



---

**Print Name**

---

**Signature**

---

**Date**

On behalf of Boonerang Consulting LLC, we welcome you as a new employee and trust you will find your new position rewarding and fulfilling. Details regarding your new position are listed below.

**Start Date:** Thursday, April 6<sup>th</sup> 2023

**Title:** Custodian

**Direct Supervisor(s):**

Trey Boone (410-808-8063), [tboone@boonerangconsulting.com](mailto:tboone@boonerangconsulting.com)

Sean Boone (410-808-7869), [sboone@boonerangconsulting.com](mailto:sboone@boonerangconsulting.com)

**Work Location:** Oriole Park Camden Yards (OPACY) AND/OR M&T Bank Stadium

**Work Hours:** TBD

**Enclosed in your hiring package is the following:**

- Employee Policies and Procedures
- Employee Handbook
- Employee Agreement
- Aramark Contract Job Description
- BCLLC Non-Disclosure Agreement
- BCLLC Liability Waiver
- Direct Deposit Form (You MUST attached a voided check or deposit slip with your account number)
- Federal I-9 (you MUST attach a copy of your driver's license and social security card)
- Form W-4 (Federal)\*
- Maryland, Virginia, and D.C. Withholding forms (chosen based on your local taxing authority) \*

***\*IF WORKING AS W2 EMPLOYEE\****

Please read all forms carefully and sign where indicated. Please return all forms prior to your first day of work. Again, welcome aboard and do not hesitate to ask any questions if you have them.

Sincerely,

Jacqueline K. Boone,  
President



## **Boonerang Consulting LLC**

### **Policies and Procedures at Oriole Park & M&T Bank Stadium 2023**

#### **Enforcement**

Management is free to use discretion in disciplinary actions when staff have various offenses to the timekeeping policy or procedure. Situations include when staff may have clocked in but are repeatedly absent from their workstations during work hours or have missed time clock entries.

#### **Standards of Conduct:**

It is Boonerang Consulting LLC's (BCLLC) expectation that its Custodial Workers (Workers) will conduct themselves in compliance with our policies and procedures:

- No willful or negligent destruction of company and/ or client property
- No carrying or possession of weapons or use or distribution of weapons on client property or premises.
- No unauthorized use, waste, removal or attempted removal of company, client or associates, food, confidential records or documents, tools, equipment, merchandise, promotional items from company and/or client premises without proper authorization. This includes any items that have been discarded.
- No use of profanity or harassing or abusive language or conduct
- No insubordination such as refusal to perform any job or work
- No sleeping or dozing
- No drugs or alcohol
- No fighting
- No violation of any safety rules established by client or BCLLC

#### **Time Collection**

Staff working an event will be required to wear the 2023 assigned badge and use the sign in sheet with designated numbers to clock in and out. Post Event staff will be required to wear a wristband to clock in and out. Supervisors should oversee the wristband process and turn in a paper log with *name, wristband, number, and hours*.

- **IF NECESSARY FOR COVID:**

Stadium and Aramark staff will administer temperature checks and health screenings. A BCLLC employee may only work and enter the stadium if they pass both. On game days, the health screening must be completed through the LiveSafe app by the BCLLC employee.



### Oriole Park

**Pre-Event and Event Staff is required to check in with security across from the Players Lot and make their way down the Service Ramp to the Aramark time clock.**

Post Event Staff is required to check in at Gate F and check in as a group at the assigned time. The timesheet will be located at the ramp for check in. Check out will take place at the timeclock where the sign out sheets will be for the staff to sign out and clock out.

### M&T Bank Stadium

Pre-Event Staff is required to check in at the security booth, walk down the ramp and clock in at the timeclock at the Aramark Facilities office.

Event Staff is required to check in at Gate C with the groups designated Supervisor. The Event Staff will receive a temporary badge to wear during the event and returned at the end,

Post Event Staff is required to check in at Northeast Suite Entrance near Gate A. Check out will take place at the timeclock where the sign out sheets will be for the staff to sign out and clock out.

### **Smoking**

Smoking is not permitted at Oriole Park or M&T Bank Stadium as the stadiums are smoke free facilities.

### **Professional Appearance, Work Attire and ID Badges**

The following additional standards apply to this location regarding professional appearance, work attire and ID badges:

A well-groomed employee in a clean uniform immediately creates a favorable impression of the services we perform. Our clients, customers, and the local health board rightly expect us to maintain strict standards of cleanliness.

### **Uniform Policy**

It is *particularly important* that all staff present a professional appearance to our client and guest. An attractive uniform that is neat and clean is an important part of presenting an appropriate image in the workplace. The following policy reflects fair and consistent treatment for all staff.



#### Event Staff:

- Staff are responsible for uniforms that are lost, stolen, or damaged due to neglect
- Staff are responsible for returning their uniforms after an event for cleaning
- Replacement uniforms will be issued as needed according to departmental guidelines
- Staff must maintain a clean and neat appearance
- Shirt must be Aramark issued and must be buttoned and tucked in at all times
- Sweaters, sweatshirts, shorts, or jeans are not a part of the uniform unless issued by your Manager
- Pants must be all black and must be fitted. No sagging pants, jeans, yoga pants, leggings, cargo pants, or distressed pants.
- Shoes must be black, closed toed, and approved by Management. No sandals may be worn at any time during the employee's shift
- No large jewelry or facial piercings
- Hair that extends below shoulder length must be tied back
- Aramark issued hats permitted only. Hats must be worn straight
- Head scarfs, stocking caps, etc. are prohibited unless for religious reasons
- Before clocking in, staff must be in complete uniform and they are not to remove the uniform until they have clocked out
- Staff must wear their badge or wristband at all times

#### Post Event Staff:

- All BCLLC employees are required to wear their BCLLC company uniforms as agreed upon with Aramark. This allows for other departments within the ballpark to distinguish companies working, from one another.
- Staff must maintain a clean and neat appearance
- No large jewelry or facial piercings
- Staff must wear their badge or wristband at all times
- Shoes must be black, closed toed. No sandals may be worn at any time during the employee's shift
- No shorts, capris, or sweatpants

#### **Key and Radio Control**

Staff who are given keys to Aramark and/or client spaces or issued a radio in conjunction with their job duties are expected to comply with the following:

- Staff are required to sign in and out keys and radios each day



- Staff should have access only to those keys necessary to perform their daily duties. If you have unnecessary keys in your possession, please return them to you manager.
- Do not leave keys or radios unsecured
- Keys and radios may only be carried and used by the individual to whom they are issued, unless prior approval has been given by the appropriate manager
- Do not utilize key chains (nor mark the key chain) that identify the building to which they provide access
- Do not mark any keys with insignias or initials that describe what the key opens
- Duplication of keys is forbidden
- Loss or misuse of keys or radios may result in disciplinary action, up to and including termination
- Staff will be responsible for the associated costs of replacement or repair of keys and/or radios
- Staff must report any damages to keys or radios immediately

### **Public Figures & Media Relations Policy**

Approaching public figures while you are working for reasons other than as assigned by your manager is prohibited. This includes soliciting autographs, taking photographs, etc.

### **Event Day Conduct**

Solicitation or removal of items from the stadium, or accepting gifts from the Event Day Staff, without approval from Aramark or BCLLC Management is strictly prohibited. Accepting gifts or food from concession stands, guests, or event booths is prohibited. Promotional items are meant for paid ticket holders and are not to be taken or accepted as a gift by any employee working on an event day.

### **Parking**

Parking is not provided by Aramark, BCLLC, Camden Yards or M&T Bank Stadium during Events. Parking will be available to Oriole Park Post Event Staff in Lot A. Ravens game day parking is available for Pre-Event and Event Staff at Montgomery Park with a free shuttle service provided to the stadium.

Parking areas are subject to change.

### **Cell Phone Policy**

Electronic devices, including, but not limited to, cell phones, iPods, Bluetooth devices, MP3 players, cell phone chargers and gaming devices are not permitted to be used in any area visible to guests or while on the clock. Staff are strongly encouraged not to bring these types of devices into the workplace as they are not the responsibility or liability of Aramark Sports and Entertainment, BCLLC, MSA, the Orioles, or the Ravens. Devices that are brought into the facility must remain out of sight and off at all times. Emergency telephone calls are permitted ONLY when short in duration



and taken out of the view of guests. Headphones, earbuds, air pods and chargers are not permitted in the building.



## **Policies and Procedure's Acknowledgement Form**

I acknowledge that I have received a copy of Boonerang Consulting LLC's Policies and Procedures, which contains important information on the Company's policies, procedures and expectations for employee conduct while performing work on the Aramark contract. I understand that I am responsible for familiarizing myself with these policies and agree to comply with all rules applicable to me.

I specifically understand and agree that the employment relationship between BCLLC and me is at will and can be terminated by BCLLC or me at any time, with or without cause or notice. Furthermore, BCLLC has the right to modify or alter my position or impose any form of discipline it deems appropriate at any time. Nothing in this document is intended to modify BCLLC policy of at-will employment. Only a written agreement signed by the President, Jacqueline Boone, or Project Manager, Trey Boone may modify the at-will employment relationship. This is the entire agreement between BCLLC and signatory regarding this subject. All prior or contemporaneous inconsistent agreements are superseded. If I do have a written employment agreement signed by the President or Project Manager and this document conflicts with the terms, I understand that the terms of my employment agreement will control.

I understand and agree that the policies described in this document are intended as a guide only and do not constitute a contract of employment. I understand that BCLLC reserves the right to make changes to its policies, procedures, or benefits at any time at its discretion. I further understand that BCLLC reserves the right to interpret its policies or to vary its procedures as it deems necessary or appropriate. I further understand that any delay or failure by BCLLC to enforce any rule or procedure contained in this document does not constitute a waiver of BCLLC's right to do so in the future.

I have received BCLLC's Policies and Procedures. I have read it, understand it, and agree to abide by the policies and procedures contained in the document.

Employee's Printed Name: \_\_\_\_\_

Employee's Signature: \_\_\_\_\_

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

## Handbook Acknowledgement for Employees

### ACKNOWLEDGEMENT OF RECEIPT OF EMPLOYEE HANDBOOK

I acknowledge that I have received a copy of the Company's Employee Handbook ("Handbook"), which contains important information on the Company's policies, procedures and benefits, including policies on Equal Employment Opportunities, Anti-harassment, Substance Use and Abuse, and Confidentiality. I understand that I am responsible for familiarizing myself with the policies in this Handbook and agree to comply with all rules applicable to me.

I specifically understand and agree that the employment relationship between the Company and me is at will and can be terminated by the Company or me at any time, with or without cause or notice. Furthermore, the Company has the right to modify or alter my position or impose any form of discipline it deems appropriate at any time. Nothing in this Handbook is intended to modify the Company's policy of at-will employment. Only a written agreement signed by the President or COO/Vice President may modify the at-will employment relationship. This is the entire agreement between the Company and me regarding this subject. All prior or contemporaneous inconsistent agreements are superseded. If I do have a written employment agreement signed by the President or COO/Vice President and this Handbook conflicts with the terms, I understand that the terms of my employment agreement will control.

I understand and agree that the policies described in the Handbook are intended as a guide only and do not constitute a contract of employment. I understand that the Company reserves the right to make changes to its policies, procedures, or benefits at any time at its discretion. I further understand that the Company reserves the right to interpret its policies or to vary its procedures as it deems necessary or appropriate. I further understand that any delay or failure by the Company to enforce any rule or procedure contained in the Handbook

does not constitute a waiver of the Company's right to do so in the future.

I have received the Company Employee Handbook. I have read it, understand it, and agree to abide by the policies and procedures contained in the Handbook.

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

Employee Printed Name: \_\_\_\_\_

Employee Signature: \_\_\_\_\_

\*\*A digital copy of this handbook can be found online at [www.boonerangconsulting.com/employees](http://www.boonerangconsulting.com/employees)



# **Exhibit A. Employee Rights Under the Family Medical Leave Act.**

# EMPLOYEE UNDER THE FAMILY AND MEDICAL LEAVE

## THE UNITED STATES DEPARTMENT OF LABOR WAGE AND HOUR DIVISION

### LEAVE ENTITLEMENTS

Eligible employees who work for a covered employer can take up to 12 weeks of unpaid, job-protected leave in a 12-month period for the following reasons:

- The birth of a child or placement of a child for adoption or foster care;
- To bond with a child (leave must be taken within one year of the child's birth or placement);
- To care for the employee's spouse, child, or parent who has a qualifying serious health condition;
- For the employee's own qualifying serious health condition that makes the employee unable to perform the employee's job;
- For qualifying exigencies related to the foreign deployment of a military member who is the employee's spouse, child, or parent.

An eligible employee who is a covered servicemember's spouse, child, parent, or next of kin may also take up to 26 weeks of FMLA leave in a single 12-month period to care for the servicemember with a serious injury or illness.

An employee does not need to use leave in one block. When it is medically necessary or otherwise permitted, employees may take leave intermittently or on a reduced schedule.

Employees may choose, or an employer may require, use of accrued paid leave while taking FMLA leave. If an employee substitutes accrued paid leave for FMLA leave, the employee must comply with the employer's normal paid leave policies.

### BENEFITS & PROTECTIONS

While employees are on FMLA leave, employers must continue health insurance coverage as if the employees were not on leave. Upon return from FMLA leave, most employees must be restored to the same job or one nearly

identical to it with equivalent pay, benefits, and other employment terms and conditions.

An employer may not interfere with an individual's FMLA rights or retaliate against someone for using or trying to use FMLA leave, opposing any practice made unlawful by the FMLA, or being involved in any proceeding under or related to the FMLA.

### ELIGIBILITY REQUIREMENTS

An employee who works for a covered employer must meet three criteria in order to be eligible for FMLA leave. The employee must:

- Have worked for the employer for at least 12 months;
- Have at least 1,250 hours of service in the 12 months before taking leave;\* and
- Work at a location where the employer has at least 50 employees within 75 miles of the employee's worksite.

\*Special "hours of service" requirements apply to airline flight crew employees.

### REQUESTING LEAVE

Generally, employees must give 30-days' advance notice of the need for FMLA leave. If it is not possible to give 30-days' notice, an employee must notify the employer as soon as possible and, generally, follow the employer's usual procedures.

Employees do not have to share a medical diagnosis, but must provide enough information to the employer so it can determine if the leave qualifies for FMLA protection. Sufficient information could include informing an employer that the employee is or will be unable to perform his or her job functions, that a family member cannot perform daily activities, or that hospitalization or continuing medical treatment is necessary. Employees must inform the employer if the need for leave is for a reason for which FMLA leave was previously taken or certified.

### EMPLOYER RESPONSIBILITIES

Employers can require a certification or periodic recertification supporting the need for leave. If the employer determines that the certification is incomplete, it must provide a written notice indicating what additional information is required.

Once an employer becomes aware that an employee's need for leave is for a reason that may qualify under the FMLA, the employer must notify the employee if he or she is eligible for FMLA leave and, if eligible, must also provide a notice of rights and responsibilities under the FMLA. If the employee is not eligible, the employer must provide a reason for ineligibility.

### ENFORCEMENT

Employers must notify its employees if leave will be designated as FMLA leave, and if so, how much leave will be designated as FMLA leave.

Employees may file a complaint with the U.S. Department of Labor, Wage and Hour Division, or may bring a private lawsuit against an employer.

The FMLA does not affect any federal or state law prohibiting discrimination or supersede any state or local law



or collective

bargaining agreement that provides greater family or medical leave rights.

For additional information or to file a complaint:

**1-866-4-USWAGE**

(1-866-487-9243) TTY: 1-877-889-5627

**[www.dol.gov/whd](http://www.dol.gov/whd)**

U.S. Department of Labor

Wage and Hour Division



## **Boonerang Consulting LLC CONTRACT EMPLOYEE AGREEMENT**

BOONERANG CONSULTING LLC ("BCLLC") makes this conditional offer of temporary engagement to the undersigned [Employee] ("W2 Employee") for services to be performed for Boonerang Consulting LLC ("BCLLC"), to perform such duties and for such hours of work as may be assigned during the term of service ("Service").

1. **Ratification** - This offer of is subject to final approval by a Boonerang Consulting LLC representative, and W2 Employee shall not be entitled to any wages or payments unless actually engaged pursuant to this agreement. This agreement does not go into effect until W2 Employee commences work on said specific workday. W2 Employee's Engagement with BCLLC is "at will" with no certain terms of employment being offered or promised, and W2 Employee or BCLLC may terminate Engagement, with or without cause, at any time. W2 Employee agrees that by reporting or remaining at work after signing this agreement that W2 Employee has ratified it. In addition, W2 Employee represents and warrants to BCLLC that W2 Employee's Engagement with BCLLC will not violate the terms or conditions of any other agreement to which W2 Employee is a party.

2. **Reporting of Hours** – W2 Employee agrees to submit a completed timecard, timesheet, or time report ("Time Record") to BCLLC by 9:00am (EST) on Monday of each week, written in ink and approved and authorized by Boonerang Consulting LLC authorized representative. The Time Record must include the number of hours worked for the reporting period and must be signed by both the W2 Employee and an authorized Boonerang Consulting LLC representative. BCLLC will NOT accept hours over the phone. W2 Employee understands and agrees that in the absence of complete and accurate Time Record, BCLLC cannot accurately determine the number of hours worked and corresponding wages. Consequently, W2 Employee also understands and agrees that a paycheck will not be released until the time has been approved; verified and received by BCLLC. Also, it is BCLLC' policy that if W2 Employee fails to submit an approved Time Record by the cutoff time indicated herein; pay will be delayed until the next payroll cycle. W2 Employee acknowledges BCLLC' policy and practice of mandating recordation of all hours worked. BCLLC does not permit "off the clock" work or any similar practice of not recording hours worked. W2 Employee must report in writing to BCLLC any requests not to record all hours worked.

3. **Compensation** - In consideration of W2 Employee's services, BCLLC agrees to compensate W2 Employee as indicated in Exhibit A ("Engagement Compensation") herein.

(a) BCLLC agrees to provide W2 Employee with a regular hourly pay rate of \$15.13 (custodian) or \$15.95 (lead) /HR for each approved hour worked. The compensation is effective on the day W2 Employee completes work and ending on the day of termination, or discharge of Engagement, regardless of cause or reason for discharge or termination. The rates are paid to the W2 Employee as a W2 employee.

(b) BCLLC will not compensate W2 Employee for days voluntarily missed nor will it compensate for any work week in which the Client fails to provide any work or shuts down for any duration. Except as specifically set forth in this Agreement, W2 Employee acknowledges and agrees that W2 Employee is not entitled to any other compensation or benefits from BCLLC.

4. **Confidentiality** - W2 Employee agrees not to disclose to anyone, either during or after W2 Employee's Engagement with BCLLC any confidential or proprietary information of any kind obtained by W2 Employee as a result of W2 Employee's Engagement without the written consent of both any Client's and/or BCLLC, and W2 Employee further agrees that on leaving BCLLC, W2 Employee will not take, without written permission of both the Client and BCLLC, any blueprint, drawing, or other reproduction, property or material of any kind. W2 Employee also agrees to execute any forms or documents required by the Client with respect to the foregoing.



Proprietary information includes BCLLC service markups, or information allowing one to accurately estimate markups such as billing rates and direct labor rates. W2 Employee further agrees not to discuss the compensation stated in this agreement, or the compensation paid to W2 Employee by BCLLC pursuant to any prior Engagement agreement, in any manner, with the client, the client's employees or any contracted employee of the client, or business competitors of BCLLC.

5. **Ownership of Work Product** - W2 Employee agrees that W2 Employee will disclose and assign full and absolute right, title, and interest to the Client of any and all inventions, improvements, or discoveries made by W2 Employee of any kind or nature whatsoever during the tenure of this agreement, and W2 Employee will execute any and all documents and instruments necessary to transfer the full and complete title of any such inventions, improvements or discoveries to the Client, and shall assist in any manner possible in obtaining patent letters in the name of said Client covering them. W2 Employee also agrees to execute any forms or documents required by the Client with respect to the foregoing.

6. **Indemnification** - W2 Employee agrees to indemnify and save harmless BCLLC from any and all liability, loss, damage, or expense, which may be caused by W2 Employee's negligence or failure to perform duties under the terms of this agreement.

7. **Termination** - W2 Employee shall give a minimum of **ten (10) business days'** notice should W2 Employee decide to terminate its engagement with BCLLC. W2 Employee understands that the length of assignment is subject to the discretion and needs of the Client and, therefore, a five-day notice from BCLLC may not be possible and BCLLC **is not** required to provide such notice. Upon termination, and to the extent permitted by applicable law, W2 Employee acknowledges and agrees that any amounts owed by W2 Employee to BCLLC will be deducted from any remaining wages owed and refunded to BCLLC.

8. **Optional/Employee Benefits** – Employee benefits are not offered to Part-Time W2 Employees. However, Boonerang Consulting LLC is NOT required by Maryland Law to offer benefits to its W2 Employee and/or regular employees.

9. **Acknowledgment of Engagement Relationship** - In addition to the rules, regulations, and policies of BCLLC, W2 Employee agrees to be bound by any applicable rules, regulations or policies established by the Client and/or Boonerang Consulting LLC or wherever W2 Employee performs services under this agreement. W2 Employee understands and agrees that W2 Employee is not an employee of Boonerang Consulting LLC or any of its Client's. W2 Employee hereby waives any right W2 Employee has or may have against BCLLC or its Client's for benefits arising out of or resulting from Engagement hereunder, including, without limitation, rights under any medical and benefit plan, pension plan or vacation and holiday plan.

(a) **Limitation of Liability** - To the extent permitted by law, W2 Employee, on its own behalf and on behalf of anyone claiming by or through W2 Employee, waive any and all rights it has, or may have, to claim or assert a claim, suit, action or demand of any kind, nature, or description, including without limitation, claims, suits, actions, or demands for personal injury or death whether arising in tort, contract or otherwise, against Client or Client's customers, agents, officers, directors, or employees, resulting from or arising directly or indirectly out of your engagement with BCLLC. W2 Employee agrees to notify BCLLC if W2 Employee believes that there are any unsafe conditions at the Client worksite or facility.

10. **Probationary Period/Industry Certifications** – W2 Employees understands that there is a 90-day probationary period. W2 Employee further understands that no



workday can be missed while on probation unless pre-approved by BOONERANG CONSULTING LLC. W2 Employee **may be** offered an increase in salary upon completion of the *Probationary Period*.

If W2 Employee accepts this conditional offer in accordance with its stated terms, please indicate your acceptance by signing your name below prior to commencing work.



**Employee Agreement Acknowledgement Page**

In consideration of the services provided under the terms and conditions set forth in the Employment Agreement; the following Engagement Compensation is provided:

**W2 EMPLOYEE**

W2 Employee Name:

Home/Mailing Address: \_\_\_\_\_

Primary Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Information:

\_\_\_\_\_

**POSITION/COMPENSATION**

**Work Location:** Oriole Park at Camden Yards (OPCY) / M&T Bank Stadium

**Position/Job Category:** Custodian or Supervisor/Lead

**Scheduled Start Date:** TBD

**Standard Pay Rate:** \$15.13 (Custodian) or \$15.95 (Supervisor/Lead)

**Overtime Pay Rate:** N/A

**Employee**

**Boonerang Consulting LLC**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## Oriole Park Camden Yards Event Staff Custodian

### Reports To

Boonerang Consulting LLC (BCLLC) [www.boonerangconsulting.com](http://www.boonerangconsulting.com)  
Aramark Corporation [www.aramark.com](http://www.aramark.com)

### Job Overview

Provide custodial services for professional sporting events and private events on a *seasonal basis* at Oriole Park Camden Yards (OPCY) and M&T Bank Stadium.

### Start Dates

Thursday, April 6, 2023 - Oriole Park Opening Day  
M&T Bank Stadium: TBD

### Compensation

Custodian - \$15.13/hr  
Supervisor/Lead - \$15.95/hr

### Responsibilities and Duties

- Trash and recycling pick-up (OPCY)
- Distribute clear bags to tailgaters and pick up filled bags during/after fans are heading towards the building (M&T Bank)
- Dusting
- Damp wiping
- Restroom cleaning (toilets, sinks etc...)
- Sweeping and damp mopping
- Window washing
- Carpet/mat cleaning

### Supervisor Responsibilities and Duties

- Will have radio and will need to be able to communicate w/ other leads, supervisors, management, and employee's effectively, as well as be able to problem solve
- Same responsibilities and duties as custodian

### Qualifications

- **Valid Government Identification**
- **Must be a U.S. Citizen**
- **Must have Direct Deposit or ability to receive ACH payment (No paper checks)**
- **Must speak English**
- Minimal work experience necessary
- Reliable transportation to and from work
- Ability to work mornings and evenings, sometimes into the early morning
- No physical ailments that would prevent you from completing minor physical labor
- Teachable/ Coachable
- Friendly
- ON TIME
- Great attitude
- Team Player

Phone: (443) 451-7253 or via email: [info@boonerangconsulting.com](mailto:info@boonerangconsulting.com)  
Visit Us on The Web: [www.boonerangconsulting.com](http://www.boonerangconsulting.com)  
900 N. Lehigh St. Suite A. Baltimore, Maryland 21205



**BOONERANG CONSULTING LLC  
NON-DISCLOSURE AGREEMENT**

This Agreement is made by and between Boonerang Consulting LLC, a Maryland Limited Liability Company having its principal place of business at 900 N Lehigh St. Suite A. Baltimore, MD, 21205 (“Company”) and \_\_\_\_\_, an employee whose principal mailing address is \_\_\_\_\_ (“Recipient”).

1. Definition of Confidentiality. As used in this Agreement, "Confidential Information" refers to any information which has commercial value and is either (i) technical information, including patent, copyright, trade secret, and other proprietary information, techniques, sketches, drawings, models, inventions, know-how, processes, apparatus, equipment, algorithms, software programs, software source documents, and formulae related to the current, future and proposed products and services of Company, or (ii) non-technical information relating to Company's products, including without limitation pricing, margins, merchandising plans and strategies, finances, financial and accounting data and information, suppliers, customers, customer lists, purchasing data, sales and marketing plans, future business plans and any other information which is proprietary and confidential to Company.
2. Nondisclosure and Nonuse Obligations. Recipient will maintain in confidence and will not disclose, disseminate, or use any Confidential Information belonging to Company, whether or not in written form. Recipient agrees that Recipient shall treat all Confidential Information of Company with at least the same degree of care as Recipient accords its own confidential information. Recipient further represents that Recipient exercises at least reasonable care to protect its own confidential information. If Recipient is not an individual, Recipient agrees that Recipient shall disclose Confidential Information only to those of its employees who need to know such information and certifies that such employees have previously signed a copy of this Agreement.
3. Survival. This Agreement shall govern all communications between the parties. Recipient understands that its obligations under Paragraph 2 ("Nondisclosure and Nonuse Obligations") shall survive the termination of any other relationship between the parties. Upon termination of any relationship between the parties, Recipient will promptly deliver to Company, without retaining any copies, all documents and other materials furnished to Recipient by Company.
4. Governing Law. This Agreement shall be governed in all respects by the laws of the United States of America and by the laws of the State of Maryland, as such laws are applied to agreements entered into and to be performed entirely within Maryland between Maryland residents.
5. Injunctive Relief. A breach of any of the promises or agreements contained herein will result in irreparable and continuing damage to Company for which there will be no adequate remedy at law, and Company shall be entitled to injunctive relief and/or a decree for specific performance, and such other relief as may be proper (including monetary damages if appropriate).

6. Entire Agreement. This Agreement constitutes the entire agreement with respect to the Confidential Information disclosed herein and supersedes all prior or contemporaneous oral or written agreements concerning such Confidential Information. This Agreement may only be changed by mutual agreement of authorized representatives of the parties in writing.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date first written below.

**COMPANY:**

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

Signature: \_\_\_\_\_

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

**RECIPIENT:**

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

Signature: \_\_\_\_\_

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



## RELEASE OF LIABILITY

For and in consideration of being permitted to perform work or services or provide materials at the direction of Boonerang Consulting LLC (BCLLC) on its property or any of its client properties wherein it performs services, I hereby voluntarily release, discharge, waive and relinquish any and all claims or actions for negligence and any other damages for personal injury, death or other damage which I may have, or which may hereafter accrue to me, as a result of the performance of work or services.

I assume all risk of personal injury, death or property loss resulting from any cause whatsoever. I understand that it is my responsibility to follow all of the rules and regulations of Boonerang Consulting LLC and my responsibility for myself. I accept full responsibility for injury, death, property damage or injury inflicted on others. **I agree to give up and make no claim against Boonerang Consulting LLC or any of its clients, their officers, directors, agents or employees for any injury to myself or others, death or property damage regardless of cause, including alleged negligence or fault.** I agree that my signature on this waiver and release confirms absolutely my agreement to be bound by all these terms and others posted.

For myself, spouse, legal representative, agents, heirs and assigns, I do hereby release, discharge, indemnify, waive and agree to hold Boonerang Consulting LLC, any of their employees and owner(s), agents, assigns, heirs, officers harmless and free from any and all liability of incident, injury or damages arising out of or in connection with my performance of any work services.

Liability shall include but not be limited to all claims, demands, losses, causes of action, suits or judgments of any kind that myself or my guardians, heirs, executors, administrators and assigns may have against Boonerang Consulting LLC, any of their employees and owner(s), agents, assigns, heirs, officers and its clients from which they are employed because of personal, physical or emotional injury, accident, illness, or death, or because of any loss of or damage to property that occurs during my performance of services that may result from any cause including but not limited to Boonerang Consulting LLC, any of their employees and owner(s), agents, assigns, heirs, officers and its clients from which they are employed own passive or active negligence or other acts than fraud, willful misconduct or violation of the law.

**This release is intended to discharge, in advance, Boonerang Consulting LLC and any of its clients and their officers, directors and agents, from any and all liability arising out of or connected in any way with the performance of work or services or provision of materials, even though that liability may arise out of negligence or carelessness on the part of Boonerang Consulting LLC or its clients.**

I assume full responsibility for any unlawful or illegal activity occurring during the course of the performance of any work or services or provision of materials, including, without limitation, any use of alcohol, drugs, or controlled substances. I further agree to indemnify and hold Boonerang Consulting LLC and any of its clients harmless from any and all claims, demands or other liabilities arising from or in any way connected with any material, work or services performed, including payment of attorney's fees incurred by Boonerang Consulting LLC and the applicable clients in responding to or defending against any claim, demand, or liability asserted.

---

Office: (443) 451-7253 or via email: [info@boonerangconsulting.com](mailto:info@boonerangconsulting.com) or Fax: (410) 483-0071

Visit Us On The Web: [www.boonerangconsulting.com](http://www.boonerangconsulting.com)

900 N Lehigh St. Suite A. Baltimore, Maryland 21205



**RELEASE OF LIABILITY**

I understand the potential physical, mental, and emotional dangers incident to performing the work or services or providing materials. I am fully aware of the legal consequences of signing this agreement and have been afforded the opportunity to seek legal counsel regarding the same. By signing below, I understand I am waiving certain rights and assuming the risk of damage from my performance of services.

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

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

\_\_\_\_\_  
**Name**

\_\_\_\_\_  
**FEIN or Social Security Number (SSN)**



**EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM**

**Important! Please read and sign before completing and submitting.**

I hereby authorize Boonerang Consulting LLC/ Intuit to deposit any amounts owed me, as my employer, by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Boonerang Consulting LLC/ Intuit to my account. In the event that Boonerang Consulting LLC/ Intuit deposits funds erroneously into my account, I authorize Boonerang Consulting LLC/ Intuit to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Boonerang Consulting LLC/ Intuit and Bank have received written notice from me of its termination in such manner as to afford Boonerang Consulting LLC/ Intuit and Bank reasonable opportunity to act on it.

**EMPLOYEE NAME:** \_\_\_\_\_

**SOCIAL SECURITY NUMBER:** \_\_\_\_\_

**BANK NAME:** \_\_\_\_\_

**CHECKING / SAVINGS**  
**(circle one)**

**\*\*Please make sure this is correct. Your payment will not be disbursed correctly, and you will have to wait until the next pay period for the issue to be corrected to receive payment. \*\***

**TRANSIT ROUTING NUMBER (9 digits):** \_\_\_\_\_

**BANK ACCOUNT NUMBER:** \_\_\_\_\_

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**

**ATTACH VOIDED CHECK OR SAVINGS DEPOSIT SLIP**



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

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

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

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

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

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

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

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

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

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

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

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

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

STOP *Employer Completes Next Page* STOP



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

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

**Section 2. Employer or Authorized Representative Review and Verification**

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

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

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

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

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

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

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

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

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

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

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

## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol>	OR	<ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

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



# Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

### Step 1: Enter Personal Information

(a) First name and middle initial	Last name	(b) Social security number
Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to <a href="http://www.ssa.gov">www.ssa.gov</a> .
City or town, state, and ZIP code		
(c) <input type="checkbox"/> Single or Married filing separately		
<input type="checkbox"/> Married filing jointly or Qualifying surviving spouse		
<input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

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

### Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

- (a) Reserved for future use.
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**
- (c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

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

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

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

## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

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

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

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

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

## Specific Instructions

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

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

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



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

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

### Step 4 (optional).

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

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

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

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



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

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

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

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



- 1 Enter an estimate of your 2023 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

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

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

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

**Married Filing Jointly or Qualifying Surviving Spouse**

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

**Single or Married Filing Separately**

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

**Head of Household**

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

**MARYLAND  
FORM  
MW507**

**Purpose.** Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

**Basic Instructions.** Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

**Additional withholding per pay period under agreement with employer.** If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

**Exemption from withholding.** You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- a. Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,
- b. This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

**Certification of nonresidence in the State of Maryland.** Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.

Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from

their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**

**Duties and responsibilities of employer.** Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

1. You have any reason to believe this certificate is incorrect;
2. The employee claims more than 10 exemptions;
3. The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
4. The employee claims an exemption from withholding on the basis of nonresidence; or
5. The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

**Duties and responsibilities of employee.** If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

**FORM  
MW507 Employee's Maryland Withholding Exemption Certificate**

Print full name	Social Security Number
Street Address, City, State, ZIP	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.)
<input type="checkbox"/> Single <input type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	

1. Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. . . . . 1. \_\_\_\_\_
2. Additional withholding per pay period under agreement with employer. . . . . 2. \_\_\_\_\_
3. I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
  - a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
  - b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld. (This includes seasonal and student employees whose annual income will be below the minimum filing requirements).  
If both a and b apply, enter year applicable \_\_\_\_\_ (year effective) Enter "EXEMPT" here . . . . . 3. \_\_\_\_\_
4. I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
  - District of Columbia       Virginia       West Virginia
  - I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. . . . . 4. \_\_\_\_\_
5. I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. . . . . 5. \_\_\_\_\_
6. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 6. \_\_\_\_\_
7. I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. . . . . 7. \_\_\_\_\_
8. I certify that I am a legal resident of the state of \_\_\_\_\_ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here. . . . . 8. \_\_\_\_\_

**Under the penalty of perjury,** I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Employee's signature	Date
Employer's name and address including ZIP code (For employer use only)	Federal Employer Identification Number

**Personal Exemptions Worksheet**

**Line 1**

- a. Multiply the number of your personal exemptions by the value of each exemption from the table below. (Generally the value of your exemption will be \$3,200; however, if your federal adjusted gross income is expected to be over \$100,000, the value of your exemption may be reduced. **Do not claim any personal exemptions you currently claim at another job, or any exemptions being claimed by your spouse.** To qualify as your dependent, you must be entitled to an exemption for the dependent on your federal income tax return for the corresponding tax year. **NOTE:** Dependent taxpayers may not claim themselves as an exemption. . . . . a. \_\_\_\_\_
- b. Multiply the number of additional exemptions you are claiming for dependents age 65 or over by the value of each exemption from the table below. . . . . b. \_\_\_\_\_
- c. Enter the estimated amount of your itemized deductions (excluding state and local income taxes) that exceed the amount of your standard deduction, alimony payments, allowable childcare expenses, qualified retirement contributions, business losses and employee business expenses for the year. Do not claim any additional amounts you currently claim at another job or any amounts being claimed by your spouse. **NOTE:** Standard deduction allowance is 15% of Maryland adjusted gross income with a minimum of \$1,700 and a maximum of \$2,550 . . . . . c. \_\_\_\_\_
- d. Enter \$1,000 for additional exemptions for taxpayer and/or spouse age 65 or over and/or blind.. . . . d. \_\_\_\_\_
- e. Add total of lines a through d. . . . . e. \_\_\_\_\_
- f. Divide the amount on line e by \$3,200. **Drop any fraction. Do not round up.** This is the **maximum** number of exemptions you may claim for withholding tax purposes. . . . . f. \_\_\_\_\_

If your federal AGI is		If you will file your tax return	
		Single or Married Filing Separately Your Exemption is	Joint, Head of Household or Qualifying Widow(er) Your Exemption is
\$100,000 or less		\$3,200	\$3,200
Over	But not over		
\$100,000	\$125,000	\$1,600	\$3,200
\$125,000	\$150,000	\$800	\$3,200
\$150,000	\$175,000	\$0	\$1,600
\$175,000	\$200,000	\$0	\$800
In excess of \$200,000		\$0	\$0

**FEDERAL PRIVACY ACT INFORMATION**

Social Security numbers must be included. The mandatory disclosure of your Social Security number is authorized by the provisions set forth in the Tax-General Article of the Annotated Code of Maryland. Such numbers are used primarily to administer and enforce the individual income tax laws and to exchange income tax information with the Internal Revenue Service, other states and other tax officials of this state. Information furnished to other agencies or persons shall be used solely for the purpose of administering tax laws or the specific laws administered by the person having statutory right to obtain it.

# BALTIMORE ORIOLES REGULAR SEASON

# 2023 SCHEDULE

**MARCH/APRIL**

SUN	MON	TUE	WED	THU	FRI	SAT
26	27	28	29	30 BOS 2:10PM	31	1 BOS 4:10PM
2 BOS 1:35PM	3 TEX 8:05PM	4 TEX 8:05PM	5 TEX 2:05PM	6 NYY 3:05PM	7	8 NYY 7:05PM
9 NYY 1:35PM	10 OAK 6:35PM	11 OAK 6:35PM	12 OAK 6:35PM	13 OAK 1:05PM	14 CWS 7:10PM	15 CWS 2:10PM
16 CWS 2:10PM	17	18 WSH 7:05PM	19 WSH 7:05PM	20	21 DET 7:05PM	22 DET 7:05PM
23 DET 1:35PM	24 BOS 6:35PM	25 BOS 6:35PM	26 BOS 1:05PM	27 DET 6:40PM	28 DET 6:40PM	29 DET 1:10PM
30 DET 1:40PM						

**JULY**

SUN	MON	TUE	WED	THU	FRI	SAT
						1 MIN 4:05PM
2 MIN 12:05PM	3 NYY 7:05PM	4 NYY 1:05PM	5 NYY 7:05PM	6 NYY 7:05PM	7 MIN 8:10PM	8 MIN 2:10PM
9 MIN 2:10PM	MLB ALL-STAR BREAK				14 MIA 7:05PM	15 MIA 7:05PM
16 MIA 1:35PM	17 LAD 7:05PM	18 LAD 7:05PM	19 LAD 1:05PM	20 TB 6:40PM	21 TB 6:40PM	22 TB 4:10PM
23 TB 1:40PM	24 PHI 6:40PM	25 PHI 6:40PM	26 PHI 6:05PM	27	28 NYY 7:05PM	29 NYY 7:05PM
30 NYY 1:35PM	31 TOR 7:07PM					

**MAY**

SUN	MON	TUE	WED	THU	FRI	SAT
		1 KC 7:40PM	2 KC 7:40PM	3 KC 2:10PM	4 ATL 7:20PM	5 ATL 7:15PM
7 ATL 11:35AM	8 TB 6:35PM	9 TB 6:35PM	10 TB 6:35PM	11	12 PIT 7:05PM	13 PIT 7:05PM
14 PIT 1:35PM	15 LAA 6:35PM	16 LAA 6:35PM	17 LAA 6:35PM	18 LAA 12:35PM	19 TOR 7:07PM	20 TOR 3:07PM
21 TOR 1:37PM	22	23 NYY 7:05PM	24 NYY 7:05PM	25 NYY 7:05PM	26 TEX 7:05PM	27 TEX 4:05PM
28 TEX 1:35PM	29 CLE 1:05PM	30 CLE 7:05PM	31 CLE 3:05PM			

**AUGUST**

SUN	MON	TUE	WED	THU	FRI	SAT
		1 TOR 7:07PM	2 TOR 7:07PM	3 TOR 3:07PM	4 NYM 7:05PM	5 NYM 7:05PM
6 NYM 1:35PM		8 HOU 7:05PM	9 HOU 7:05PM	10 HOU 12:35PM	11 SEA 10:10PM	12 SEA 9:40PM
13 SEA 4:10PM	14 SD 9:40PM	15 SD 9:40PM	16 SD 8:40PM	17	18 OAK 9:40PM	19 OAK 9:07PM
20 OAK 4:07PM	21	22 TOR 7:05PM	23 TOR 7:05PM	24 TOR 7:05PM	25 COL 7:05PM	26 COL 7:05PM
27 COL 1:35PM	28 CWS 7:05PM	29 CWS 7:05PM	30 CWS 1:05PM	31		

**JUNE**

SUN	MON	TUE	WED	THU	FRI	SAT
				1	2 SF 10:15PM	3 SF 10:05PM
4 SF 4:05PM	5	6 MIL 7:40PM	7 MIL 7:40PM	8 MIL 2:10PM	9 KC 7:05PM	10 KC 4:05PM
11 KC 1:35PM	12	13 TOR 7:05PM	14 TOR 7:05PM	15 TOR 1:05PM	16 CHC 2:20PM	17 CHC 2:20PM
18 CHC 1:05PM	19	20 TB 6:40PM	21 TB 12:10PM	22	23 SEA 7:05PM	24 SEA 4:05PM
25 SEA 1:35PM	26 CIN 7:05PM	27 CIN 7:05PM	28 CIN 7:05PM	29	30 MIN 7:05PM	

**SEPTEMBER/OCTOBER**

SUN	MON	TUE	WED	THU	FRI	SAT
					1 ARI 9:40PM	2 ARI 8:10PM
3 ARI 4:10PM	4 LAA 9:38PM	5 LAA 9:38PM	6 LAA 9:38PM	7	8 BOS 7:10PM	9 BOS 4:10PM
10 BOS 1:35PM	11 STL 6:35PM	12 STL 6:35PM	13 STL 6:35PM	14 TB 6:35PM	15 TB 7:05PM	16 TB 7:05PM
17 TB 1:35PM	18 HOU 8:10PM	19 HOU 8:10PM	20 HOU 2:10PM	21 CLE 7:10PM	22 CLE 7:10PM	23 CLE 6:10PM
24 CLE 1:40PM	25	26 WSH 6:35PM	27 WSH 6:35PM	28 BOS 6:35PM	29 BOS 7:05PM	30 BOS 7:05PM
1 BOS 3:05PM						

■ HOME     AWAY  
[ORIOLES.COM/SCHEDULE](http://orioles.com/schedule)

\*SCHEDULE SUBJECT TO CHANGE