

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 política de pruebas de drogas/alcohol que Workforce Business Services (WBS; por sus siglas en Inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS; por sus siglas en Inglés) 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, lesión, 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 que he leído, entiendo, y estoy de acuerdo con las autorizaciones, reconocimientos, condiciones y requisitos contenidos en la sección.)

Employee Signature (Firma del empleado) Diego Santos Date (Fecha): 5/1/20
Employee Name (Nombre del empleado) Diego Santos
Date of Birth (Fecha de nacimiento): 2/16/1990
Address (Dirección): 4933 Luchett
City, State, Zip (Ciudad, Estado, Zip): Fort Myers FL 33905
Telephone Number (Número telefónico) _____ Social Security No. (No. Seguridad Social) 739-66-3487

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 uno 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 contratación 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 Services no 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 ENVIADO A WBS

DENTRO DE LOS TRES DÍAS SIGUIENTES A LA FECHA DE CONTRATACIÓN.

Employee Name (Nombre del empleado) <u>Diego Santos</u>	
Client Company Name (Nombre de la Compañía - Cliente) <u>Target Roofing</u>	
Department (if applicable) (Departamento) (si es el caso) _____	Job Code (if applicable) (Código de trabajo) (si es el caso) <u>5810</u>
Rate of Pay (Tasa de pago) \$ <u>10</u> ☒ Hourly (Por hora) ☐ Salary (Salario) ☐ Exempt (Exento) ☐ Non-Exempt (No Exento)	
☒ Full Time (Tiempo completo) ☐ Part Time (Medio Tiempo)	Work Comp. Code (Codigo 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)	☐ 3 - Technicians (Técnicos)
☐ 1.2 - First / Mid Level Officers and Managers (Funcionarios y gerentes de primer nivel/nivel medio)	☐ 5 - Office and Clerical (Oficina y administrativo)
☐ 2 - Professionals (Profesionales)	☐ 7 - Operative (semi-skilled) (Operarios (capacitación media))
☐ 4 - Sales (Vendedores)	☐ 9 - Service Workers (Trabajadores de servicios)
☐ 6 - Craft Workers (skilled) (Artesanos (capacitados))	
☐ 8 - Laborers (unskilled) (Obreros (no capacitados))	
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 <u>Diego</u>		Last name <u>Santos</u>	
	Address <u>4935 E. Luchett</u>		(b) Social security number <u>739166-5467</u>	
	City or town, state, and ZIP code <u>Fort Myers FL 33905</u>		▶ 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 ▶ \$ <u>4</u> Multiply the number of other dependents by \$500 ▶ \$ <u>1</u> Add the amounts above and enter the total here 3 \$ <u>8,500</u>				
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. ▶ <u>Diego Santos</u> Employee's signature (This form is not valid unless you sign it.) <u>5/11/20</u> 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. 102200

Form W-4 (2020)

578694

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:29 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

JUN 16 2020
R.D.

An employee was terminated on the web by 054554.

Diego Santos
SSN: 739-66-5487
EE id: 21101320659

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:28:56

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

Santos, Diego
4933 Luchett
Fe Myers, FL 33905
Period: 01/01/20 to 11/06/20

Workforce Business Services 12
SocSecNum: XXX-KX-5487
MComp Code: FL-8810
Pay Rate 1: 10.000 HOURLY
Pay Rate 2: .000
Pay Cycle: WEEKLY

Target Roofing & Sheet Metal
Company Hire Date: 05/15/20
Subscriber Hire Dt: 05/15/20
Birthdate: 02/16/90
Insurance Codes: NN

Federal Tax Setup: H
State Tax Setup: FL 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 11/06/20

CHECKDATE	RATE	REGULAR	OVERTIME	OTHER	REGULAR	OVERTIME	OTHER	GROSS	PAY	FEDERAL	FICA	STATE	LOCAL	401K	INSURANCE	OTHER	DEDUCTIONS	DIRECT	DEPOSIT	NET
05/22/20	.00	.000	.000	.000	.00	.00	1000.00	1000.00	1000.00	.00	76.50	.00	.00	.00	.00	.00	.00	.00	.00	923.50
05/29/20	.00	.000	.000	.000	.00	.00	1100.00	1100.00	1100.00	.00	84.15	.00	.00	.00	.00	.00	.00	.00	.00	1015.85
06/05/20	.00	.000	.000	.000	.00	.00	1050.00	1050.00	1050.00	.00	80.33	.00	.00	.00	.00	.00	.00	.00	.00	969.67
TOTALS		.000	.000	.000	.00	.00	3150.00	3150.00	3150.00	.00	240.98	.00	.00	.00	.00	.00	.00	.00	.00	2909.02

Earnings Hours
Earnings Amounts
Piece Work
Taxes
Deductions

579252 (3)

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 política de pruebas de drogas/alcohol cual Workforce Business Services (WBS por sus siglas en inglés) tenga o pueda adoptar. Yo específicamente estoy de acuerdo a pruebas de drogas/alcohol después de cada accidente de trabajo en 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en inglés) 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, lesión, 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 días 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 Santiago Calvel Date (Fecha) _____

Employee Name (Nombre del empleado) Santiago Calvel

Date of Birth (Fecha de nacimiento) 08/19/1997

Address (Dirección) 4981 Mays

City, State, Zip (Ciudad, Estado, Zip) FT Myer 33905

Telephone Number (Numero telefónico) _____

Social Security No (No. Seguridad Social) 629-53-8457

ENTERED

MAY 26 2020

R.R

EX_64_185

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
- ☐ 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
- ☐ 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 Hawái, Guam, Samoa u otras islas del Pacífico
- ☐ 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
- ☐ 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
- ☐ Asian (Not of Hispanic or Latino origin) - Origins of the Far East Southeast Asia, the Indian Subcontinent, Asia (no de origen Hispánico ni Latino) - Orígenes del Lejano Oriente, Sudeste Asiático, o Subcontinente Indio
- ☐ 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.
- ☐ 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 contratación 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 Services no 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) Santiago Cabel

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) _____

Rate of Pay (Tasa de pago) \$ 12 ☒ 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 (Vendedoras)

☐ 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) Roofing

Original Date of Hire (Fecha de contratación original) _____

Form W-4		Employee's Withholding Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.		
2020				
Step 1: Enter Personal Information	(a) First name and middle initial Santiago	Last name Cabel	(b) Social security number 629-53-8457	
	Address 4981 Mars		▶ 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 33905			
	(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 ▶ 4 Multiply the number of other dependents by \$500 ▶ 1 Add the amounts above and enter the total here 3 \$ 8,500			
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.)		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. 102200

Form W-4 (2020)

EX_64_187

579252

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 9:27 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

An employee was terminated on the web by 054554.

Santiago Calel
SSN: 629-53-8457
EE id: 21101320669

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 09:27:17

Term type: Resignation
Term notes:

JUN 16 2020
R.D.

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579264-3

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 Inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en Inglés) 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, lesión, 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 días 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) [Signature] Date (Fecha) _____

Employee Name (Nombre del empleado) Agustin Castillo

Date of Birth (Fecha de nacimiento) 01/22/1996

Address (Dirección) 131 Diana

City, State, Zip (Ciudad, Estado, Zip) Ft Myers 33905

Telephone Number (Número telefónico) _____ Social Security No (No Seguridad Social) 731-47-8254



EX_64_189

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 Hawái, 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 o 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 contratación 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 Services no 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) Agustin Castillo

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) _____

Rate of Pay (Tasa de pago) \$ 12 ☒ 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)	☐ 3 - Technicians (Técnicos)
☐ 1.2 - First / Mid Level Officers and Managers (Funcionarios y gerentes de primer nivel/nivel medio)	☐ 5 - Office and Clerical (Oficina y administrativo)
☐ 2 - Professionals (Profesionales)	☐ 7 - Operative (semi-skilled) (Operarios (capacitación media))
☐ 4 - Sales (Vendedores)	☐ 9 - Service Workers (Trabajadores de servicios)
☐ 6 - Craft Workers (skilled) (Artesanos (capacitados))	
☒ 8 - Laborers (unskilled) (Obreros (no capacitados))	

Job Description (Descripción del trabajo) Roofing

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 Agustin		Last name Castillo	
	Address 131 Diana		(b) Social security number 73-47-8254	
	City or town, state, and ZIP code Fort Myers FL 33905		▶ 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: 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.

Multiple Jobs or Spouse Works

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 ▶ \$ 60	
	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		
	Employee's signature (This form is not valid unless you sign it.) [Signature]		Date 5/21/20
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)
	[Blank]		

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat No 102200

Form W-4 (2020)

EX_64_191

579264

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 9:28 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

JUN 16 2020

R.D.

An employee was terminated on the web by 054554.

Agustin Castillo
SSN: 731-47-8254
EE id: 21101320681

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 09:28:10

Term type: Resignation
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579258-3

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 política de pruebas de drogas/alcohol que Workforce Business Services (WBS por sus siglas en inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en inglés) 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, lesión, 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 días 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) Tomas Herrera Date (Fecha) _____

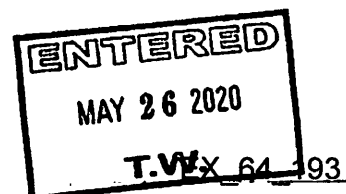
Employee Name (Nombre del empleado) Tomas Herrera

Date of Birth (Fecha de nacimiento) 03/15/1991

Address (Dirección) 4943 Sherry

City, State, Zip (Ciudad, Estado, Zip) FT Myers 33905

Telephone Number (Número telefónico) _____ Social Security No (No Seguridad Social) 726-51-4987



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.

Varías 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.

- | | |
|---|--|
| <p>☐ 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</p> <p>☒ 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</p> <p>☐ 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</p> <p>☐ 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</p> | <p>☐ 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</p> <p>☐ 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</p> <p>☐ 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.</p> <p>☐ 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.</p> |
|---|--|

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 contratación 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 Services no 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) Tomas Herrera

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) _____

Rate of Pay (Tasa de pago) \$ _____ ☒ 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) (Artisanos (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) Roofing

Original Date of Hire (Fecha de contratación original) _____

Form **W-4**

Employee's Withholding Certificate

OMB No 1545-0074

2020

Department of the Treasury
Internal Revenue Service

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

Step 1: Enter Personal Information

(a) First name and middle initial Tomas	Last name Herrera	(b) Social security number 726-51-9987
Address 4893 SENTRY		► 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 FOA MYERS FL 33905		
(c) ☒ Single or Married (filing separately) ☐ Married filing jointly for 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 ► \$ **5**

Multiply the number of other dependents by \$500 ► \$ **1**

Add the amounts above and enter the total here **3** \$ **10,500**

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.


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

Date

Employers Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat No 102200

Form W-4 (2020)

EX_64_195

579258

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 9:33 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

(1)

JUN 16 2020

R.D.

An employee was terminated on the web by 054554.

Tomas Herrera
SSN: 726-51-4987
EE id: 21101320675

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 09:33:19

Term type: Resignation
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

5792533

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, 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, lesión, 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 días 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 Bh Date (Fecha): _____

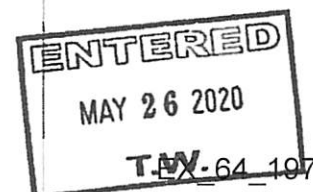
Employee Name (Nombre del empleado) Basilio Lazaro

Date of Birth (Fecha de nacimiento): 02/10/1992

Address (Dirección): 131 Diana

City, State, Zip (Ciudad, Estado, Zip): Ft Myers 33905

Telephone Number (Número telefónico) _____ Social Security No (No Seguridad Social) 529-44-7541



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.

Varías 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
- ☒ 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 Sureñoamericano o de otra cultura u origen proveniente de España, independientemente de la raza
- ☐ 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 Hawái, Guam, Samoa u otras islas del Pacífico
- ☐ 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
- ☐ 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 cualquier de los grupos raciales negros de África
- ☐ 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 Indo
- ☐ 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.
- ☐ 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 contratación 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 Services no 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 envía un fax o llamo 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) Basilio Lázaro

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

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) \$ 12 ☒ 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) (Artisanos (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) Roofing

Original Date of Hire (Fecha de contratación original) _____

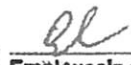
Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Certificate ▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.		OMB No. 1545-0074 2020
Step 1: Enter Personal Information	(a) First name and middle initial Basilio		Last name Lazaro	
	Address 131 Diana		(b) Social security number 529-44-7541	
	City or town, state, and ZIP code Fort Myers FL 33905		▶ 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.
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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 Multiply the number of other dependents by \$500 ▶ \$ 0 Add the amounts above and enter the total here 3 \$ 12,000
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Employee's signature (This form is not valid unless you sign it.)  Date		
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat No 102200

Form W-4 (2020)

579253

Tracy Wetter

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

①

An employee was terminated on the web by 054554.

JUN 16 2020

R.D.

Basilio Lazaro
SSN: 529-44-7541
EE id: 21101320670

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:15:38

Term type: Resignation
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579262-3

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 que Workforce Business Services (WBS por sus siglas en inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en inglés) o a sus representantes legales para propósitos de una reclamación de compensación de trabajadores (información médica significa toda la información en posesión de, o derivada 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, lesión, 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 días 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 Daniel Date (Fecha) _____

Employee Name (Nombre del empleado) Domingo Lopez

Date of Birth (Fecha de nacimiento) 05/14/1995

Address (Dirección) 131 Diane

City, State, Zip (Ciudad, Estado, Zip) FT Myers 33905

Telephone Number (Número telefónico) _____ Social Security No (No. Seguridad Social) 624-19-7524

ENTERED

MAY 26 2020

T.W.

EX_64_201

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) - Origenario 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) - Origenario 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 Hawái, 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 o 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 hispánico 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 contratación 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 Services no 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) Domingo Lopez

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) _____

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 (Codigo 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) Roofing

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: <u>Domingo</u> Last name: <u>LOPEZ</u> Address: <u>131 Diana</u> City or town, state, and ZIP code: <u>Fort Myers FL 33905</u> (c) ☐ Single or Married filing separately ☒ Married filing jointly (or Qualifying widow(er)) ☐ Head of household (Check only if you are unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)	(b) Social security number: <u>624-19-7524</u> ▶ 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 .

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 ▶ \$ <u>14</u> Multiply the number of other dependents by \$500 . . . ▶ \$ <u>1</u> Add the amounts above and enter the total here 3 \$ <u>12,500</u>
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) \$ <u> </u> (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) \$ <u> </u> (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$ <u> </u>

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete		
	Employee's signature (This form is not valid unless you sign it.) <u>Domingo Lopez</u>	Date <u> </u>	
Employers Only	Employer's name and address <u> </u>	First date of employment <u> </u>	Employer identification number (EIN) <u> </u>

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat No 102200

Form W-4 (2020)

EX_64_203

579262

Tracy Wetter

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

①

An employee was terminated on the web by 054554.

JUN 16 2020
R.D.

Domingo Lopez
SSN: 624-19-7524
EE id: 21101320679

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:16:14

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579243 (3)

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 política de pruebas de drogas/alcohol cual Workforce Business Services (WBS por sus siglas en inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en inglés) 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, lesión, 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 días 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) Yenue C. Date (Fecha) _____

Employee Name (Nombre del empleado) Tomas Lopez

Date of Birth (Fecha de nacimiento) 6-14-1985

Address (Dirección) 4161 Citrus Ave

City, State, Zip (Ciudad, Estado, Zip) St. Petersburg 33715

Telephone Number (Numero telefonico) _____ Social Security No (No Seguridad Social) 695-81-4526

ENTERED

MAY 26 2020

R.R

EX_64_205

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.

- | | |
|---|--|
| <p>☐ White (Not of Hispanic or Latino origin) - Origins of Europe, North Africa, or the Middle East. Blanco (No de origen Hispánico ni Latino) - Origenes de Europa, África del Norte o del Medio Oriente</p> <p>☒ 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</p> <p>☐ 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</p> <p>☐ 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 Hispánico ni Latino) - Todas las personas que se identifiquen con más de una de las razas mencionadas</p> | <p>☐ 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</p> <p>☐ Asian (Not of Hispanic or Latino origin) - Origins of the Far East, Southeast Asia, the Indian Subcontinent, Asiático (no de origen Hispánico ni Latino) - Origenes del Lejano Oriente, Sudeste Asiático, o Subcontinente Indio</p> <p>☐ 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</p> <p>☐ 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</p> |
|---|--|

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 contratación 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 Services no 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) Tomas Lopez

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

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) \$ 12 ☒ 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) Locking

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 Thomas	Last name Lopez	(b) Social security number 685-81-4526
Address 4461 Ohio Ave		▶ 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 33905		
(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	
	Multiply the number of other dependents by \$500 ▶ \$ 0	
	Add the amounts above and enter the total here	3 \$12,000
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a) \$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c) \$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.	
	Employee's signature (This form is not valid unless you sign it.) Thomas Lopez	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)

EX_64_207

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:17 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

An employee was terminated on the web by 054554.

Tomas Lopez
SSN: 695-81-4526
EE id: 21101320666

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:16:38

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579243

①

JUN 16 2020
R.D.

579260-3

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 política de pruebas de drogas/alcohol que Workforce Business Services (WBS-por sus siglas en Inglés) 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS-por sus siglas en Inglés) 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, lesión, 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 días 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 ALUX Date (Fecha) _____

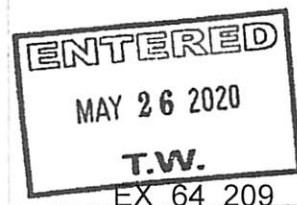
Employee Name (Nombre del empleado) Alfredo Lux

Date of Birth (Fecha de nacimiento): 8-11-1976

Address (Dirección) 4461 CHIO AVE

City, State, Zip (Ciudad, Estado, Zip) FT MYERS FL 33905

Telephone Number (Numero telefónico) _____ Social Security No (No Seguridad Social) 579-17-9655



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 Hispánico 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 contratación 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 Services no 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) Alfredo Lux

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) _____

Rate of Pay (Tasa de pago) \$ 12 ☒ 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) (Artisanos (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) Roofing

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 <u>Alfredo</u>	Last name <u>Lux</u>	(b) Social security number <u>579-17-9655</u> ▶ 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 <u>4461 Ohio Ave</u> City or town, state, and ZIP code <u>Fort Myers FL 33905</u>		(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 ▶ \$ <u>6</u> Multiply the number of other dependents by \$500 ▶ \$ <u>0</u> Add the amounts above and enter the total here 3 \$12,000		
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. ▶ <u>ALUX</u> Date Employee's signature (This form is not valid unless you sign it)		
Employers Only		Employer's name and address First date of employment Employer identification number (EIN)		

579260

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:17 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

JUN 16 2020
R.D.

An employee was terminated on the web by 054554.

Alfredo Lux
SSN: 579-17-9655
EE id: 21101320677

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:16:53

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579257

③

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 que Workforce Business Services (WBS por sus siglas en inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en inglés) 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, lesión, 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 días 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 Mauricio Mejia Date (Fecha) _____

Employee Name (Nombre del empleado) Mauricio Mejia

Date of Birth (Fecha de nacimiento) 12/13/1992

Address (Dirección) 131 Diana

City, State, Zip (Ciudad, Estado, Zip) Fort Myers 33904

Telephone Number (Número telefónico) _____ Social Security No (No Seguridad Social) 739-548547

ENTERED

MAY 26 2020

RR

EX_64_213

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.

- | | |
|---|---|
| <p>☐ 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</p> <p>☒ 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</p> <p>☐ 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 Hawái, Guam, Samoa u otras Islas del Pacífico</p> <p>☐ 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 Hispánico ni Latino) - Todas las personas que se identifiquen con más de una de las razas mencionadas</p> | <p>☐ 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</p> <p>☐ 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</p> <p>☐ 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.</p> <p>☐ 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</p> |
|---|---|

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 contratación 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 Services no 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) Mauricio Medina

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) _____

Rate of Pay (Tasa de pago) \$ 12 ☒ 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) (Artisanos (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) Roofing

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: <u>Mauricio</u> Last name: <u>Medina</u> Address: <u>131 Diana</u> City or town, state, and ZIP code: <u>Fort Myers FL 33905</u>	(b) Social security number: <u>739-54-8547</u> ▶ 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: 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.

Multiple Jobs or Spouse Works

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 ▶ \$ <u>5</u> Multiply the number of other dependents by \$500 ▶ \$ <u>1</u> Add the amounts above and enter the total here	3 \$ <u>10,500</u>
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 (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 (c) Extra withholding. Enter any additional tax you want withheld each pay period	4(a) \$ 4(b) \$ 4(c) \$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.) <u>Mauricio Medina</u>		Date <u>6/21/20</u>
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

579257

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:23 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

JUN 16 2020
R.D.

An employee was terminated on the web by 054554.

Mauricio Mejia
SSN: 739-54-8547
EE id: 21101320674

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:22:56

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579263-3

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 política de pruebas de drogas/alcohol que 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 Gilberto Mendoza Date (Fecha) _____

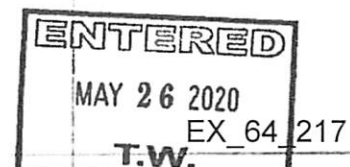
Employee Name (Nombre del empleado) Gilberto Mendoza

Date of Birth (Fecha de nacimiento) 10/22/1979

Address (Dirección) 4133 Luchet

City, State, Zip (Ciudad, Estado, Zip) Ft Myer 3305

Telephone Number (Numero teléfono) _____ Social Security No (No Seguridad Social) 571-13-5254



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.

Varías 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
- ☐ 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
- ☐ 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
- ☐ 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
- ☐ 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
- ☐ 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
- ☐ 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.
- ☐ 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 contratación 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 Services no 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) Gilberto Mendoza
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) _____

Rate of Pay (Tasa de pago) \$ 10.25 ☒ 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) (Artisanos (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) Roofing

Original Date of Hire (Fecha de contratación original) _____

Form W-4 Department of the Treasury Internal Revenue Service	Employee's Withholding Certificate		OMB No. 1545-0074
	▶ Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. ▶ Give Form W-4 to your employer. ▶ Your withholding is subject to review by the IRS.		2020
Step 1: Enter Personal Information	(a) First name and middle initial <u>Gilberto</u>	Last name <u>Mendoza</u>	(b) Social security number <u>1571-13-5254</u>
	Address <u>9133 Larchet</u>		▶ 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 <u>Fort Myers FL 33905</u>		
(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 ▶ \$	<u>5</u>	
	Multiply the number of other dependents by \$500 . . . ▶ \$	<u>0</u>	
Add the amounts above and enter the total here		3	\$ <u>10,000</u>
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.		
	Employee's signature (This form is not valid unless you sign it.) <u>[Signature]</u>		Date <u>5/20/21</u>
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 102200

Form W-4 (2020)

EX_64_219

579263

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:24 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

JUN 16 2020
R.D.

An employee was terminated on the web by 054554.

Gilberto Mendoza
SSN: 571-13-5254
EE id: 21101320680

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:23:42

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579240-3

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 política de pruebas de drogas/alcohol cual Workforce Business Services (WBS por sus siglas en inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en inglés) 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, lesión, 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 días 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 Jorge Palmerin Date (Fecha) _____

Employee Name (Nombre del empleado): Jorge Palmerin

Date of Birth (Fecha de nacimiento): 06/23/1994

Address (Dirección): 4997 Jupiter

City, State, Zip (Ciudad, Estado, Zip): FT Myer 33505

Telephone Number (Numero telefonico) _____ Social Security No (No Seguridad Social) 541-45-7514

ENTERED

MAY 26 2020

T.W. EX_64_221

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.

- | | |
|--|---|
| <p>☐ White (Not of Hispanic or Latino origin) - Origins of Europe, North Africa, or the Middle East. Blanco (No de origen Hispánico ni Latino) - Origenario de Europa, África del Norte o del Medio Oriente</p> <p>☐ 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</p> <p>☐ 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</p> <p>☐ 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 uno de las razas mencionadas</p> | <p>☐ 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</p> <p>☐ Asian (Not of Hispanic or Latino origin) - Origins of the Far East, Southeast Asia, the Indian Subcontinent, Asia (No de origen Hispánico ni Latino) - Origenario del Lejano Oriente, Sudeste Asiático, o Subcontinente Indio</p> <p>☐ 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 - Origenario de América del Norte o del Sur (incluyendo América Central) que mantiene su afiliación tribal y reconocimiento de la comunidad.</p> <p>☐ 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 suministró mediante identificación visual, de conformidad con lo dispuesto por la ley</p> |
|--|---|

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 Información de Vinculación En la fecha de contratación 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 Services no 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 DIAS SIGUIENTES A LA FECHA DE CONTRATACIÓN.

Employee Name (Nombre del empleado) Jorge Palmera

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

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) \$ 12- ☒ 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) Roofing

Original Date of Hire (Fecha de contratación original) _____

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

2020

Department of the Treasury
Internal Revenue Service

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

Step 1: Enter Personal Information

(a) First name and middle initial Jorge	Last name Palmer	(b) Social security number 541-45-7514
Address 4995 Jupiter City or town, state, and ZIP code Fort Myers FL 33905		▶ 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**

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

Add the amounts above and enter the total here

3 \$ 12000

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.

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

Date

Employers Only

Employer's name and address

First date of
employment

Employer identification
number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 3.

Cat No 102200

Form W-4 (2020)

EX_64_223

579240

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:24 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

An employee was terminated on the web by 054554.

Jorge Palmerin
SSN: 541-45-7514
EE id: 21101320664

JUN 16 2020
R.D.

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:24:16

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579241

(3)

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 política de pruebas de drogas/alcohol cual Workforce Business Services (WBS por sus siglas en inglés) 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en inglés) 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, lesión, 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 días 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 Esterban Date (Fecha) _____

Employee Name (Nombre del empleado) Esterban Pastor

Date of Birth (Fecha de nacimiento) 09/11/1990

Address (Dirección) 10 Castielar

City, State, Zip (Ciudad, Estado, Zip) FT MYERS 33905

Telephone Number (Numero telefónico) _____ Social Security No (No Seguridad Social) 659-85-4257

ENTERED

MAY 26 2020

R.R

EX_64_225

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 India |
| ☐ 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 Hawái, 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 Hispánico 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 contratación 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 Services no 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) Esteban Pastor

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) _____

Rate of Pay (Tasa de pago) \$ 12 ☒ 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) (Artisanos (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) Roofing

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: <u>Esteban</u> Last name: <u>Hector</u> Address: <u>10 Castlebar</u> City or town, state, and ZIP code: <u>Fort Myers FL 33905</u>	(b) Social security number: <u>659-85-4257</u> ▶ 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 6. 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 those 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 ▶ \$ 5

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

Add the amounts above and enter the total here 3 \$ 10,500

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.

Employee's signature (This form is not valid unless you sign it.) Esteban Date _____

Employers Only

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

579241

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:25 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

An employee was terminated on the web by 054554.

JUN 16 2020

R.D.

Esteban Pastor
SSN: 659-85-4257
EE Id: 21101320665

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:24:57

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579254-3

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 política de pruebas de drogas/alcohol que Workforce Business Services (WBS por sus siglas en inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en inglés) 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, lesión, 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 días 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 Gustavo Date (Fecha): _____

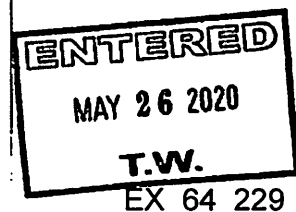
Employee Name (Nombre del empleado) Gustavo Perez

Date of Birth (Fecha de nacimiento): 12/17/1986

Address (Dirección): 10111 E 11th Ave

City, State, Zip (Ciudad, Estado, Zip) FT Myers, FL 33905

Telephone Number (Número telefónico) _____ Social Security No (No Seguridad Social) 719-64-8952



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
- ☒ 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
- ☐ 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
- ☐ 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
- ☐ 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
- ☐ 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
- ☐ 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
- ☐ 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 contratación 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 Services no podrá efectuar pagos a empleados sin el número de identificación del empleado. El empleado tampoco quedará cubierto por la compensación de trabajadoras 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) Gustavo Perez

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) _____

Rate of Pay (Tasa de pago) \$ 12 ☒ 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) Roofing

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: <u>Gustavo</u> Last name: <u>Derez</u> Address: <u>4461 onio Ave</u> City or town, state, and ZIP code: <u>Fort Myers FL 33905</u> (c) ☒ Single or Married filing separately ☐ Married filing jointly (or Qualifying widow(er)) ☐ Head of household (Check only if you are unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)	(b) Social security number: <u>719-64-8952</u> ▶ 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.
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 ▶ \$ <u>6</u> Multiply the number of other dependents by \$500 ▶ \$ <u>0</u> Add the amounts above and enter the total here 3 \$ <u>12,000</u>	
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$	
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Employee's signature (This form is not valid unless you sign it.) <u>Gustavo Derez</u> Date _____	
Employers Only	Employer's name and address	First date of employment Employer identification number (EIN)

579254

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:25 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

JUN 16 2020

R.D.

An employee was terminated on the web by 054554.

Gustavo Perez
SSN: 719-64-8952
EE id: 21101320671

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:25:21

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579256-3

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 política de pruebas de drogas/alcohol cual Workforce Business Services (WBS-por sus siglas en inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS-por sus siglas en inglés) 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, lesión, 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 días 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) C.F. Date (Fecha) _____

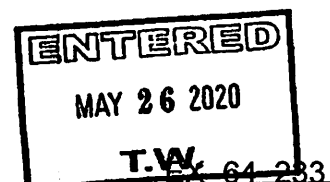
Employee Name (Nombre del empleado) Luis Pineda

Date of Birth (Fecha de nacimiento) 02/15/1981

Address (Dirección) 4983 Sherry

City, State, Zip (Ciudad, Estado, Zip) Ft Myers 33905

Telephone Number (Número telefónico) _____ Social Security No (No. Seguridad Social) 548-77-5247



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 or Afro-American (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. Hispánico 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 Hawái, 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 Hispánico 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 contratación 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 Services no 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) <u>Lupe Pineda</u>	
Client Company Name (Nombre de la Compañía- Cliente): <u>Target Roofing</u>	
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) \$ <u>12</u> ☒ 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) <u>Roofing</u>	
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 Address City or town, state, and ZIP code (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)	(b) Social security number ▶ 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
	Lure Pineda 4903 S. Miami Fort Myers FL 33905	548-77-5247
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 Multiply the number of other dependents by \$500 ▶ \$ 1 Add the amounts above and enter the total here 3 \$ 14,700	
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$	
Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete Employee's signature (This form is not valid unless you sign it.) Date	
Employers Only	Employer's name and address First date of employment Employer identification number (EIN)	

579256

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:27 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①.

JUN 16 2020
R.D.

An employee was terminated on the web by 054554.

Lupe Pineda
SSN: 548-77-5247
EE id: 21101320673

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:26:33

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579245-3

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 política de pruebas de drogas/alcohol que Workforce Business Services (WBS por sus siglas en inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en inglés) 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, lesión, 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 días 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 F. Ramos Date (Fecha) _____

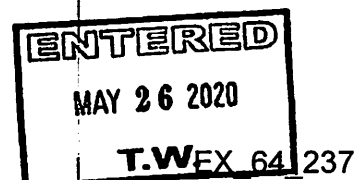
Employee Name (Nombre del empleado) Felix Ramos

Date of Birth (Fecha de nacimiento): 07/29/1997

Address (Dirección): 10 Castlebar

City, State, Zip (Ciudad, Estado, Zip): FT Myers 33915

Telephone Number (Numero telefónico) _____ Social Security No (No Seguridad Social) 736-66-8541



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 Hawái, 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 hispánico 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 contratación 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 Services no 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) Felix Ramos

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) _____

Rate of Pay (Tasa de pago) \$ 12 ☒ 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) (Artisanos (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) Roofing

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: <u>Felix</u> Last name: <u>Ramos</u> Address: <u>10 Castle bar</u> City or town, state, and ZIP code: <u>Fort Myers FL 33905</u>	(b) Social security number: <u>736-66-8541</u> ▶ 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 ▶ \$ <u>6</u> Multiply the number of other dependents by \$500 ▶ \$ <u>1</u> Add the amounts above and enter the total here 3 \$ <u>12,500</u>	
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.		
	▶ <u>FRAMOS</u> Employee's signature (This form is not valid unless you sign it.)		Date
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

579245

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:27 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

JUN 16 2020

R.D.

An employee was terminated on the web by 054554.

Felix Ramos
SSN: 736-66-8541
EE id: 21101320667

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:26:49

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

3

579261

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 mí 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, lesión, 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 _____ Date (Fecha) _____

Employee Name (Nombre del empleado) Manuel Rivera

Date of Birth (Fecha de nacimiento): 05/21/1978

Address (Dirección): 10 Castellar

City, State, Zip (Ciudad, Estado, Zip): FT Myers, FL 33905

Telephone Number (Numero telefonico) _____ Social Security No (No Seguridad Social) 579-88-4536

ENTERED

MAY 26 2020

R/R

EX_64_241

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.

Varías 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 Hawái, 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 hispánico 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 contratación 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 Services no 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) Manuel Rivera
Client Company Name (Nombre de la Compañía- Cliente) Target Retailing
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) | ☐ 3 - Technicians (Técnicos) |
| ☐ 1.2 - First / Mid Level Officers and Managers (Funcionarios y gerentes de primer nivel/nivel medio) | ☐ 5 - Office and Clerical (Oficina y administrativo) |
| ☐ 2 - Professionals (Profesionales) | ☐ 7 - Operative (semi-skilled) (Operarios (capacitación media)) |
| ☐ 4 - Sales (Vendedores) | ☐ 9 - Service Workers (Trabajadores de servicios) |
| ☐ 6 - Craft Workers (skilled) (Artesanos (capacitados)) | |
| ☒ 8 - Laborers (unskilled) (Obreros (no capacitados)) | |

Job Description (Descripción del trabajo) Retailing

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 <u>Manuel</u>	(b) Social security number <u>579-88-4536</u>
	Last name <u>Rivera</u>	▶ 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 <u>10 Castle Bar</u> City or town, state, and ZIP code <u>Fort Myers FL 33905</u>	
	(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 ▶ \$ <u>5</u> Multiply the number of other dependents by \$500 ▶ \$ <u>1</u> Add the amounts above and enter the total here 3 \$ <u>10,500</u>
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete		
	Employee's signature (This form is not valid unless you sign it.) <u>[Signature]</u>		Date <u>5/21/20</u>
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

Tracy Wetter

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

An employee was terminated on the web by 054554.

Manuel Rivera
SSN: 579-88-4536
EE Id: 21101320678

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:27:59

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579259-3

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 B. Sanchez Date (Fecha) _____

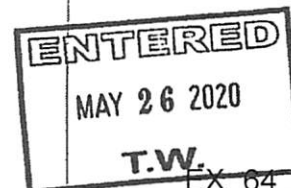
Employee Name (Nombre del empleado) Bartolo Sanchez

Date of Birth (Fecha de nacimiento) 07/15/1986

Address (Dirección) 4983 Sherry St.

City, State, Zip (Ciudad, Estado, Zip) Fort Myers 33905

Telephone Number (Numero telefonico) _____ Social Security No (No Seguridad Social) 659-99-7547



EX 64 245

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.

Varías 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
- ☒ 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
- ☐ 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
- ☐ 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 Hispánico ni Latino) - Todas las personas que se identifiquen con más de una de las razas mencionadas
- ☐ 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
- ☐ 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
- ☐ 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.
- ☐ 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 contratación 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 Services no 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) Bastelo Sanchez

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) _____

Rate of Pay (Tasa de pago) \$ 12 ☒ 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) (Artisanos (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) Roofing

Original Date of Hire (Fecha de contratación original) _____

Form **W-4**

Employee's Withholding Certificate

OMB No. 1545-0074

Department of the Treasury
Internal Revenue Service

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

2020

Step 1: Enter Personal Information	(a) First name and middle initial Bartolo	Last name Sanchez	(b) Social security number 659-99-7547
	Address 4983 Onumy St		▶ 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 33905		
(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 ▶ \$ 60	
	Multiply the number of other dependents by \$500 ▶ \$	
	Add the amounts above and enter the total here	3 \$ 17,100
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a) \$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b) \$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c) \$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete		
	Employee's signature (This form is not valid unless you sign it.) B. Sanchez		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 102200

Form **W-4** (2020)

EX_64_247

579259

(1)

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:29 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

An employee was terminated on the web by 054554.

Bartolo Sanchez
SSN: 659-99-7547
EE id: 21101320676

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:28:35

Term type: Involuntary
Term notes:

JUN 16 2020
R.D.

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579234

(3)

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, 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 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) Ant V. Date (Fecha) _____

Employee Name (Nombre del empleado) Antonio Varga S

Date of Birth (Fecha de nacimiento): 5-11-1970

Address (Dirección): 44161 OHIO

City, State, Zip (Ciudad, Estado, Zip) Fort Myer 33905

Telephone Number (Numero telefonico) _____ Social Security No (No. Seguridad Social) 571-32-4595

ENTERED

MAY 26 2020

R R

EX_64_249

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 Hawái, 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 contratación 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 Services no 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) Antonio Vargas

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) _____

Rate of Pay (Tasa de pago) \$ 12 ☒ 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, cual 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) (Artisanos (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) Roofing

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 Antonio		Last name Vargas	
	Address 4461 Ohio Ave		(b) Social security number 571-32-4595	
	City or town, state, and ZIP code Fort Myers FL		▶ 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	
	Multiply the number of other dependents by \$500 ▶	0	
Add the amounts above and enter the total here			3 \$ 12,000
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period		4(c) \$

Step 5: Sign Here	Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct and complete.		
	Employee's signature (This form is not valid unless you sign it.) Ant V		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.

Ctrl No 102700

Form W-4 (2020)

EX_64_251

579234-3

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 inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en inglés) 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, lesión, 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 días 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 Ant V. Date (Fecha) _____

Employee Name (Nombre del empleado) Antonio Vargas

Date of Birth (Fecha de nacimiento): 5-11-1970

Address (Dirección): 4461 OHIO

City, State, Zip (Ciudad, Estado, Zip): Fort Myers 33905

Telephone Number (Número telefónico) _____ Social Security No (No. Seguridad Social) 571-32-4595

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
- ☒ 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
- ☐ 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 Hawái, Guam, Samoa u otras Islas del Pacífico
- ☐ 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
- ☐ 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
- ☐ 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
- ☐ 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.
- ☐ 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 contratación 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 Services no 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) Antonio Vargas

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) _____

Rate of Pay (Tasa de pago) \$ 12 ☒ 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) Roofing

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: <u>Anton, D</u> Last name: <u>Vargas</u> Address: <u>4461 Onio Ave</u> City or town, state, and ZIP code: <u>Fort Myers FL</u> (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)	(b) Social security number: <u>571-32-4595</u> ▶ 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 .

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.
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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 ▶ \$ <u>6</u> Multiply the number of other dependents by \$500 ▶ \$ <u>0</u> Add the amounts above and enter the total here 3 \$ <u>12,000</u>
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. ▶ <u>Ant V</u> Employee's signature (This form is not valid unless you sign it.) ▶ Date		
Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

579234

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:30 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

JUN 16 2020

R.D.

An employee was terminated on the web by 054554.

Antonio Vargas
SSN: 571-32-4595
EE id: 21101320662

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:29:45

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579255-3

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 que Workforce Business Services (WBS por sus siglas en inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en inglés) 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, lesión, 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 días 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): Hector Date (Fecha): _____

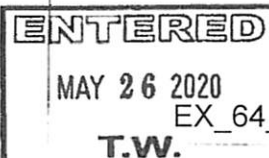
Employee Name (Nombre del empleado): Hector Yat

Date of Birth (Fecha de nacimiento): 10/16/1980

Address (Dirección): 131 Diana

City, State, Zip (Ciudad, Estado, Zip): Fort Myers 33905

Telephone Number (Número telefónico): _____ Social Security No (No Seguridad Social): 549-77-8624



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. ☐ Black or African American (Not of Hispanic or Latino origin) - Origins in any of the Black racial groups of Africa. Negro or 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 Hawái, 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.

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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) Hector Yat

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) _____

Rate of Pay (Tasa de pago) \$ 12 ☒ 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) (Artisanos (capacitados))
- ☐ 7 - Operative (semi-skilled) (Operarios (capacitación media))
- ☐ 8 - Laborers (unskilled) (Obreros (no capacitados))
- ☐ 9 - Service Workers (Trabajadoras de servicios)

Job Description (Descripción del trabajo) Roofing

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	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">(a) First name and middle initial Hector</td> <td style="width: 20%;">Last name Pet</td> <td style="width: 40%;">(b) Social security number 549-77-8624</td> </tr> <tr> <td colspan="2">Address 131 Diana</td> <td rowspan="2"> ▶ 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.irs.gov </td> </tr> <tr> <td colspan="2">City or town, state, and ZIP code FOX MYERS FL 33905</td> </tr> <tr> <td colspan="3"> (c) ☒ Single or Married filing separately ☐ Married filing jointly (or Qualifying widow(er)) ☐ Head of household (Check only if you are unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.) </td> </tr> </table>		(a) First name and middle initial Hector	Last name Pet	(b) Social security number 549-77-8624	Address 131 Diana		▶ 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.irs.gov	City or town, state, and ZIP code FOX MYERS FL 33905		(c) ☒ Single or Married filing separately ☐ Married filing jointly (or Qualifying widow(er)) ☐ Head of household (Check only if you are unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		
(a) First name and middle initial Hector	Last name Pet	(b) Social security number 549-77-8624											
Address 131 Diana		▶ 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.irs.gov											
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(c) ☒ Single or Married filing separately ☐ Married filing jointly (or Qualifying widow(er)) ☐ Head of household (Check only if you are 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 ▶ \$ 0 Multiply the number of other dependents by \$500 ▶ \$ 0 Add the amounts above and enter the total here 3 \$ 12,500												
Step 4 (optional): Other Adjustments	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%;">(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</td> <td style="width: 30%;">4(a) \$</td> </tr> <tr> <td>(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</td> <td>4(b) \$</td> </tr> <tr> <td>(c) Extra withholding. Enter any additional tax you want withheld each pay period</td> <td>4(c) \$</td> </tr> </table>		(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) \$					
(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. ▶ Hector 5/21/20 Employee's signature (This form is not valid unless you sign it.) Date												
Employers Only	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Employer's name and address</td> <td style="width: 25%;">First date of employment</td> <td style="width: 25%;">Employer identification number (EIN)</td> </tr> <tr> <td style="height: 40px;"></td> <td></td> <td></td> </tr> </table>		Employer's name and address	First date of employment	Employer identification number (EIN)								
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 102200

Form W-4 (2020)

EX_64_258

579255

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:29 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

JUN 16 2020
R.D.

An employee was terminated on the web by 054554.

Hector Yat
SSN: 549-77-8624
EE id: 21101320672

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:29:14

Term type: Involuntary
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.

579248-3

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 política de pruebas de drogas/alcohol que Workforce Business Services (WBS por sus siglas en Inglés) 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 médica 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 mí al portador del seguro de compensación a los trabajadores de Servicios de Personal Empresariales (WBS por sus siglas en Inglés) 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, lesión, 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 días 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 JAVIER Date (Fecha) _____

Employee Name (Nombre del empleado) Javier Jimenez

Date of Birth (Fecha de nacimiento) 12/22/1995

Address (Dirección) 10 Castleberry

City, State, Zip (Ciudad, Estado, Zip) FT Myers FL 33905

Telephone Number (Número telefónico) _____ Social Security No (No Seguridad Social) 691-84-8625

ENTERED
MAY 26 2020
TAX.64 260

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) - Origenario 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) - Origenario 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 Hawái, 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 - Origenario 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 contratación 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 Services no 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) Junior Juarez

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

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) \$ 12 ☒ Hourly (Por hora) ☐ Salary (Salario) ☐ Exempt (Exento) ☐ Non-Exempt (No Exento)

☒ Full Time (Tiempo completo) ☐ Part Time (Medio Tiempo) Work Comp. Code (Codigo 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) | ☐ 3 - Technicians (Técnicos) |
| ☐ 1.2 - First / Mid Level Officers and Managers (Funcionarios y gerentes de primer nivel/nivel medio) | ☐ 5 - Office and Clerical (Oficina y administrativo) |
| ☐ 2 - Professionals (Profesionales) | ☐ 7 - Operative (semi-skilled) (Operarios (capacitación media)) |
| ☐ 4 - Sales (Vendedores) | ☐ 9 - Service Workers (Trabajadores de servicios) |
| ☐ 6 - Craft Workers (skilled) (Artisanos (capacitados)) | |
| ☒ 8 - Laborers (unskilled) (Obreros (no capacitados)) | |

Job Description (Descripción del trabajo) Bookery

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:	(a) First name and middle initial Javier Last name Jimenez Address 10 Castlebar (b) Social security number 691-84-8625 City or town, state, and ZIP code Fort Myers FL 33905 ▶ 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 ▶ \$ <u>6</u> Multiply the number of other dependents by \$500 ▶ \$ <u>0</u> Add the amounts above and enter the total here 3 \$ <u>12,000</u>		
Step 4 (optional):	Other Adjustments (a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income 4(a) \$ (b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here 4(b) \$ (c) Extra withholding. Enter any additional tax you want withheld each pay period 4(c) \$		
Step 5:	Sign Here Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete. Employee's signature (This form is not valid unless you sign it.) Javier 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 102200

Form W-4 (2020)

EX_64_262

579248

Tracy Wetter

From: webchanges@gowbs.com
Sent: Tuesday, June 16, 2020 10:15 AM
To: twetter@gowbs.com
Subject: Web Termination From - 2110132

①

An employee was terminated on the web by 054554.

JUN 16 2020
R.D.

Javier Jimenez
SSN: 691-84-8625
EE id: 21101320668

Term date: 6/5/2020
Date entered on web: 2020-06-16
Time entered on web: 10:15:23

Term type: Resignation
Term notes:

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

Confidentiality Notice: This message is intended only for the named recipient(s) and may contain confidential information that is privileged or exempt from disclosure under applicable law. If you are not the intended recipient(s), you are notified that the dissemination, distribution or copying of this message is strictly prohibited. If you received this message and are not the intended recipient, please notify the sender immediately by return e-mail and delete all copies of the message. Do not forward or otherwise copy the message.