

This Employer Participates in E-Verify



This employer will provide the Social Security Administration (SSA) and, if necessary, the Department of Homeland Security (DHS), with information from each new employee's Form I-9 to confirm work authorization.

IMPORTANT: If the Government cannot confirm that you are authorized to work, this employer is required to provide you written instructions and an opportunity to contact SSA and/or DHS before taking adverse action against you, including terminating your employment.

Employers may not use E-Verify to pre-screen job applicants or to re-verify current employees and may not limit or influence the choice of documents presented for use on the Form I-9.

In order to determine whether Form I-9 documentation is valid, this employer uses E-Verify's photo screening tool to match the photograph appearing on some permanent resident and employment authorization cards with the official U.S. Citizenship and Immigration Services' (USCIS) photograph.

NOTICE:
Federal law requires all employers to verify the identity and employment eligibility of all persons hired to work in the United States.

If you believe that your employer has violated its responsibilities under this program or has discriminated against you during the verification process based upon your national origin or citizenship status, please call the Office of Special Counsel at 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification. Done.

For more information on E-Verify, please contact DHS at:
1-888-464-4218



Este Empleador Participa en E-Verify



Este empleador le proporcionará a la Administración del Seguro Social (SSA), y si es necesario, al Departamento de Seguridad Nacional (DHS), información obtenida del Formulario I-9 correspondiente a cada empleado recién contratado con el propósito de confirmar la autorización de trabajo.

IMPORTANTE: En dado caso que el gobierno no pueda confirmar si está usted autorizado para trabajar, este empleador está obligado a proporcionarle las instrucciones por escrito y darle la oportunidad a que se ponga en contacto con la oficina del SSA y, o el DHS antes de tomar una determinación adversa en contra suya, inclusive despedirlo.

Los empleadores no pueden utilizar E-Verify con el propósito de realizar una preselección de aspirantes a empleo o para hacer nuevas verificaciones de los empleados actuales, y no deben

restringir o influenciar la selección de los documentos que sean presentados para ser utilizados en el Formulario I-9.

AVISO:
La Ley Federal le exige a todos los empleadores que verifiquen la identidad y elegibilidad de empleo de toda persona contratada para trabajar en los Estados Unidos.

A fin de poder determinar si la documentación del Formulario I-9 es válida o no, este empleador utiliza la herramienta de selección fotográfica de E-Verify para comparar la fotografía que aparece en algunas de las tarjetas de residente y autorizaciones de empleo, con las fotografías oficiales del Servicio de Inmigración y Ciudadanía de los Estados Unidos (USCIS).

Si usted cree que su empleador ha violado sus responsabilidades bajo este programa, o ha discriminado en contra suya durante el proceso de verificación debido a su lugar de origen o condición de ciudadanía, favor ponerse en contacto con la Oficina de Asesoría Especial llamando al 1-800-255-7688 (TDD: 1-800-237-2515).

Employment Verification. Done.

Para mayor información sobre E-Verify, favor ponerse en contacto con la oficina del DHS llamando al:
1-888-464-4218



IF YOU HAVE THE RIGHT TO WORK, Don't let anyone take it away.



If you have a legal right to work in the United States, there are laws to protect you against discrimination in the workplace.

You should know that - No employer can deny you a job or fire you because of your national origin or citizenship status.

If any of these things have happened to you, you may have a valid charge of discrimination that can be filed with the OSC. Contact the OSC for assistance in your own language.

Call 1-800-255-7688, TDD for the hearing impaired is 1-800-237-2515.

In the Washington, D.C., area, please call 202-616-5594, TDD 202-616-5525

Or write to: U.S. Department of Justice Office of Special Counsel - NYA 950 Pennsylvania Ave., N.W. Washington, DC 20530

U.S. Department of Justice Civil Rights Division

Office of Special Counsel for Immigration-Related Unfair Employment Practices



SI USTED TIENE DERECHO A TRABAJAR, no deje que nadie se lo quite.



Si tiene derecho a trabajar legalmente en los Estados Unidos, existen leyes para protegerlo contra la discriminación en el trabajo.

Debe saber que - Ningún patrón puede negarle trabajo, ni puede despedirlo, debido a su país de origen o su condición de inmigrante.

Si se ha encontrado en cualquiera de estas situaciones, usted podría tener una queja válida de discriminación. Comuníquese con la Oficina del Consejero Especial (OSC) de Prácticas Justas en el Empleo Relacionadas a la Condición de Inmigrante para obtener ayuda en español.

Lláme al 1-800-255-7688; TDD para personas con problemas de audición: 1-800-237-2515. En Washington, DC, llame al (202) 616-5594; TDD para personas con problemas de audición: (202) 616-5525. O escribale a OSC a la siguiente dirección:

U.S. Department of Justice Office of Special Counsel - NYA 950 Pennsylvania Ave., N.W. Washington, DC 20530

Departamento de Justicia de los Estados Unidos, División de Derechos Civiles

Oficina del Consejero Especial





4256 Lomac St ● Montgomery, AL 36106
Phone: (334) 481-2921 ● (855) 537-8399
FAX: (334) 386-9699 ● (855) 848-5910
email: admin@lotushr.biz

New Hire Packet

When hiring a new employee, the following must be completed and sent to LOTUS HR prior to the employee beginning work in order for the employee to be covered under Worker's Compensation and to get paid on time:

- ❑ **100% Completed new leased employee form**
- ❑ **100% Completed I-9 form**
- ❑ **100% Completed W-4 form**
- ❑ **100% Completed state withholding form (where applicable)**
- ❑ **Drug screen release form signed**
- ❑ **Worker's Compensation notice signed**

Important Information About Form I-9

The Immigration Reform and Control Act (IRCA) prohibits employers from knowingly hiring, recruiting, referring or continuing the employment of aliens who are not authorized to work in the United States because they have entered the country illegally or their immigration status does not permit employment.

ALL PUBLIC AND PRIVATE SECTOR EMPLOYERS, REGARDLESS OF SIZE OF NUMBER OF EMPLOYEES, MUST VERIFY THE CITIZENSHIP OR EMPLOYMENT STATUS OF NEW HIRES.

The I-9 form must be completed correctly before the employee begins work and, under no circumstances, no later than the close of business on the employee's first day of work. Violations can result in your business being fined by the United States government in amounts ranging from \$110 to \$1,100 for each employee whose I-9 is not properly completed, retained and/or timely presented for inspection when requested

LOTUS HR will not process a paycheck for ANY new hire without a complete Form I-9 on file for that employee. If LOTUS HR receives an incomplete or improperly completed Form I-9, it will be returned to the worksite employer for correction. No paycheck will be issued until the completed Form I-9 has been returned to LOTUS HR.



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Dear Employee:

Welcome to LOTUS HR! We are pleased that your worksite employer has chosen to partner with LOTUS HR to handle the administrative side of your business. By doing so, your worksite employer continues to supervise your workplace and make the daily business decisions, while LOTUS HR takes over the paperwork involved in taking care of you, the employees. We will be handling your paychecks and the benefits available to you. In order to get you added to our payroll and to the benefit programs you choose to participate in, we need some information from you. Please take the time to read and understand what you are signing as you will be certifying that you have read and understand the rules and policies which you will be expected to follow. If you have any questions about anything in this package, please contact either your supervisor or LOTUS HR's Human Resources Department at (855) 537-8399 / (334)-481-2921 (in the Montgomery, AL local area) for assistance.

The forms contained in this package must be completely filled out and sent back to LOTUS HR to ensure that you receive your paycheck on time and that we get you enrolled in the appropriate benefit plans:

- 1) LOTUS HR Leased Employee Information Sheet
- 2) INS Form I-9 and photocopy of documents used to complete this form
- 3) W-4
- 4) State Withholding Form (as applicable for your state)
- 5) Drug Screen Release Form
- 6) Workers' Compensation Notice
- 7) Background Release Form
- 8) Direct Deposit Form
- 9) Benefit Election Form
- 10) Benefit Enrollment Forms
- 11) 401(k) Enrollment Forms
- 12) **If Applicable** - Employee Handbook (the Acknowledgement form should be signed and returned with this package; the Handbook is yours to keep for referral throughout your employment)

After you have completed the forms, please double-check them for completeness and accuracy and return to your Work-site Employer for transmittal to LOTUS HR. Again, we welcome you to LOTUS HR and look forward to serving your needs!

Sincerely,

Emily L. Urquhart
LOTUS HR Human Resources Department



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 FAX: (334) 386-9699 ● (855) 848-5910
 email: sales@lotushr.biz

LEASED EMPLOYEE INFORMATION SHEET

I understand that _____ (“Work-site Employer”) and LOTUS HR have entered into a co-employer leasing agreement. Under the terms of this Agreement, I become an administrative employee of LOTUS HR, and LOTUS HR would become my administrative employer of record. LOTUS HR will also be responsible for administration of employment, worker’s compensation, and other employee benefits. LOTUS HR also assumes responsibility for the payment of wages to the leased employees. It is also understood that the termination of the Agreement between the Work-site Employer and LOTUS HR will result in the discontinuance of LOTUS HR’s services to you, the leased employee.

I understand and agree that, if hired, my employment is for no definite period and, regardless of the date of payment of my wages or salary, I may be terminated by the Work-site Employer at any time and for any reason without prior notice.

I understand failure to disclose information relevant to my position and job duties, including motor vehicle violations, criminal records, etc., received either prior to or during my employment with this company will result in disciplinary actions, including but not limited to, termination.

I certify that the facts herein submitted are true and complete to the best of my knowledge and understand that the giving of false information will be grounds for immediate termination from employment.

LEASED EMPLOYEE INFORMATION

Employee Name (Last, First, MI): _____

Social Security Number: ____ - ____ - ____ Gender (M/F) _____ Date of Birth _____ Marital Status _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Home Telephone: _____ Other Contact Number: _____

Email Address: _____

Employee Signature: _____ Date: _____

TO BE COMPLETED BY WORK-SITE EMPLOYER:

Hire Date: _____ Full or Part Time _____ If Part Time, Hrs per Pay Period _____

Department	Job Description	Pay Rate	Pay Type	Pay Period
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Signature of Authorized Representative of Work-Site Employer _____

Date _____



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

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

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

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

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

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<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: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> QR Code - Section 1 Do Not Write In This Space </div>	

Signature of Employee	Today's Date (mm/dd/yyyy)
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Preparer and/or Translator Certification (check one):
 I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

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

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



Employer Completes Next Page





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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

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

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		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.)*

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

Form W-4 (2018)

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

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. You may claim exemption from withholding for 2018 if **both** of the following apply.

- For 2017 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2018 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P.

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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

Line E. Child tax credit. When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

Line F. Credit for other dependents.

When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2018
▶ Whether you're entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married filing separately, check "Married, but withhold at higher Single rate."		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶				
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶				Date ▶
8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)			9 First date of employment	10 Employer identification number (EIN)



Employee's Withholding Tax Exemption Certificate

Every employee, on or before the date of commencement of employment, shall furnish his or her employer with a signed Alabama withholding exemption certificate relating to the number of withholding exemptions which he or she claims, which in no event shall exceed the number to which the employee is entitled. In the event the employee inflates the number of exemptions allowed by this Chapter on Form A4, the employee shall pay a penalty of five hundred dollars (\$500) for such action pursuant to Section 40-29-75.

Part I – To be completed by the employee

EMPLOYEE NAME _____ EMPLOYEE SOCIAL SECURITY NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

HOW TO CLAIM YOUR WITHHOLDING EXEMPTIONS

1. If you claim no personal exemption for yourself and wish to withhold at the highest rate, write the figure "0", sign and date Form A4 and file it with your employer. _____
2. If you are SINGLE or MARRIED FILING SEPARATELY, a \$1,500 personal exemption is allowed.
Write the letter "S" if claiming the SINGLE exemption or "MS" if claiming the MARRIED FILING SEPARATELY exemption _____
3. If you are MARRIED or SINGLE CLAIMING HEAD OF FAMILY, a \$3,000 personal exemption is allowed.
Write the letter "M" if you are claiming an exemption for both yourself and your spouse or "H" if you are single with qualifying dependents and are claiming the HEAD OF FAMILY exemption _____
4. Number of dependents (other than spouse) that you will provide more than one-half of the support for during the year. *See dependent qualification below.* _____
5. Additional amount, if any, you want deducted each pay period. \$ _____
6. **This line to be completed by your employer:** Total exemptions (example: employee claims "M" on line 3 and "2" on line 4. Employer should use column M-2 (married with 2 dependents) in the withholding tables) _____

Under penalties of perjury, I certify that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.

Employee's Signature _____ Date _____

Part II – To be completed by the employer

EMPLOYER NAME _____ EMPLOYER IDENTIFICATION NUMBER (EIN) _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

Employers are required to keep this certificate on file. If the employee is believed to have claimed more exemption than legally entitled or claims 8 or more dependent exemptions, the employer should contact the Department at the following address or phone number for verification: Alabama Department of Revenue, Withholding Tax Section, P.O. Box 327480, Montgomery, AL 36132-7480, by phone at (334) 242-1300, or by fax at (334) 242-0112. If the employee does not qualify for the exemptions claimed upon verification, the employer is required to withhold at the highest rate until the employee submits a corrected Form A4 reflecting the proper exemption they are entitled to claim.

DEPENDENTS: To qualify as your dependent (Line 4 above), a person must receive more than one-half of his or her support from you for the year and must be related to you as follows:

- Your son or daughter (including legally adopted children), grandchild, stepson, stepdaughter, son-in-law, or daughter-in-law;
- Your father, mother, grandparent, stepfather, stepmother, father-in-law, or mother-in-law;
- Your brother, sister, stepbrother, stepsister, half-brother, half-sister, brother-in-law, or sister-in-law;
- Your uncle, aunt, nephew, or niece (but only if related by blood).



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email: admin@lotushr.biz

DRUG SCREEN RELEASE FORM

The possession of alcohol, unauthorized or illegal drugs or the misuse of any illegal drugs or alcohol on work premises or while on company business is prohibited and will constitute grounds for termination. Any employee who reports for duty unfit to work or under the influence of drugs or alcohol will be subject to dismissal. No employee in such condition which would affect on-the-job performance or the safety of others will be permitted to work. Any employee under the influence of drugs or alcohol which impairs judgment, performance or behavior while on work premises or while on company business will be subject to discipline including but not limited to, termination by your actual Work-site employer.

Reasonable searches may be conducted by a supervisor of individuals, their personal effects and other areas under the individual's control while on work premises. Cooperation in a search is a condition of employment. It is the policy of this company to require random drug screening. Any employees to be tested are required to sign a written consent to the test requested from LOTUS HR. The restricted release of test results will be carefully observed to the fullest extent possible and released only to your actual Work-site Employer, and to LOTUS HR's Human Resources Department. Any employee who has a drug-related problem is encouraged to seek assistance by contacting LOTUS HR's Human Resources Department for information on available treatment. If the employee's conduct has led to disciplinary action, such action cannot be avoided by a request for assistance. Any employee who fails to follow the requirements of this policy will be subject to disciplinary action up to and including termination by the Company.

I, _____, hereby understand that, as a condition of my employment, I may be subject to drug and/or alcohol testing for any of the following reasons: 1) pre-employment, 2) post-hire, 3) post-accident, 4) for cause or suspicion, 5) random, and/or 6) promotion and/or job transition. I understand that when I am requested to produce a specimen for drug and/or alcohol testing, I must comply immediately. I also understand that a positive drug or alcohol test or that my refusal to produce a specimen upon request can be cause for termination. I further understand that the illegal use, sale, possession, or distribution of drugs or alcohol, as well as any illegally obtained prescription medication, is a violation of company policy and is cause for immediate termination.

I understand and accept the terms of this agreement as a condition of my employment.

Employee's Signature

Date

Witness Signature

Date



4256 Lomac St ● Montgomery, AL 36106
Phone: (334) 481-2921 ● (855) 537-8399
FAX: (334) 386-9699 ● (855) 848-5910
email: workcomp@lotushr.biz

WORKERS' COMPENSATION NOTICE

Any employee involved in an accident at work or any employee that believes they were injured at work **must report that accident or injury to their Supervisor immediately!**

State regulations require your employer to report the accident or injury to the Workers' Compensation Insurer promptly. We must comply with that request or face a loss of coverage for injuries that were not reported at the time they occurred.

This company requires that every person involved or believing they were involved in a Work-related accident take a pre-treatment drug screen. **This is not a suggestion! IT IS MANDATORY! This is a necessary pre-condition to this company obtaining workers' compensation benefits.**

Failing to report an accident or injury to your supervisor or take the mandatory drug test may be grounds for immediate dismissal by your actual work-site employer or by LOTUS HR. These regulations are for the benefit of all employees and we ask that each employee help us in maintaining 100% compliance.

Employees must seek treatment for any work-related injuries at a facility or physician's office which has been pre-approved by either the work-site employer or LOTUS HR. Failure to comply will result in denial of any claims originating from treatment at an unauthorized facility or physician's office. Employers seeking a pre-approved facility or physician should contact Emily Urquhart at (855) 537-8399.

Please direct all questions regarding Workers' Compensation or the above policies to your administrative employer, LOTUS HR, to the attention of Emily Urquhart, Risk Manager, at (334) 481-2921 or (855) 537-8399 or emily@lotushr.biz.

I HAVE READ AND UNDERSTAND THE WORK-RELATED INJURY REPORTING PROCEDURES. I UNDERSTAND THAT A POST-ACCIDENT BLOOD OR URINE TEST WILL BE REQUIRED IMMEDIATELY AFTER ANY ACCIDENT CAUSING A WORK-RELATED INJURY. DISPUTES RELATING TO OCCUPATIONAL INJURY RELATING TO ILLNESS BENEFITS BEING COVERED BY WORKERS' COMPENSATION MAY BE SUBJECT TO ARBITRATION.

Employee Signature

Date

Witness Signature

Date



LotusHR

4256 Lomac St ● Montgomery, AL 36106
Phone: (334) 481-2921 ● (855) 537-8399
FAX: (334) 386-9699 ● (855) 848-5910
email: admin@lotushr.biz

Direct Deposit Enrollment/Change Form

Client Company Name		Location	
Employee's Full Name		Social Security Number	Date of Birth
Employee's Home Phone Number		Employee's Work Phone Number	
Check one:	<p>New Enrollment (Complete form, sign and date. Attach a voided check for checking account deposits or a deposit slip for savings account deposits.)</p> <p>Change present financial institution(s) and/or account(s). (Complete form and list all new accounts; attach voided check and/or deposit slip; sign & date.)</p> <p>Cancel Participation – Sign and date form.</p>		

**Please contact your financial institution to verify
routing and account numbers**

Lotus Hr will not be responsible for any erroneous information provided.

1. Bank, Credit Union, or Savings & Loan (Financial Institution)		2. Bank, Credit Union, or Savings & Loan (Financial Institution)	
Address: City, State, Zip Code		Address: City, State, Zip Code	
Financial Institution Phone Number	Contact Person	Financial Institution Phone Number	Contact Person
Direct Deposit Routing/Transit # (1st 9 digits of MICR on bottom of check)		Direct Deposit Routing/Transit # (1st 9 digits of MICR on bottom of check)	
Account Number		Account Number	
Type of Account (check one)		Type of Account (check one)	
<input type="checkbox"/> Checking	<input type="checkbox"/> Savings	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Amount to deposit (check one)		Amount to deposit (check one)	
<input type="checkbox"/> Entire Check	<input type="checkbox"/> Portion \$	<input type="checkbox"/> Entire Check	<input type="checkbox"/> Portion \$

For new enrollments and changes a voided check or savings deposit slip must be attached to this form for verification of routing and transit numbers.

I hereby authorize my employer to initiate deposits (credits) of my net pay and/or corrections to the previous credits to my checking or savings account at the financial institution named above. I understand that I am solely responsible for the accuracy of the information submitted on this form. It is my responsibility to notify my employer of any changes or corrections to my bank account information. I understand that it will take approximately four (4) weeks to process my enrollment, change, or cancellation request from the date this form is received by my Lotus Hr payroll contact. If I submit a change in bank information, I may receive a regular paycheck(s) until the new bank information is processed.

If I become subject to any garnishment, attachment or levies my participation in Direct Deposit may be terminated; I will receive a check for my pay. In the event of my termination, the final pay may be a physical check.

I agree and hold the above named financial institution(s) harmless for any erroneous deposits or adjustments not caused by the financial institution.

Employee Signature _____ Date _____



4256 Lomac St ● Montgomery, AL 36106
Phone: (334) 481-2921 ● (855) 537-8399
FAX: (334) 386-9699 ● (855) 848-5910
email: sales@lotushr.biz

Company Review Checklist to Create Personnel File

Company Name

Employee Name

Check When Completed

- Complete Leased Employee Information Form (LEI Form Rev. 4/2011)
- Complete Form I-9 and make copies of identification
- Have employee complete Form W-4
- Have employee complete the applicable state tax withholding form
- Have employee read and sign Drug Screen Consent (DSC Form Rev. 1/2012)
- Have employee read and sign Workers' Compensation Notice (WCN Form Rev. 5/2013)
- Have employee sign Background Information Release (BIR Form Rev. 6/2011)
- Have employee review and sign the LOTUS HR Benefit Election Form and complete any enrollment forms for benefit plans selected by the employee
- Show the employee where required posters are located.

Company Representative Signature

Print Name

Date