sheet Metal
Totals for all checks YTD

A01	Regular	160.00	7360.00
B1D	Direct Deposit	.00	4370.13
CFE	Federal	7360.00	970.12
CFI	FICA - OASDI	7360.00	456.32
CFJ	FICA - Medicare	7360.00	106.72
CFL	Florida	7360.00	.00
DAF	Admin Fee	7360.00	55.20
DFI	FICA - OASDI	7360.00	456.32
DFJ	FICA - Medicare	7360.00	106.72
DFL	FL - SUI	7000.00	119.00
DFU	FUTA	7000.00	42.00
DWC	W/C	7360.00	7.28

Employee : 21-10-132-0638 *** Robinson, Aaron J *** 11/05/20
Client ....: Target Roofing & Sheet Metal

[redacted]mployee Information Sheet >>>

-3511

Soc-Sec-Num .:	XXX-XX-3511	Co. Hire Date :	05/08/20
Status Code .:	T - Terminated	Sub. Hire Date:	05/08/20
Address1 ....:	5302 Fairfield Way	Orig Hire Date:	05/08/20
Address2 ....:		Pay Period ...:	Weekly
City .....:	Fort Myers	Pay Type .....:	Salary
State .....:	FL Zip: 33919	Full/Part-Time:	Full-Time
Home Phone ..:		Employee Type :	
Work Phone ..:	(239) 332-5707	Termination Dt:	06/05/20
Occupation ..:	clerical	Termination Cd:	Y
Unique Key ..:	0000578236		
EEO Job Cat :	5	County Code ..:	12071

Pay Rate	Hours	Eff.Date
1,840.00	40.00	05/08/20

<< Miscellaneous Information >>

Sex .....:	Male	Emergency Contact:	
Race .....:	White	Relationship ....:	
Vet Status ..:	Unknown	Phone (Contact) .:	
Birth Date ..:	03/19/83	Handbook Ed:	Tag :
Leave/Abs Beg:	00/00/00	Date Recv'd: 00/00/00	Mail:
Leave/Abs End:	00/00/00		
Anniversary .:	05/08/21		
Review Date .:	08/08/20		
I-9 Form ....:	Y		
Alien Exp. ..:	00/00/00		

	Dept	Percent
Labor Dept 1 .....:		0.00
Labor Dept 2 .....:		0.00
Labor Dept 3 .....:		0.00
Labor Dept 4 .....:		0.00

<< Employee Benefits >>

Employee Life Ins:		Birthdate: 03/19/83 37 yrs	Uses Tobacco:
Flex Plan ...:	Y Key EE: N	Accrual Start Date:	05/11/20
Direct Dep. .:	N	Vac/Sick Factors .:	0.0000 0.0000
Elig Strt Dt :	05/08/20	Credit Union Date :	00/00/00
Effective Dt :	06/01/20	Credit Union Acct#:	
Elig Ltr Sent:	00/00/00	Bank Account Code :	B2

<< Tax Table Information >>

*InUse Fed:	Stat	2c Kids	Deps	Oth Inc	Deducts	ExtraWh	KidsAmt	DepsAmt
*New W4:	S	N	00	00	0	0	.00	
	ST	Status	Exemptions		Extra W/H			
Old W4:	S						EIC:	
State W:	FL		00		.00			
Wk Comp:	FL-8810				SUI ...:	FL		
Local 1:		Local 2:			Local 3:			

WBS | WORKFORCE BUSINESS SERVICES

TO BE COMPLETED BY THE BUSINESS OWNER
Client Company _____ Client # _____

Employee Name: Aaron Robinson

578236-B (5)

Florida Enrollment Form

Acknowledgment

I hereby acknowledge my current employer (Client Company) has entered into an Client Services Agreement contract with Workforce Business Services (WBS). Through this contract WBS will provide Client Company with certain professional employer services and during the term of the contract I will be a utilized individual with WBS. I will remain an employee of Client Company and Client Company will continue to have control over my day-to-day job duties and the work site. Client Company will also continue to provide all on site supervision, including but not limited to, determining my job assignments and training requirments, evaluating my peformance and establishing pay rates. WBS will not have an on-site supervisor or representative at my work-site.

Reconocimiento del a endamiento de empleados

Por la presente reconozco que he sido infoilllado de que mi empleador actual (compafiia cliente) ha entrado en un acuerdo con Servicios de Personal Empresariales (WBS sus iniciales) A traves de este contrato, WBS proporcionara a la compafifa diente ciertos servicios profesionales de empleadores. En virtud de este acuerdo la compafiia cliente y WBS se convertiran en Co-Empleadoros. Bajo esta rolaci6n do Co Empleadoros, sero un empleado por arrendo do WBS, asignado unicamente y exclusivamente a la compafiia cliente. WBS se reserva el derecho de direcci6n y control sobre los empleados arrendados asignados al lugar de trabajo de la compafifa cliente. Continuare siendo un empleado de la compafiia cliente y la compafiia cliente seguira teniendo control sobre mis funciones de trabajo diarias y mi lugar de trabajo. La compafifa cliente tambien continuara prestando toda la supervision en el lugar de trabajo, incluyendo pero no limitandose a dotoilllinar la asignaci6n do mi trabajo y los requisitos de entrenamiento, evaluaci6n de mi desempefio y establecimiento de tasas salariales. WBS no tendra un supervisor o representante en mi lugar de trabajo

The Client Services Agreement between Client Company and WBS will not affect any agreement for employment or compensation which exists with my Client Company. If the contract between my Client Company and WBS is terminated, my status with WBS will also end on the date of the contract termination.

El acuerdo de arrendo de empleados entre la compafiia cliente y WBS no afectara ningun acuerdo de empleo o compensaci6n que existen con mi compafifa cliente. Si el contrato entre mi compafifa cliente y WBS se termina, el estatus de mi contrato también terminará.

If WBS does not receive payment from my Client Company for services which I perform, WBS may then pay me the minimum wage or the legally required minimum salary or overtime pay for that period and I agree to this method of compensation .WBS assumes responsibility for the payment of such minimum wages without regard to payments by Client Company to WBS. I also agree that WBS does not assume responsibility for payment of any bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, unless WBS has received in advance full payment for such items from Client Company. If the contract with my Client Company is terminated, my status with WBS will also cease.

Si WBS no recibe pago de mi compafiia cliente por los servicios que preste, WBS me pagara el salario minimo, o el salario mfnimo legal, o pagara las horas extras de ese periodo y estoy de acuerdo con este metodo de compensaci6n. WBS asume responsabilidad por el pago de salarios sin tener en cuenta los pagos efectuados por la compafifa cliente a WBS. Tambien estoy de acuerdo en que WBS no asume responsabilidad por pago alguno de bonos, comisiones, indemnizaciones por despido, compensaci6n diferida, compartir utilidades, vacaciones, enfermedad u otro tiempo a pagar, o por cualquier otro pago, donde WBS no ha recibido el pago completo por adelantado para tales prop6sitos por la compafifa cliente. Si se terminara el contrato con mi compania cliente, mi empleo con WBS tambien terminara.

ENTERED
MAY 13 2020
T.W.

Drug Testing Authorization

I agree to comply with any drug/alcohol testing policy, which Workforce Business Services has or may adopt. I specifically agree to post-accident drug/alcohol testing for any work injury regardless of whether I am able to give consent at that time. This authorization or a photocopy hereof is my authority and consent to post-accident drug/alcohol testing in all instances.

Autorización para Pruebas de Drogas

Estoy de acuerdo en cumplir con cualquier póliza de pruebas de drogas/alcohol cual Workforce Business Services (WBS-por sus siglas en Ingles) tenga o pueda adoptar. Yo específicamente estoy de acuerdo a pruebas de drogas/alcohol después de cada accidente de trabajo sin importar si puedo dar consentimiento en ese tiempo. Esta autorización o una fotocopia de esta autorización es mi autoridad y consentimiento para pruebas de drogas/ alcohol en todos los casos.

Workers' Compensation Medical Authorization Release

I authorize any physician, medical practitioner, hospital, clinic or other health facility, or employer, to release any and all medical and non-medical information in its possession about me to Workforce Business Services' Workers' Compensation carrier or its legal representatives for purposes of a workers' compensation claim. (Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me.) I shall comply with the provisions of Florida Statute 440 concerning claims for workers' compensation benefits. If I provide false, misleading or incomplete information to obtain workers' compensation benefits, I may be denied such benefits. I may request and receive a copy of this authorization. A photocopy of this authorization shall be valid as the original.

Acuerdo de Autorización medica para compensación del trabajador

Yo autorizo a cualquier doctor, médico practicante, hospital, clínica u otra entidad de salud o empleador, para liberar toda la información médica y no médica en su posesión acerca de mi al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS-por sus siglas en Ingles) o a sus representantes legales para propósitos de una reclamación de compensación de trabajadores (Información médica significa toda la información en posesión de, o derivadas de los proveedores de atención de salud, relacionados con la historia médica, condición física o mental, o con mi tratamiento). Cumpliré con las provisiones del Estatuto 440 de la Florida concernientes a reclamaciones para beneficios de compensación. Si proporciono información falsa, engañosa o incompleta para obtener beneficios de compensación de trabajadores, tales beneficios me pueden ser negados. Puedo solicitar y recibir una copia de esta autorización. Una fotocopia de esta autorización será válida como la original.

I agree to promptly and without delay report all accident, injuries, potential safety hazards, safety suggestions and health related issues to my manager.

If I am a new hire, I acknowledge I am hereby notified within 7 days of my employment with client and as a utilized individual with Workforce Business Services that I am being employed on an established 90 day probationary period

Estoy de acuerdo en informar inmediatamente a el gerente todo accidente, lesion, peligros potenciales, sugerencias sobre seguridad y asuntos relacionados con la salud.
Si soy un nuevo empleado, reconozco que por la presente se me notifica dentro de los 7 dias de mi empleo con el cliente, como una persona utilizada con WBS, que estoy siendo empleado en un periodo de prueba establecido de 90 días.

I certify that I have read, understand, and agree to the conditions and requirements contained in this document, including my authorization for drug testing and for release of my medical and non-medical information.

Yo certifico que he leído entiendo, y acepto las condiciones y requisitos contenidos en este documento, incluyendo mi autorización para pruebas de drogas y para la divulgación de mi información médica y no médica.

Employee Signature (Firma del empleado) X Aaron Robinson Date (Fecha): 05/08/2020

Employee Name (Nombre del empleado) Aaron ~~Toto~~ Robinson

Date of Birth (Fecha de nacimiento): 3/19/1983

Address (Dirección): 5302 Fairfield way

City, State, Zip (Ciudad, Estado, Zip): Fort Myers FL 33919

Telephone Number (Número telefónico) _____ Social Security No (No. Seguridad Social): _____

Voluntary EEO Identification (Identificación del EEO voluntario)

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 applicant applies. The information requested here is for compliance with certain record keeping requirements.

Varias entidades del gobierno de Estados Unidos exigen a los empleadores que mantengan información sobre los solicitantes en relación con factores como raza, sexo y tipo de cargo para el cual se presenta el candidato. La información que aquí se solicita es para cumplir con ciertos requisitos de registro.

- ☐ White (Not of Hispanic or Latino origin) - Origins of Europe, North Africa, or the Middle East. Blanco (No de origen Hispánico ni Latino) – Originario de Europa, África del Norte o del Medio Oriente
- ☐ Black or African American (Not of Hispanic or Latino origin) - Origins in any of the Black racial groups of Africa. Negro o Afro-Americano (No de origen Hispánico ni Latino) – Originario en cualquiera de los grupos raciales negros de África
- ☐ Hispanic or Latino - Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Hispano o Latino – Mexicano, Puertorriqueño, Cubano, Centro o Suramericano o de otra cultura u origen proveniente de España, independientemente de la raza
- ☐ Asian (Not of Hispanic or Latino origin) - Origins of the Far East, Southeast Asia, the Indian Subcontinent. Asiático (no de origen Hispánico ni Latino) – Originario del Lejano Oriente, Sudeste Asiático, o Subcontinente Indio
- ☐ Native Hawaiian or other Pacific Islander - Origins of Hawaii, Guam, Samoa, or other Pacific Islands. Nativo Hawaiano o de otra Isla del Pacífico – originario de Hawai, Guam, Samoa u otras Islas del Pacífico
- ☐ American Indian/Alaska Native - Origins of North or South America (including Central America), who maintain tribal affiliation and community recognition. Indígena Americano / Nativo de Alaska - Originario de América del Norte o del Sur (incluyendo América Central) que mantiene su afiliación tribal y reconocimiento de la comunidad.
- ☐ Two or more races (Not of Hispanic or Latino origin) - All persons who identify with more than one of the listed races. Dos o más razas (No de origen Hispano ni Latino) – Todas las personas que se identifiquen con más de una de las razas mencionadas
- ☐ If the employee elected not to complete this information, the employer has completed it through visual identification as required by law. Si el empleado decidió no suministrar esta información, el empleador la suministra mediante identificación visual, de conformidad con lo dispuesto por la ley.

Completed by Client (Para ser diligenciado por el cliente)

New Hires (Nuevas Contrataciones)

You must fax, call or email the following information to WBS on or before the new hire starts work: name, WC Code, Social Security Number, Pay Rate and Date of Birth. Workforce Business Services can not pay any employee without receiving this information on or before the employee begins work. Nor will this employee be covered with workers' compensation coverage until this information has been submitted to us. To report a new hire after hours, please fax or call our offices and leave a detailed message.

WBS tiene que recibir este Informe de Vinculación En la fecha de contratacion o antes. Usted puede informar esta nueva contratación a WBS por fax o por teléfono y recibirá un número de identificación de confirmación. Workforce Business Servicesno podrá efectuar pagos a empleados sin el número de identificación del empleado. El empleado tampoco quedará cubierto por la compensación de trabajadores hasta que esta información no haya sido presentada. Para informar sobre alguna contratación fuera de las horas laborales, por favor envíe un fax o llame a nuestras oficinas y deje un mensaje detallado.

THE UTILIZED INDIVIDUAL ENROLLMENT FORM MUST BE RETURNED TO WBS WITHIN THREE DAYS OF THE DATE OF HIRE.

EL FORMULARIO DE INSCRIPCIÓN DEL INDIVIDUAL UTILIZADO DEBE SER ENVIADO A WBS DENTRO DE LOS TRES DÍAS SIGUIENTES A LA FECHA DE CONTRATACIÓN.

Employee Name (Nombre del empleado) Aaron Robinson

Client Company Name (Nombre de la Compañía- Cliente): Target Roofing

Department (if applicable) (Departamento) (si es el caso) _____ Job Code (if applicable) (Código de trabajo) (si es el caso) 8810

Rate of Pay (Tasa de pago) $ 1840 weekly ☐ Hourly (Por hora) ☑ Salary (Salario) ☐ Exempt (Exento) ☐ Non-Exempt (No Exento)

☐ Full Time (Tiempo completo) ☐ Part Time (Medio Tiempo) Work Comp. Code (Código Compensación Trabajadores) _____

From the EEO job classifications listed, which one best describes the employee's position?
¿De las clasificaciones de trabajos mencionadas, cuál es la que describe mejor el cargo del empleado?

- ☐ 1.1 - Executive/Senior Level Officers and Managers (Ejecutivo/Funcionarios y gerentes de nivel superior)
- ☐ 1.2 - First / Mid Level Officers and Managers (Funcionarios y gerentes de primer nivel/nivel medio)
- ☐ 2 - Professionals (Profesionales)
- ☐ 3 - Technichians (Técnicos)
- ☐ 4 - Sales (Vendedores)
- ☑ 5 -Office and Clerical (Oficina y administrativo)
- ☐ 6 - Craft Workers (skilled) (Artesanos (capacitados))
- ☐ 7 - Operative (semi-skilled) (Operarios (capacitación media))
- ☐ 8 - Laborers (unskilled) (Obreros (no capacitados))
- ☐ 9 - Service Workers (Trabajadores de servicios)

Job Description (Descripción del trabajo) _____

Original Date of Hire (Fecha de contratación original) _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
▶ Give Form W-4 to your employer.
▶ Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Aaron J	Robinson	[redacted]3511
Address: 5302 Fairfield Way		▶ 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: Fort Myers, FL 33919		

(c) ☐ Single or Married filing separately
☐ Married filing jointly (or Qualifying widow(er))
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

Step 2: Multiple Jobs or Spouse Works

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

Do only one of the following.

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

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

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

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

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $ _____

Multiply the number of other dependents by $500 . . . . ▶ $ _____

Add the amounts above and enter the total here . . . . . 3 $ 0

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.

Aaron Robinson
Employee's signature (This form is not valid unless you sign it.)

05/08/2020
Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
Target Roofing & Sheet Metal, Inc. 1841 Ortiz Ave Fort Myers FL 33905	05/11/2020	11-1111111

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form **W-4** (2020)

Direct Deposit Information

Employee: Aaron Robinson

578236

Account 1

Deposit To: Bank Account

Routing #: [redacted]

Financial Institution: Fifth Third

Account #: [redacted]0535

Account Type: Checking

Amount: 100.00%

ENTERED
MAY 15 2020
T.W.

Page 1 of 1

5782346

(1)

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:28 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

JUN 16 2020
R.D.

An employee was terminated on the web by 054554.

Aaron J Robinson
SSN: [redacted]-3511
EE id: 21101320638

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:28:18

Term type: Involuntary
Term notes:

Please do not respond to this message. It is an automated message sent to you from the server.

8

Robinson, Aaron J
5302 Fairfield Way
Fort Myers, FL 33919

Period: 01/01/20 to 11/05/20

Workforce Business Services 12
SocSecNum: XXX-XX-3511
WkComp Code: FL-8810
Pay Rate 1: 1840.000 SALARY
Pay Rate 2: .000
Pay Cycle: WEEKLY

Target Roofing & Sheet Metal
Company Hire Date: 05/08/20
Subscriber Hire Dt: 05/08/20
Birthdate: 03/19/83
Insurance Codes: NN

Federal Tax Setup: S .00
State Tax Setup: FL 00 .00
Status: Full Time Term'd
Termination Date: 06/05/20
Dept 1:
Dept 2:

Local Tax 1:
Local Tax 2:
Local Tax 3:

Period: 01/01/20 to 11/05/20

		HOURS			EARNINGS			GROSS	TAXES				DEDUCTIONS			DIRECT	NET
CHECKDATE	RATE	REGULAR	OVERTIME	OTHER	REGULAR	OVERTIME	OTHER	PAY	FEDERAL	FICA	STATE	LOCAL	401K	INSURANCE	OTHER	DEPOSIT	PAY
05/15/20	46.00	40.000	.000	.000	1840.00	.00	.00	1840.00	271.38	140.76	.00	.00	.00	.00	.00	.00	1427.86
05/22/20	46.00	40.000	.000	.000	1840.00	.00	.00	1840.00	271.38	140.76	.00	.00	.00	.00	.00	.00	1427.86
05/29/20	46.00	40.000	.000	.000	1840.00	.00	.00	1840.00	271.38	140.76	.00	.00	.00	.00	.00	.00	1427.86
06/05/20	46.00	40.000	.000	.000	1840.00	.00	.00	1840.00	271.38	140.76	.00	.00	.00	.00	.00	.00	1427.86
TOTALS		160.000	.000	.000	7360.00	.00	.00	7360.00	1085.52	563.04	.00	.00	.00	.00	.00	.00	5711.44

Earnings Hours		Earnings Amounts		Taxes		Deductions
Regular	160.00	Regular	7360.00	Federal	1085.52	
				FICA - OASDI	456.32	
				FICA - Medicare	106.72	

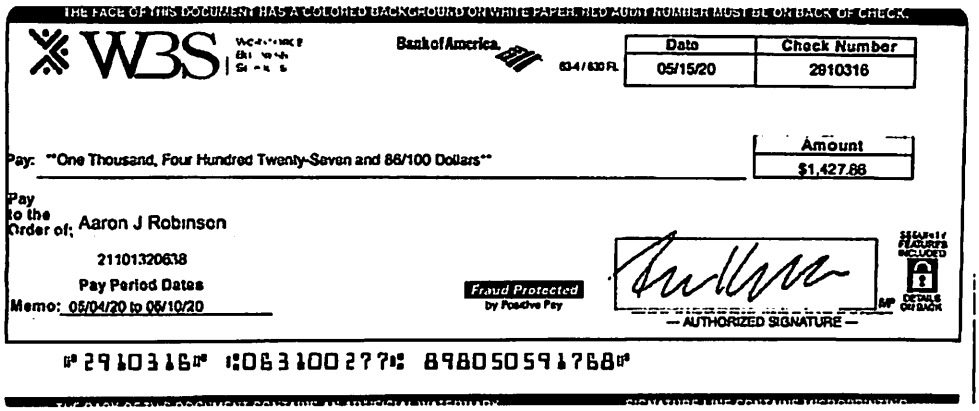
Check Inquiry Summary

BANK OF AMERICA

Account Number: 898050591768

Account Name: WORKFORCE BUSINESS SERVICES INC

Bank ID: 063100277


THE FACE OF THIS DOCUMENT HAS A COLORED BACKGROUND ON WHITE PAPER. RED VOID NUMBER MUST BE ON BACK OF CHECK

WBS

Bank of America

634/630 FL

Date	Check Number
05/15/20	2910316

Pay: **One Thousand, Four Hundred Twenty-Seven and 86/100 Dollars**

Amount
$1,427.86

Pay to the Order of: Aaron J Robinson

211013206J8

Pay Period Dates

Memo: 05/04/20 to 05/10/20

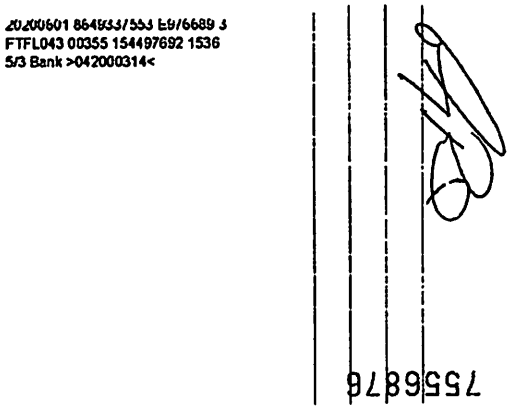
Fraud Protected by Positive Pay

— AUTHORIZED SIGNATURE —

SEE BACK FOR FEATURES INCLUDED

DETAILS ON BACK

⑈2910316⑈ ⑆063100277⑆ 898050591768⑈


20200601 864933/553 E9/6689 3
FTFL043 00355 154497692 1536
5/3 Bank >042000314<

7556876

Check Details

Check Number: 2910316
Account Number: 898050591768
Account Name: WORKFORCE BUSINESS SERVICES INC
Bank ID: 063100277

Amount: 1,427.86
Posted Date: 01-Jun-2020
Paid Date: 01-Jun-2020

Electronic Endorsement Information

BOFD - Bank Of First Deposit

Bank Name: FIFTH THIRD BANK, NA (BOFD)
Date: 01-Jun-2020
R/T: 42000314
Sequence Number: 006014351578661

Bank Name: BANK OF AMERICA, NA
Date: 01-Jun-2020
R/T: 111012822
Sequence Number: 005492150668

** Robinson, Aaron J 1/5 Type/Seq:C01-New Batch:121 PC:W-
21101320638:Target Roofing & Sheet Metal SSN: 3511 Op-Yr:pjd-2020

Check# B2-2910316 Date: 05/15/20 PerBeg: 05/04/20 PerEnd: 05/10/20 Entry: L

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	46.00	40.00	1840.00
Tax	CFE Federal	1840.00	22.00	271.38
Tax	CFI FICA - OASDI	1840.00	6.20	114.08
Tax	CFJ FICA - Medicare	1840.00	1.45	26.68
Tax	CFL Florida	1840.00	.00	.00
Billed	FFI FICA - OASDI	1840.00		114.08
Billed	FFJ FICA - Medicare	1840.00		26.68
Billed	FFL FL - SUI	1840.00		31.28
Billed	FFU FUTA	1840.00		11.04
Billed	DAF Admin Fee	1840.00		13.80
Billed	FWC W/C	1840.00		1.82

Gross: 1840.00 Ded: .00 Tax: -412.14 Contr: 198.70
** Net Check ** $1,427.86 **

** Robinson, Aaron J 2/5 Type/Seq:V01-Old Batch:129 PC: -
21101320638:Target Roofing & Sheet Metal SSN: 3511 Op-Yr:pjd-2020

Check# B2-2914116 Date: 05/22/20 PerBeg: PerEnd: 05/17/20 Entry: L

Type	Description	Basis	Rate/Hrs	Amount

Gross: .00 Ded: .00 Tax: .00 Contr: .00
** Net Check ** $.00 **

** Robinson, Aaron J 3/5 Type/Seq:C01-New Batch:129 PC:W-
21101320638:Target Roofing & Sheet Metal SSN: 3511 Op-Yr:pjd-2020

Check# B2-2914343 Date: 05/22/20 PerBeg: 05/11/20 PerEnd: 05/17/20 Entry: L

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	46.00	40.00	1840.00
Tax	CFE Federal	1840.00	22.00	271.38
Tax	CFI FICA - OASDI	1840.00	6.20	114.08
Tax	CFJ FICA Medicare	1840.00	1.45	26.68
Tax	CFL Florida	1840.00	.00	.00
Billed	FFI FICA - OASDI	1840.00		114.08
Billed	FFJ FICA - Medicare	1840.00		26.68
Billed	FFL FL - SUI	1840.00		31.28
Billed	FFU FUTA	1840.00		11.04
Billed	DAF Admin Fee	1840.00		13.80
Billed	FWC W/C	1840.00		1.82

Gross: 1840.00 Ded: .00 Tax: -412.14 Contr: 198.70
** Net Check ** $1,427.86 **

** Robinson, Aaron J 4/5 Type/Seq:C01-New Batch:133 PC:W-
21101320638:Target Roofing & Sheet Metal SSN: 3511 Op-Yr:pjd-2020

Check# B2-2918458 Date: 05/29/20 PerBeg: 05/18/20 PerEnd: 05/24/20 Entry: L

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	46.00	40.00	1840.00
Tax	CFE Federal	1840.00	22.00	271.38
Tax	CFI FICA - OASDI	1840.00	6.20	114.08
Tax	CFJ FICA - Medicare	1840.00	1.45	26.68
Tax	CFL Florida	1840.00	.00	.00
Billed	FFI FICA - OASDI	1840.00		114.08
Billed	FFJ FICA - Medicare	1840.00		26.68
Billed	FFL FL - SUI	1840.00		31.28
Billed	FFU FUTA	1840.00		11.04
Billed	DAF Admin Fee	1840.00		13.80
Billed	FWC W/C	1840.00		1.82

Gross: 1840.00 Ded: .00 Tax: -412.14 Contr: 198.70
** Net Check ** $1,427.86 **

** Robinson, Aaron J 5/5 Type/Seq:C01-New Batch:140 PC:W-
21101320638:Target Roofing & Sheet Metal SSN: 3511 Op-Yr:pjd-2020

Check# B2-2922017 Date: 06/05/20 PerBeg: 05/25/20 PerEnd: 05/31/20 Entry: L

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	46.00	40.00	1840.00
Tax	CFE Federal	1840.00	22.00	271.38
Tax	CFI FICA - OASDI	1840.00	6.20	114.08
Tax	CFJ FICA - Medicare	1840.00	1.45	26.68
Tax	CFL Florida	1840.00	.00	.00
Billed	FFI FICA - OASDI	1840.00		114.08
Billed	FFJ FICA - Medicare	1840.00		26.68
Billed	FFL FL - SUI	1480.00		25.16
Billed	FFU FUTA	1480.00		8.88
Billed	DAF Admin Fee	1840.00		13.80
Billed	FWC W/C	1840.00		1.82

Gross: 1840.00 Ded: .00 Tax: -412.14 Contr: 190.42
** Net Check ** $1,427.86 **

21101320638:Robinson, Aaron J Target Roofing & Sheet Metal
Totals for all checks YTD

A01	Regular	160.00	7360.00
CFE	Federal	7360.00	1085.52
CFI	FICA - OASDI	7360.00	456.32
CFJ	FICA - Medicare	7360.00	106.72
CFL	Florida	7360.00	.00
DAF	Admin Fee	7360.00	55.20
DFI	FICA - OASDI	7360.00	456.32
DFJ	FICA - Medicare	7360.00	106.72
DFL	FL - SUI	7000.00	119.00
DFU	FUTA	7000.00	42.00
DWC	W/C	7360.00	7.28

Employee : 21-10-132-0640 *** Peters, Donald A *** 11/05/20
Client ....: Target Roofing & Sheet Metal

[redacted]-6224 Employee Information Sheet >>>

Soc-Sec-Num .:	XXX-XX-6224	Co. Hire Date :	05/12/20
Status Code .:	T - Terminated	Sub. Hire Date:	05/12/20
Address1 ....:	1920 Virginia Ave #202A	Orig Hire Date:	05/12/20
Address2 ....:		Pay Period ...:	Weekly
City .....:	Fort Myers	Pay Type .....:	Salary
State .....:	FL Zip: 33901	Full/Part-Time:	Full-Time
Home Phone ..:		Employee Type :	
Work Phone ..:	(239) 332-5707	Termination Dt:	06/05/20
Occupation ..:	clerical	Termination Cd:	R
Unique Key ..:	0000578421		
EEO Job Cat .:	5	County Code ..:	12071

Pay Rate	Hours	Eff.Date
1,850.00	40.00	05/12/20

<< Miscellaneous Information >>

Sex .....:	Male	Emergency Contact:	
Race .....:	White	Relationship ....:	
Vet Status ..:	Unknown	Phone (Contact) .:	
Birth Date ..:	00/00/00	Handbook Ed:	Tag :
Leave/Abs Beg:	00/00/00	Date Recv'd: 00/00/00	Mail:
Leave/Abs End:	00/00/00		
Anniversary .:	05/12/21		
Review Date .:	08/12/20		
I-9 Form ....:	Y		
Alien Exp. ..:	00/00/00		

	Dept	Percent
Labor Dept 1 .....:		0.00
Labor Dept 2 .....:		0.00
Labor Dept 3 .....:		0.00
Labor Dept 4 .....:		0.00

<< Employee Benefits >>

Employee Life Ins:	Birthdate: 00/00/00	yrs	Uses Tobacco:
Flex Plan ...: Y	Key EE: N	Accrual Start Date:	05/12/20
Direct Dep. .: Y		Vac/Sick Factors .:	0.0000 0.0000
Elig Strt Dt : 05/12/20		Credit Union Date :	00/00/00
Effective Dt : 06/01/20		Credit Union Acct#:	
Elig Ltr Sent: 00/00/00		Bank Account Code :	B2

<< Direct Deposit / Dependents >>

	Routing #	Bank Account #	C/S	Amount	A/P	Code
Direct Dep ..: Setup 1	[redacted]	[redacted]0218	C	100.00	P	22

<< Tax Table Information >>

*InUse Fed:	Stat	2c	Kids	Deps	Oth Inc	Deducts	ExtraWh	KidsAmt DepsAmt
*New W4:	M	N	00	00	0	0	.00	

	ST	Status	Exemptions	Extra W/H
Old W4:		M		EIC:
State W:	FL		00	.00
Wk Comp:	FL-8810			SUI ...: FL
Local 1:		Local 2:		Local 3:

WBS | WORKFORCE BUSINESS SERVICES

TO BE COMPLETED BY THE BUSINESS OWNER

Client Company _____ Client # _____

Employee Name: Donald Peters JR

578421-5

Florida Enrollment Form

Acknowledgment

I hereby acknowledge my current employer (Client Company) has entered into an Client Services Agreement contract with Workforce Business Services (WBS). Through this contract WBS will provide Client Company with certain professional employer services and during the term of the contract I will be a utilized individual with WBS. I will remain an employee of Client Company and Client Company will continue to have control over my day-to-day job duties and the work site. Client Company will also continue to provide all on site supervision, including but not limited to, determining my job assignments and training requirments, evaluating my peformance and establishing pay rates. WBS will not have an on-site supervisor or representative at my work-site .

Reconocimiento del a endamiento de empleados

Por la presente reconozco que he sido infoiilado de que mi empleador actual (compafiia cliente) ha entrado en un acuerdo con Servicios de Personal Empresariales (WBS sus iniciales).A traves de este contrato, WBS proporcionara a la compafiifa diente ciertos servicios profesionales de empleadores. En virtud de este acuerdo la compafiia cliente y WBS se convertiran en Co-Empleadores. Bajo esta rolaci6n de Co-Empleadores, sere un empleado por arrendo de WBS asignado unicamente y exclusivamente a la compafiia cliente. WBS so reserva el derecho de direcci6n y control sobre los empleados arrendados asignados al lugar de trabajo de la compafiifa cliente. Continuare siendo un empleado de la compafiia cliente y la compafiia cliente seguira teniendo control sobre mis funciones de trabajo diarias y mi lugar de trabajo. La compafiifa cliente tambien continuara prestando toda la supervision en el lugar de trabajo, incluyendo pero no limitandose a deteiiiinar la asignaci6n de mi trabajo y los requisitos de entrenamiento, evaluaci6n de mi desempefio y establecimiento de tasas salariales. WBS no tendra un supervisor o representante en mi lugar de trabajo.

The Client Services Agreement between Client Company and WBS will not affect any agreement for employment or compensation which exists with my Client Company. If the contract between my Client Company and WBS is terminated, my status with WBS will also end on the date of the contract termination.

El acuerdo de arrendo de empleados entre la compafiia cliente y WBS no afectara ningun acuerdo de empleo o compensaci6n que existen con mi compafiifa cliente. Si el contrato entre mi compafiifa cliente y WBS se termina, el estatus de mi contrato también terminará.

If WBS does not receive payment from my Client Company for services which I perform, WBS may then pay me the minimum wage or the legally required minimum salary or overtime pay for that period and I agree to this method of compensation .WBS assumes responsibility for the payment of such minimum wages without regard to payments by Client Company to WBS. I also agree that WBS does not assume responsibility for payment of any bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, unless WBS has received in advance full payment for such items from Client Company. If the contract with my Client Company is terminated, my status with WBS will also cease.

Si WBS no recibe pago de mi compafiia cliente por los servicios que preste, WBS me pagara el salario minimo, o el salario mfnimo legal, o pagara las horas extras de ese periodo y estoy de acuerdo con este metodo de compensaci6n. WBS asume responsabilidad por el pago de salarios sin tener en cuenta los pagos efectuados por la compafiifa cliente a WBS. Tambien estoy de acuerdo en que WBS no asume responsabilidad por pago alguno de bonos, comisiones, indemnizaciones por despido, compensaci6n diferida, compartir utilidades, vacaciones, enfermedad u otro tiempo a pagar, o por cualquier otro pago, donde WBS no ha recibido el pago completo por adelantado para tales prop6sitos por la compafiifa cliente. Si se terminara el contrato con mi compania cliente, mi empleo con WBS tambien terminara.

ENTERED
MAY 13 2020
T.W.

Drug Testing Authorization

I agree to comply with any drug/alcohol testing policy, which Workforce Business Services has or may adopt. I specifically agree to post-accident drug/alcohol testing for any work injury regardless of whether I am able to give consent at that time. This authorization or a photocopy hereof is my authority and consent to post-accident drug/alcohol testing in all instances.

Autorización para Pruebas de Drogas

Estoy de acuerdo en cumplir con cualquier póliza de pruebas de drogas/alcohol cual Workforce Business Services (WBS-por sus siglas en Ingles) tenga o pueda adoptar. Yo específicamente estoy de acuerdo a pruebas de drogas/alcohol después de cada accidente de trabajo sin importar si puedo dar consentimiento en ese tiempo. Esta autorización o una fotocopia de esta autorización es mi autoridad y consentimiento para pruebas de drogas/ alcohol en todos los casos.

Workers' Compensation Medical Authorization Release

I authorize any physician, medical practitioner, hospital, clinic or other health facility, or employer, to release any and all medical and non-medical information in its possession about me to Workforce Business Services' Workers' Compensation carrier or its legal representatives for purposes of a workers' compensation claim. (Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of mo.) I shall comply with the provisions of Florida Statute 440 concerning claims for workers' compensation benefits. If I provide false, misleading or incomplete information to obtain workers' compensation benefits, I may be denied such benefits. I may request and receive a copy of this authorization. A photocopy of this authorization shall be valid as the original.

Acuerdo de Autorización medica para compensación del trabajador

Yo autorizo a cualquier doctor, médico practicante, hospital, clinica u otra entidad de salud o empleador, para liberar toda la información médica y no médica en su posesión acerca de mi al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS-por sus siglas en Ingles) o a sus representantes legales para propósitos de una reclamación de compensación de trabajadores (Información médica significa toda la información en posesión de, o derivadas de los proveedores de atención de salud, relacionados con la historia médica, condición física o mental, o con mi tratamiento). Cumpliré con las provisiones del Estatuto 440 de la Florida concernientes a reclamaciones para beneficios de compensación. Si proporciono información falsa, engañosa o incompleta para obtener beneficios de compensación de trabajadores, tales beneficios me pueden ser negados. Puedo solicitar y recibir una copia de esta autorización. Una fotocopia de esta autorización será válida como la original.

I agree to promptly and without delay report all accident, injuries, potential safety hazards, safety suggestions and health related issues to my manager.

If I am a new hire, I acknowledge I am hereby notified within 7 days of my employment with client and as a utilized individual with Workforce Business Services that I am being employed on an established 90 day probationary period

Estoy de acuerdo en informar inmediatamente a el gerente todo accidente, lesion, peligros potenciales, sugerencias sobre seguridad y asuntos relacionados con la salud.
Si soy un nuevo empleado, reconozco que por la presente se me notifica dentro de los 7 dias de mi empleo con el cliente, como una persona utilizada con WBS, que estoy siendo empleado en un período de prueba establecido de 90 días.

I certify that I have read, understand, and agree to the conditions and requirements contained in this document, including my authorization for drug testing and for release of my medical and non-medical information.

Yo certifico que he leído entiendo, y acepto las condiciones y requisitos contenidos en este documento, incluyendo mi autorización para pruebas de drogas y para la divulgación de mi información médica y no médica.

Employee Signature (Firma del empleado)X Donald Peters Donald Peters Date (Fecha): 05/11/2020

Employee Name (Nombre del empleado) Donald Peters JR

Date of Birth (Fecha de nacimiento): 4/24/1958

Address (Dirección): _____

City, State, Zip (Ciudad, Estado, Zip): _____

Telephone Number (Número telefónico) _____ Social Security No (No. Seguridad Social): _____

Voluntary EEO Identification (Identificación del EEO voluntario)

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 applicant applies. The information requested here is for compliance with certain record keeping requirements.

Varias entidades del gobierno de Estados Unidos exigen a los empleadores que mantengan información sobre los solicitantes en relación con factores como raza, sexo y tipo de cargo para el cual se presenta el candidato. La información que aquí se solicita es para cumplir con ciertos requisitos de registro.

- ☐ White (Not of Hispanic or Latino origin) - Origins of Europe, North Africa, or the Middle East. Blanco (No de origen Hispánico ni Latino) – Originario de Europa, África del Norte o del Medio Oriente
- ☐ Black or African American (Not of Hispanic or Latino origin) - Origins in any of the Black racial groups of Africa. Negro o Afro-Americano (No de origen Hispánico ni Latino) – Orígenes en cualquiera de los grupos raciales negros de África
- ☐ Hispanic or Latino - Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Hispano o Latino – Mexicano, Puertorriqueño, Cubano, Centro o Suramericano o de otra cultura u origen proveniente de España, independientemente de la raza
- ☐ Asian (Not of Hispanic or Latino origin) - Origins of the Far East, Southeast Asia, the Indian Subcontinent. Asiático (no de origen Hispánico ni Latino) – Originario del Lejano Oriente, Sudeste Asiático, o Subcontinente Indio
- ☐ Native Hawaiian or other Pacific Islander - Origins of Hawaii, Guam, Samoa, or other Pacific Islands. Nativo Hawaiano o de otra Isla del Pacífico – originario de Hawai, Guam, Samoa u otras Islas del Pacífico
- ☐ American Indian/Alaska Native - Origins of North or South America (including Central America), who maintain tribal affiliation and community recognition. Indígena Americano / Nativo de Alaska - Originario de América del Norte o del Sur (incluyendo América Central) que mantiene su afiliación tribal y reconocimiento de la comunidad.
- ☐ Two or more races (Not of Hispanic or Latino origin) - All persons who identify with more than one of the listed races. Dos o más razas (No de origen Hispano ni Latino) – Todas las personas que se identifiquen con más de una de las razas mencionadas
- ☐ If the employee elected not to complete this information, the employer has completed it through visual identification as required by law. Si el empleado decidió no suministrar esta información, el empleador la suministra mediante identificación visual, de conformidad con lo dispuesto por la ley.

Completed by Client (Para ser diligenciado por el cliente)

New Hires (Nuevas Contrataciones)

You must fax, call or email the following information to WBS on or before the new hire starts work: name, WC Code, Social Security Number, Pay Rate and Date of Birth. Workforce Business Services can not pay any employee without receiving this information on or before the employee begins work. Nor will this employee be covered with workers' compensation coverage until this information has been submitted to us. To report a new hire after hours, please fax or call our offices and leave a detailed message.

WBS tiene que recibir este Informe de Vinculación En la fecha de contratacion o antes. Usted puede informar esta nueva contratación a WBS por fax o por teléfono y recibirá un número de identificación de confirmación. Workforce Business Servicesno podrá efectuar pagos a empleados sin el número de identificación del empleado. El empleado tampoco quedará cubierto por la compensación de trabajadores hasta que esta información no haya sido presentada. Para informar sobre alguna contratación fuera de las horas laborales, por favor envíe un fax o llame a nuestras oficinas y deje un mensaje detallado.

THE UTILIZED INDIVIDUAL ENROLLMENT FORM MUST BE RETURNED TO WBS WITHIN THREE DAYS OF THE DATE OF HIRE.

EL FORMULARIO DE INSCRIPCIÓN DEL INDIVIDUAL UTILIZADO DEBE SER ENVIADO A WBS DENTRO DE LOS TRES DÍAS SIGUIENTES A LA FECHA DE CONTRATACIÓN.

Employee Name (Nombre del empleado): Donald Peters JR

Client Company Name (Nombre de la Compañía- Cliente): Target Roofing and Sheet Metal

Department (if applicable) (Departamento) (si es el caso) _____ Job Code (if applicable) (Código de trabajo) (si es el caso) -

Rate of Pay (Tasa de pago) $ 1850 weekly ☐ Hourly (Por hora) ☑ Salary (Salario) ☐ Exempt (Exento) ☐ Non-Exempt (No Exento)

☒ Full Time (Tiempo completo) ☐ Part Time (Medio Tiempo) Work Comp. Code (Código Compensación Trabajadores) 8810

From the EEO job classifications listed, which one best describes the employee's position?
¿De las clasificaciones de trabajos mencionadas, cuál es la que describe mejor el cargo del empleado?

- ☐ 1.1 - Executive/Senior Level Officers and Managers (Ejecutivo/Funcionarios y gerentes de nivel superior)
- ☐ 1.2 - First / Mid Level Officers and Managers (Funcionarios y gerentes de primer nivel/nivel medio)
- ☐ 2 - Professionals (Profesionales)
- ☐ 3 - Technichians (Técnicos)
- ☐ 4 - Sales (Vendedores)
- ☒ 5 -Office and Clerical (Oficina y administrativo)
- ☐ 6 - Craft Workers (skilled) (Artesanos (capacitados))
- ☐ 7 - Operative (semi-skilled) (Operarios (capacitación media))
- ☐ 8 - Laborers (unskilled) (Obreros (no capacitados))
- ☐ 9 - Service Workers (Trabajadores de servicios)

Job Description (Descripción del trabajo) _____

Original Date of Hire (Fecha de contratación original) _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
▶ Give Form W-4 to your employer.
▶ Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Donald A	Peters	[redacted]3224

Address: 1920 Virginia Ave #202A

City or town, state, and ZIP code: FORT MYERS, FL 33901

▶ 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.

(c) ☐ Single or Married filing separately
☒ Married filing jointly (or Qualifying widow(er))
☐ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

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

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

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $ _____

Multiply the number of other dependents by $500 . . . . ▶ $ _____

Add the amounts above and enter the total here . . . . . 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.

Donald Peters
Employee's signature (This form is not valid unless you sign it.)

05/11/2020
Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)
Target Roofing & Sheet Metal, Inc. 1841 Ortiz Ave Fort Myers FL 33905	05/12/2020	11-1111111

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form **W-4** (2020)

578421

Tracy Wetter

1

From:	webchanges@gowbs.com
Sent:	Tuesday, June 16, 2020 10:26 AM
To:	twetter@gowbs.com
Subject:	Web Termination From - 2110132

An employee was terminated on the web by 054554.

JUN 16 2020
R.D.

Donald A Peters
SSN: [redacted]-6224
EE id: 21101320640

Term date: 6/5/2020
Date entered on web: 2020 06 16
Time entered on web: 10:26:10

Term type: Resignation
Term notes:

Please do not respond to this message. It is an automated message sent to you from the server.

Peters, Donald A
1920 Virginia Ave 1202A
Fort Myers, FL 33901

Period: 01/01/20 to 11/05/20

Workforce Business Services 12
SocSecNum: XXX-XX-6224
WkComp Code: FL-8810
Pay Rate 1: 1850.000 SALARY
Pay Rate 2: .000
Pay Cycle: WEEKLY

Target Roofing & Sheet Metal
Company Hire Date: 05/12/20
Subscriber Hire Dt: 05/12/20
Birthdate:
Insurance Codes: NN

Federal Tax Setup: M .00
State Tax Setup: FL 00 .00
Status: Full Time Term'd
Termination Date: 06/05/20
Dept 1:
Dept 2:

Local Tax 1:
Local Tax 2:
Local Tax 3:

Period: 01/01/20 to 11/05/20

		HOURS			EARNINGS			GROSS	TAXES				DEDUCTIONS			DIRECT	NET
CHECKDATE	RATE	REGULAR	OVERTIME	OTHER	REGULAR	OVERTIME	OTHER	PAY	FEDERAL	FICA	STATE	LOCAL	401K	INSURANCE	OTHER	DEPOSIT	PAY
05/22/20	46.25	40.000	.000	.000	1850.00	.00	.00	1850.00	157.17	141.53	.00	.00	.00	.00	.00	.00	1551.30
05/29/20	46.25	40.000	.000	.000	1850.00	.00	.00	1850.00	157.17	141.53	.00	.00	.00	.00	.00	1551.30	1551.30
06/05/20	46.25	40.000	.000	.000	1850.00	.00	.00	1850.00	157.17	141.53	.00	.00	.00	.00	.00	1551.30	1551.30
TOTALS		120.000	.000	.000	5550.00	.00	.00	5550.00	471.51	424.59	.00	.00	.00	.00	.00	3102.60	4653.90

Earnings Hours		Earnings Amounts		Taxes		Deductions	
Regular	120.00	Regular	5550.00	Federal	471.51	Direct Deposit	3102.60
				FICA - OASDI	344.10		
				FICA - Medicare	80.49		

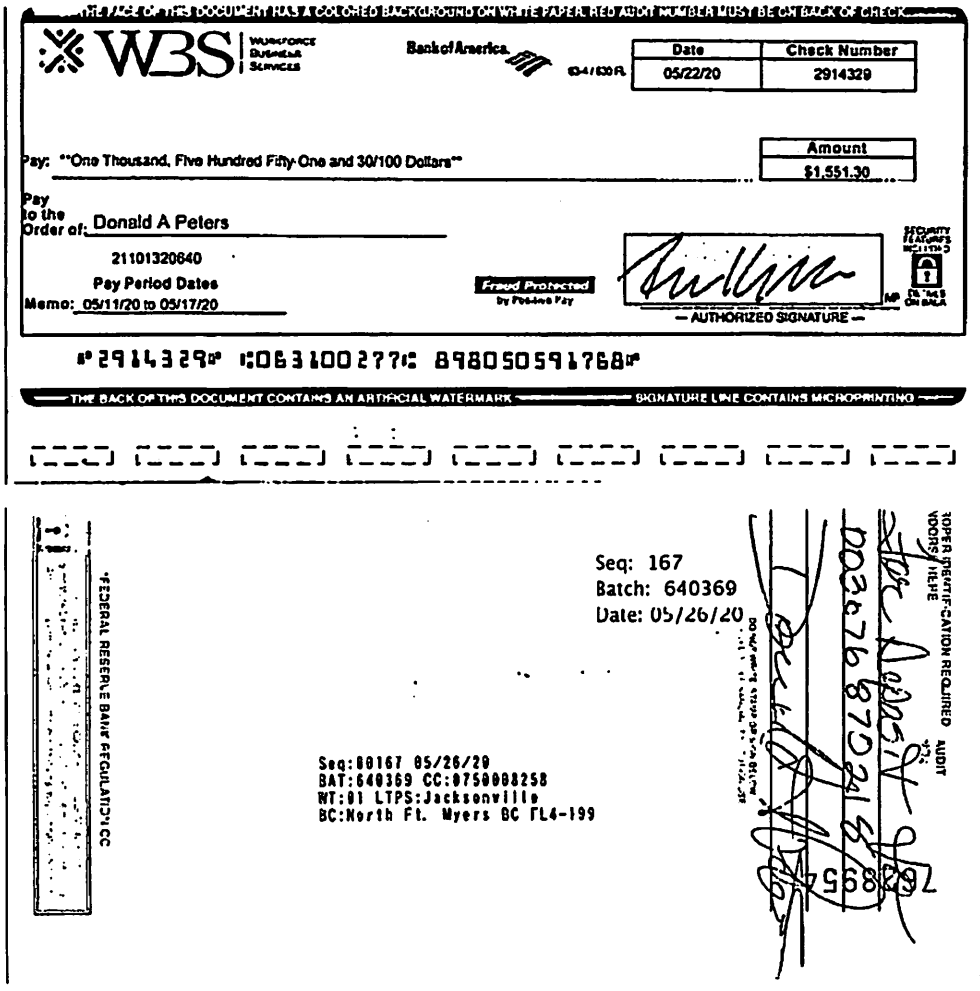
Check Inquiry Summary

BANK OF AMERICA

Account Number: 898050591768

Account Name: WORKFORCE BUSINESS SERVICES INC

Bank ID: 063100277



Check Details

Check Number: 2914329
Account Number: 898050591768
Account Name: WORKFORCE BUSINESS SERVICES INC
Bank ID: 063100277

Amount: 1,551.30
Posted Date: 26-May-2020
Paid Date: 26-May-2020

Check Inquiry Summary

BANK OF AMERICA

Account Number: 898050591768

Account Name: WORKFORCE BUSINESS SERVICES INC

Bank ID: 063100277

Electronic Endorsement Information

BOFD - Bank Of First Deposit

Bank Name: BANK OF AMERICA, NA (BOFD)

Date: 26-May-2020

R/T: 11000138

Sequence Number: 2852756691

** Peters, Donald A 1/4 Type/Seq:V01-Old Batch:129 PC: -
21101320640:Target Roofing & Sheet Metal SSN: 6224 Op-Yr:pjd-2020

Check# B2-2914102 Date: 05/22/20 PerBeg: PerEnd: 05/17/20 Entry: L

Type	Description	Basis	Rate/Hrs	Amount

Gross: .00 Ded: .00 Tax: .00 Contr: .00
** Net Check ** $.00 **

** Peters, Donald A 2/4 Type/Seq:C01-New Batch:129 PC:W-
21101320640:Target Roofing & Sheet Metal SSN: 6224 Op-Yr:pjd-2020

Check# B2-2914329 Date: 05/22/20 PerBeg: 05/11/20 PerEnd: 05/17/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	46.25	40.00	1850.00
Tax	CFE Federal	1850.00	12.00	157.17
Tax	CFI FICA - OASDI	1850.00	6.20	114.70
Tax	CFJ FICA - Medicare	1850.00	1.45	26.83
Tax	CFL Florida	1850.00	.00	.00
Billed	FFI FICA - OASDI	1850.00		114.70
Billed	FFJ FICA - Medicare	1850.00		26.83
Billed	FFL FL - SUI	1850.00		31.45
Billed	FFU FUTA	1850.00		11.10
Billed	DAF Admin Fee	1850.00		13.88
Billed	FWC W/C	1850.00		1.83

Gross: 1850.00 Ded: .00 Tax: -298.70 Contr: 199.79
** Net Check ** $1,551.30 **

** Peters, Donald A 3/4 Type/Seq:D01-New Batch:133 PC:W-
21101320640:Target Roofing & Sheet Metal SSN: 6224 Op-Yr:pjd-2020

Check# B2-2918440 Date: 05/29/20 PerBeg: 05/18/20 PerEnd: 05/24/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	46.25	40.00	1850.00
Ded	B1D Direct Deposit	.00	.00	1551.30
Tax	CFE Federal	1850.00	12.00	157.17
Tax	CFI FICA - OASDI	1850.00	6.20	114.70
Tax	CFJ FICA - Medicare	1850.00	1.45	26.83
Tax	CFL Florida	1850.00	.00	.00
Billed	FFI FICA - OASDI	1850.00		114.70
Billed	FFJ FICA - Medicare	1850.00		26.83
Billed	FFL FL - SUI	1850.00		31.45
Billed	FFU FUTA	1850.00		11.10
Billed	DAF Admin Fee	1850.00		13.88
Billed	FWC W/C	1850.00		1.83

Gross: 1850.00 Ded: -1551.30 Tax: -298.70 Contr: 199.79
** Net Check ** $.00 **

** Peters, Donald A 4/4 Type/Seq:D01-New Batch:140 PC:W-
21101320640:Target Roofing & Sheet Metal SSN: 6224 Op-Yr:pjd-2020

Check# B2-2922000 Date: 06/05/20 PerBeg: 05/25/20 PerEnd: 05/31/20 Entry: LD

Type	Description	Basis	Rate/Hrs	Amount
Earn	A01 Regular	46.25	40.00	1850.00
Ded	B1D Direct Deposit	.00	.00	1551.30
Tax	CFE Federal	1850.00	12.00	157.17
Tax	CFI FICA - OASDI	1850.00	6.20	114.70
Tax	CFJ FICA - Medicare	1850.00	1.45	26.83
Tax	CFL Florida	1850.00	.00	.00
Billed	FFI FICA - OASDI	1850.00		114.70
Billed	FFJ FICA - Medicare	1850.00		26.83
Billed	FFL FL - SUI	1850.00		31.45
Billed	FFU FUTA	1850.00		11.10
Billed	DAF Admin Fee	1850.00		13.88
Billed	FWC W/C	1850.00		1.83

Gross: 1850.00 Ded: -1551.30 Tax: -298.70 Contr: 199.79
** Net Check ** $.00 **

21101320640:Peters, Donald A Target Roofing & Sheet Metal
Totals for all checks YTD

A01	Regular	120.00	5550.00
B1D	Direct Deposit	.00	3102.60
CFE	Federal	5550.00	471.51
CFI	FICA - OASDI	5550.00	344.10
CFJ	FICA - Medicare	5550.00	80.49
CFL	Florida	5550.00	.00
DAF	Admin Fee	5550.00	41.64
DFI	FICA - OASDI	5550.00	344.10
DFJ	FICA - Medicare	5550.00	80.49
DFL	FL - SUI	5550.00	94.35
DFU	FUTA	5550.00	33.30
DWC	W/C	5550.00	5.49

578672

WBS | WORKFORCE BUSINESS SERVICES

TO BE COMPLETED BY THE BUSINESS OWNER
Client Company _____ Client # _____

Employee Name: Alex Gaspar

Florida Employee Enrollment Form

This Employment Enrollment Form is NOT an application for employment and should not be used as such.

(Informe de vinculación de empleados mediante arrendamiento Este Informe Laboral NO es una solicitud de trabajo y NO debe ser utilizado como tal.)

Employee Acknowledgment

I hereby acknowledge my current employer (Client Company) has entered into an client services agreement contract with Workforce Business Services (WBS). Through this contract WBS will provide Client Company with certain professional employer services. services. Under this arrangement Client Company and WBS will become co-employers. Under this co-employer relationship, I will be an assigned solely and exclusively to Client Company. I will remain an employee of Client Company and Client Company will continue to have control over my day-to-day job duties and the work site. Client Company will also continue to provide all on site supervision, including but not limited to, determining my job assignments and training requirements, evaluating my performance, and establishing pay rates. Client Company may have the right to accept or cancel the assignment. WBS will not have an on-site supervisor or representative at my work-site.

(***Reconocimiento del arrendamiento de empleados*** Por la presente reconozco que he sido informado de que mi empleador actual (compañía cliente) ha entrado en un acuerdo con Servicios de Personal Empresariales (WBS sus iniciales). A través de este contrato, WBS proporcionará a la compañía cliente ciertos servicios profesionales de empleadores. En virtud de este acuerdo la Compañía cliente y WBS se convertirán en Co-Empleadores. Bajo esta relación de Co-Empleadores, seré un empleado por arriendo de WBS, asignado únicamente y exclusivamente a la compañía cliente. WBS se reserva el derecho de dirección y control sobre los empleados arrendados asignados al lugar de trabajo de la compañía cliente. Continuaré siendo un empleado de la compañía cliente y la compañía cliente seguirá teniendo control sobre mis funciones de trabajo diarias y mi lugar de trabajo. La compañía cliente también continuará prestando toda la supervisión en el lugar de trabajo, incluyendo pero no limitándose a determinar la asignación de mi trabajo y los requisitos de entrenamiento, evaluación de mi desempeño y establecimiento de tasas salariales. WBS mantendrá la autoridad para contratar, terminar, disciplinar y reasignar a los empleados arrendados. Sin embargo, la compañía cliente puede tener el derecho de aceptar o cancelar la asignación. WBS no tendrá un supervisor o representante en mi lugar de trabajo.)

I further understand that WBS is an at-will employer and as such, employment with WBS is not for a fixed term or definite period and may be terminated at any time at the will of either WBS or myself, with or without cause, and without prior notice. The client services agreement between Client Company and WBS will not affect any agreement for employment or compensation which exists with my Client Company. If the contract between my Client Company and WBS is terminated, my work site employee status with WBS will also end on the date of the contract termination.

(Además entiendo que WBS es un empleador a voluntad y como tal, el empleo con WBS no es por un periodo fijo determinado o definido y puede terminarse en cualquier momento por mi propia voluntad o la de WBS, con o sin causa y sin previo aviso. El acuerdo de arriendo de empleados entre la compañía cliente y WBS no afectará ningún acuerdo de empleo o compensación que existan con mi compañía cliente. Si el contrato entre mi compañía cliente y WBS se termina, mi calidad de empleado asignado al lugar de trabajo con WBS también terminará en la fecha de terminación del contrato.)

If WBS does not receive payment from my Client Company for services which I perform, WBS may then pay me the minimum wage or the legally required minimum salary or overtime pay for that period and I agree to this method of compensation. WBS assumes responsibility for the payment of such minimum wages to co-employees without regard to payments by Client Company to WBS. I also agree that WBS does not assume responsibility for payment of any bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay, or for any other payment, unless WBS has received in advance full payment for such items from Client Company. If the contract with my Client Company is terminated, my employment with WBS will end the date the contract terminates and WBS's responsibilities as a co-employer shall also terminate at that time. WBS assumes full responsibility for payment of payroll taxes and collection of payroll taxes and collection of taxes from payroll on co-employees.

(Si WBS no recibe pago de mi compañía cliente por los servicios que preste, WBS me pagará el salario mínimo, o el salario mínimo legal, o pagará las horas extras de ese periodo y estoy de acuerdo con este método de compensación. WBS asume responsabilidad por el pago de salarios de empleados arrendados sin tener en cuenta los pagos efectuados por la compañía cliente a WBS. También estoy de acuerdo en que WBS no asume responsabilidad por pago alguno de bonos, comisiones, indemnizaciones por despido, compensación diferida, compartir utilidades, vacaciones, enfermedad u otro tiempo a pagar, o por cualquier otro pago, donde WBS no ha recibido el pago completo por adelantado para tales propósitos por la compañía cliente. Si se termina el contrato con mi compañía cliente, mi empleo con WBS terminará en la fecha que termina el contrato y las responsabilidades de WBS como Co-empleador también terminarán al mismo tiempo. WBS asume plena responsabilidad por el recaudo y pago de impuestos de nómina y por el recaudo de impuestos de nómina a empleados arrendados.)

CDC
MAY 15 2020

Drug Testing Authorization
I agree to comply with any drug/alcohol testing policy, which Workforce Business Services has or may adopt. I specifically agree to post-accident drug/alcohol testing for any work injury regardless of whether I am able to give consent at that time. This authorization or a photocopy hereof is my authority and consent to post-accident drug/alcohol testing in all instances.

(Prueba Antidrogas Estoy de acuerdo en cumplir con cualquier políticas de pruebas de drogas/alcohol cual Workforce Business Services (WBS-por sus siglas en ingles) tenga o pueda adoptar. Yo específicamente estoy de acuerdo a pruebas de drogas/alcohol después de cada accidente de trabajo sin importar si puedo dar consentimiento en ese tiempo. Esta autorización o una fotocopia de esta autorización es mi autoridad y consentimiento para pruebas de drogas/alcohol en todos los casos.)

Workers' Compensation Medical Authorization Release
I authorize any physician, medical practitioner, hospital, clinic or other health facility, or employer, to release any and all medical and non-medical information in its possession about me to Workforce Business Services' Workers' Compensation carrier or its legal representatives for purposes of a workers' compensation claim. (Medical information means all information in the possession of or derived from providers of health care regarding the medical history, mental or physical condition, or treatment of me.) I shall comply with the provisions of Florida Statute 440 concerning claims for workers' compensation benefits. If I provide false, misleading or incomplete information to obtain workers' compensation benefits, I may be denied such benefits. I may request and receive a copy of this authorization. A photocopy of this authorization shall be valid as the original.

(Acuerdo de Autorización medica para compensación del trabajador Nadie está obligado a proveer ninguna información médica hasta que una oferta de empleo se ha hecho y se ha aceptado. Yo autorizo a cualquier doctor, médico practicante, hospital, clínica u otra entidad de salud o empleador, para liberar toda la información médica y no médica en su posesión acerca de mi al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS-por sus siglas en ingles) o a sus representantes legales para propósitos de una reclamación de compensación de trabajadores (Información médica significa toda la información en posesión de, o derivadas de los proveedores de atención de salud, relacionados con la historia médica, condición física o mental, o con mi tratamiento). Cumpliré con las provisiones del Estatuto 440 de la Florida concernientes a reclamaciones para beneficios de compensación. Si proporciono información falsa, engañosa o incompleta para obtener beneficios de compensación de trabajadores, tales beneficios me pueden ser negados. Puedo solicitar y recibir una copia de esta autorización. Una fotocopia de esta autorización será válida como la original.)

I agree to promptly and without delay report all accident, injuries, potential safety hazards, safety suggestions and health related issues to my manager.

If I am a new hire, I acknowledge I am hereby notified within 7 days of my employment with Workforce Business Services that I am being employed on an established 90 day probationary period

(Informe inmediatamente a su gerente todo accidente, lesion, peligros potenciales, sugerencias sobre seguridad y asuntos relacionados con la salud.)

I certify that I have read, understand, and agree to the conditions and requirements contained in this document, including my authorization for drug testing and for release of my medical and non-medical information.
(Yo certifico quue he leído, entiendo, y estoy de acuerdo con las atorizaciones, reconocimientos, condiciones y requisitos contenidos en la sección.)

Employee Signature (Firma del empleado)X Alex G Gaspar Date (Fecha): 9/1/20

Employee Name (Nombre del empleado) Alex Gaspar

Date of Birth (Fecha de nacimiento): 12/13/1995

Address (Dirección): 5284 S Galaxy Dr Ft Myers, FL

City, State, Zip (Ciudad, Estado, Zip):

Telephone Number (Número telefónico) N/A Social Security No (No. Seguridad Social) 543-12-4807

Voluntary EEO Identification (Identificación del EEO voluntario)

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 applicant applies. The information requested here is for compliance with certain record keeping requirements.

Varias entidades del gobierno de Estados Unidos exigen a los empleadores que mantengan información sobre los solicitantes en relación con factores como raza, sexo y tipo de cargo para el cual se presenta el candidato. La información que aquí se solicita es para cumplir con ciertos requisitos de registro.

- ☐ White (Not of Hispanic or Latino origin) - Origins of Europe, North Africa, or the Middle East. Blanco (No de origen Hispánico ni Latino) – Originario de Europa, África del Norte o del Medio Oriente.
- ☐ Black or African American (Not of Hispanic or Latino origin) - Origins in any of the Black racial groups of Africa. Negro o Afro-Americano (No de origen Hispánico ni Latino) – Orígenes en cualquiera de los grupos raciales negros de África.
- ☐ Hispanic or Latino - Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race. Hispano o Latino – Mexicano, Puertorriqueño, Cubano, Centro o Suramericano o de otra cultura u origen proveniente de España, independientemente de la raza.
- ☐ Asian (Not of Hispanic or Latino origin) - Origins of the Far East, Southeast Asia, the Indian Subcontinent. Asiático (no de origen Hispánico ni Latino) – Originario del Lejano Oriente, Sudeste Asiático, o Subcontinente Indio.
- ☐ Native Hawaiian or other Pacific Islander - Origins of Hawaii, Guam, Samoa, or other Pacific Islands. Nativo Hawaiano o de otra Isla del Pacífico – originario de Hawai, Guam, Samoa u otras Islas del Pacífico.
- ☐ American Indian/Alaska Native - Origins of North or South America (including Central America), who maintain tribal affiliation and community recognition. Indígena Americano / Nativo de Alaska - Originario de América del Norte o del Sur (incluyendo América Central) que mantiene su afiliación tribal y reconocimiento de la comunidad.
- ☐ Two or more races (Not of Hispanic or Latino origin) - All persons who identify with more than one of the listed races. Dos o más razas (No de origen Hispano ni Latino) – Todas las personas que se identifiquen con más de una de las razas mencionadas.
- ☐ If the employee elected not to complete this information, the employer has completed it through visual identification as required by law. Si el empleado decidió no suministrar esta información, el empleador la suministra mediante identificación visual, de conformidad con lo dispuesto por la ley.

Completed by Client (Para ser diligenciado por el cliente)

New Hires (Nuevas Contrataciones)

You must fax, call or email the following information to WBS on or before the new hire starts work: name, WC Code, Social Security Number, Pay Rate and Date of Birth. Workforce Business Services can not pay any employee without receiving this information on or before the employee begins work. Nor will this employee be covered with workers' compensation coverage until this information has been submitted to us. To report a new hire after hours, please fax or call our offices and leave a detailed message.

WBS tiene que recibir esta Informe de Vinculación En la fecha de contratacion o antes. Usted puede informar esta nueva contratación a WBS por fax o por teléfono y recibirá un número de identificación de confirmación. Workforce Business Servicesno podrá efectuar pagos a empleados sin el número de identificación del empleado. El empleado tampoco quedará cubierto por la compensación de trabajadores hasta que esta información nos haya sido presentada. Para informar sobre alguna contratación fuera de las horas laborales, por favor envíe un fax o llame a nuestras oficinas y deje un mensaje detallado.

THE EMPLOYEE ENROLLMENT FORM MUST BE RETURNED TO WBS WITHIN THREE DAYS OF THE DATE OF HIRE.

EL INFORME DE VINCULACIÓN DE EMPLEADOS MEDIANTE ARRENDAMIENTO DEBE SER ENVIADOA WBS DENTRO DE LOS TRES DÍAS SIGUIENTES A LA FECHA DE CONTRATACIÓN.

Employee Name (Nombre del empleado) Alex Gaspar

Client Company Name (Nombre de la Compañía- Cliente): Target Rooting

Department (if applicable) (Departamento) (si es el caso) _____ Job Code (if applicable) (Código de trabajo) (si es el caso) _____

Rate of Pay (Tasa de pago) $ 10 ☐ Hourly (Por hora) ☐ Salary (Salario) ☐ Exempt (Exento) ☐ Non-Exempt (No Exento)

☐ Full Time (Tiempo completo) ☑ Part Time (Medio Tiempo) Work Comp. Code (Código Compensación Trabajadores) _____

From the EEO job classifications listed, which one best describes the employee's position?
¿De las clasificaciones de trabajos mencionadas, cuál es la que describe mejor el cargo del empleado?

- ☐ 1.1 - Executive/Senior Level Officers and Managers (Ejecutivo/Funcionarios y gerentes de nivel superior)
- ☐ 1.2 - First / Mid Level Officers and Managers (Funcionarios y gerentes de primer nivel/nivel medio)
- ☐ 2 - Professionals (Profesionales)
- ☐ 3 - Technicians (Técnicos)
- ☐ 4 - Sales (Vendedores)
- ☑ 5 - Office and Clerical (Oficina y administrativo)
- ☐ 6 - Craft Workers (skilled) (Artesanos (capacitados))
- ☐ 7 - Operative (semi-skilled) (Operarios (capacitación media))
- ☐ 8 - Laborers (unskilled) (Obreros (no capacitados))
- ☐ 9 - Service Workers (Trabajadores de servicios)

Job Description (Descripción del trabajo) _____

Original Date of Hire (Fecha de contratación original) _____

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
▶ Give Form W-4 to your employer.
▶ Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2020

Step 1: Enter Personal Information

(a) First name and middle initial: Alex
Last name: Gaspar
(b) Social security number: 613-12-4827
▶ 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.

Address: 5284 Galaxy Dr [illegible]
City or town, state, and ZIP code: Fort Myers

(c) ☐ Single or Married filing separately
☐ Married filing jointly (or Qualifying widow(er))
☑ Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)

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

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

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

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . . . ▶ ☐

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

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

Step 3: Claim Dependents

If your income will be $200,000 or less ($400,000 or less if married filing jointly):

Multiply the number of qualifying children under age 17 by $2,000 ▶ $ 6 2

Multiply the number of other dependents by $500 . . . . ▶ $ 1

Add the amounts above and enter the total here . . . . . 3 $ 12,500

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.

▶ [signature] Employee's signature (This form is not valid unless you sign it.)

▶ 5/11/20 Date

Employers Only

Employer's name and address	First date of employment	Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3. Cat. No. 10220Q Form **W-4** (2020)

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