

TENT SALE 2020 APPLICATION

for Temporary Employment Dates: Feb. 14,15, & 16 Special Note: App. is Due 1/24/20 If you are hired, we'll email & call you to confirm your schedule for temporary

hire by Thursday, 1/30/20.

PLEASE NOTE: THIS IS NOT A GUARANTEE OF HIRING

Last Name: _____ First Name: _____ Phone: _____ Email: ____ Mailing Address (for Paycheck): _____ Are you interested in applying for a permanent position at Mary's? I HAVE BEFORE Do you have retail experience? Have you worked Tent Sale before? YES NO If so, list position here: **Availability:** Please check the box of days you can work - All Hours or Fill in times you are available to work. Most needed is after 10am. Thursday, 2/13: 10-5pm Will you still accept employment or _____ if you are scheduled less than 6 Friday, 2/14: 8:30-5pm hours on any of the days? Saturday, 2/15: 8:30-5pm or _____ YES NO Sunday, 2/16: 8:30-5pm Completed Application must be received absolutely no later than Friday, Jan. 24! **Checklist - for completed Application:** I-9 (must bring required ID: Driver License & Social **Personal Record & Emergency Contact** Security Card or Birth Certificate OR Passport) W-4 **Acknowledgement of Sale Practices Temporary Employee Agreement Code of Safe Practices** (for Temporary Employee Records) **Cell Phone Policy** (Required) Work Permit (under 18) - signed by school (must be at least 16 to be considered) **T-Shirt Sizes:** (*Please Check - Men or Women + Your Size*) Start on getting work permit now! Ladies - OR -Men Getting a work permit is a process; be sure to get it from school, bring to Mary's to be signed, take back to school to sign & then turn it in with a complete packet by 1/24/20. **XXL** Small Medium Large XL

2019 Tent Sale Temp Application Questionnaire

Every year for our annual Tent Sale Mary's needs help from as many as 30 temporary employees in order to make our event a success! The roles we need to fill are of a wide range. Please take a few minutes to answer the following questions.

1. I	Do y	ou/	have	any	retail	expe	erien	ce?	lf s	so p	lease	exp	olair	ղ:
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2. What is your experience in regard to Riding Disciplines?
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3. What else should we know about your horse experience besides riding history?

4. Can you be on your feet for several hours?	Yes / NO
5. Can you climb a ladder comfortably up to 4 feet?	Yes / No
6. Can you lift up to 25 pounds without help?	Yes / No
7. Would you accept a stationary task that you could opt to sit for?	Yes / No

8. What makes you awesome to work along side of?

Thank you for your interest in assisting us!

Temporary Employee Agreement

Please print			
Name			
Address			
City	State	Zip	
Phone			
<u>Email</u>			
I understand that if I am hired for temporary and will not include be Mary's customer service and em supervisor is during this tempora	enefits or vacation/sick oployee standards. I un	accrual. I agree to a	abide by
Supervisor name (print) Juls	Lorenz		
Dates of special event/employment da	ates: Tent Sale 2019. Tem	porary help will be hired	d for some
or all of the dates between February 2	28 and March 3, 2019.		
Signature of temporary employee			
Date			

PERSONAL RECORD & EMERGENCY CONTACT

NAME			سعاب فروستان الالمامية أرباء ويأرون
(print) last	first	middle	maiden/previous
ADDRESS			
street		city	state zip
BIRTH DATE		SOCIAL SECURI	TTY #
TELEPHONE #		MARITAL STAT	US
NAME OF SPOUSE		SPOUSE BIRTH	DATE
EMPLOYED BY		WORK PH #	
# OF DEPENDENTS	× ×	AGES OF CHILD	PREN
IN CASE OF EMERGENCY (st. NAME	first		relationship
ADDRESS			
street		city	state zip
BUSINESS PH #		HOME PH #	
NAME			
(print) last	first		relationship
ADDRESS	* * *		
street		city	state zip
BUSINESS PH#		HOME PH #	
DATE OF EMPLOYMENT	F) E =	DEPA	RTMENT
Please keep the Personnel D	epartment	t informed of any ch	anges that may occur in the future
Signature		Date	

Mary's Tack & Feed Personal Cell Phone Policy

For the best customer service that Mary's can provide, please be aware that personal mobile phone use while on duty with customers is prohibited here at Mary's Tack & Feed. Mobile phones and pagers must be kept in your car or in a locker in the staff area and only used during breaks and/or before/after shift hours.

All use of Mary's company phones should be for business use only. By signing the form below you acknowledge receipt of this sheet and agree to follow this policy. Thank you.



I have read and will abide by	Mary's mobile phone police
Print Name:	
Signature:	
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.

	, оситот токиот р				,		,			
Section 1. Employee than the first day of emplo					st complete an	d sign Se	ection 1 o	f Form I-9 no later		
Last Name (Family Name)		First Name (Giv	ven Name)	Middle Initial	dle Initial Other Last Names Used (if any)				
Address (Street Number and N	lame)	Apt. Number City or Town				State ZIP Code				
Date of Birth (mm/dd/yyyy)	U.S. Social Sec	urity Number	Number Employee's E-mail Address Employee's Telephone I					Telephone Number		
I am aware that federal lav connection with the comp	letion of this f	orm.				or use of	false do	cuments in		
l attest, under penalty of p		ım (check one	of the fo	ollowing boxe	es):					
1. A citizen of the United S										
2. A noncitizen national of										
3. A lawful permanent resid	dent (Alien Reg	gistration Numbe	r/USCIS N	Number):						
4. An alien authorized to w Some aliens may write "				_		_				
Aliens authorized to work mus An Alien Registration Number	,	,	_		,		Do	QR Code - Section 1 Not Write In This Space		
Alien Registration Number OR	/USCIS Number:				_					
2. Form I-94 Admission Numl OR	ber:				_					
3. Foreign Passport Number										
Country of Issuance:					_					
Signature of Employee					Today's Dat	e (mm/dd/	<i>(yyyy</i>)			
Preparer and/or Trans I did not use a preparer or to (Fields below must be completed) I attest, under penalty of p	ranslator. oleted and sign	A preparer(s) ared when prepa	nd/or trans rers and/	slator(s) assisted or translators	· · · · · · · · · · · · · · · · · · ·	oyee in c	ompleting	g Section 1.)		
knowledge the information	n is true and c					10 101111	and that			
Signature of Preparer or Transl	ator					Today's [Date (mm/	dd/yyyy)		
Last Name (Family Name)				First Name	e (Given Name)					
Address (Street Number and N	lame)		С	City or Town			State	ZIP Code		

STOP

Employer Completes Next Page

STOR



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

M.I. Citizenship/Immigration Status

Section 2. Employer or Authorized Representative Review and Verification

Last Name (Family Name)

(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.")

First Name (Given Name)

Employee Info from Section 1								
List A Identity and Employment Authorization	OR 1	List Iden			AND)	Empl	List C oyment Authorization
Document Title	Document	Title			I	Document	Title	
Issuing Authority	Issuing Au	thority				Issuing Authority		
Document Number	Document	Number				Document	Number	
Expiration Date (if any)(mm/dd/yyyy)	Expiration	Date (if any)(i	mm/dd/yyy	/)		Expiration	Date (if an	y)(mm/dd/yyyy)
Document Title								
Issuing Authority	Addition	al Informatio	n					Code - Sections 2 & 3 Not Write In This Space
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 (2) the above-listed document(s) appea employee is authorized to work in the L The employee's first day of employm	r to be genuine a Inited States.	and to relate		ployee	named	, and (3)		t of my knowledge the
Signature of Employer or Authorized Repres	entative	Today's Da	te (mm/dd/	уууу)	Title of	Employer	or Authoriz	zed Representative
Last Name of Employer or Authorized Representa	ative First Name of	of Employer or	Authorized F	Representa	ative	Employer'	s Business	or Organization Name
Employer's Business or Organization Address	ss (Street Number	and Name)	City or To	wn			State	ZIP Code
Section 3. Reverification and Re	hires (To be co	mpleted and	signed by	/ emplo	yer or a	authorized	d represei	ntative.)
A. New Name (if applicable)					B.	. Date of R	Rehire (if ap	pplicable)
Last Name (Family Name)	First Name (Given	Name)	Mi	ddle Initia	al D	ate (mm/o	ld/yyyy)	
C. If the employee's previous grant of employ continuing employment authorization in the s			provide the	e informa	ation for	the docum	nent or rece	eipt that establishes
Document Title		Docume	ent Number			E	Expiration D	ate (if any) (mm/dd/yyyy)
I attest, under penalty of perjury, that to the employee presented document(s), t								
Signature of Employer or Authorized Repres	entative Today	's Date <i>(mm/c</i>	dd/yyyy)	Name	of Empl	oyer or Au	thorized R	epresentative

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 AN	ID	LIST C Documents that Establish Employment Authorization
2.	U.S. Passport or U.S. Passport Card Permanent Resident Card or Alien Registration Receipt Card (Form I-551) Foreign passport that contains a		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	1.	A Social Security Account Number card, unless the card includes one of the following restrictions: (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH
4.	temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa Employment Authorization Document		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,	2.	INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION Certification of report of birth issued
5.	that contains a photograph (Form I-766) For a nonimmigrant alien authorized to work for a specific employer because of his or her status:		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	3.	by the Department of State (Forms DS-1350, FS-545, FS-240) Original or certified copy of birth certificate issued by a State, county, municipal authority, or
	a. Foreign passport; andb. Form I-94 or Form I-94A that has the following:(1) The same name as the passport;		Military dependent's ID card U.S. Coast Guard Merchant Mariner Card		territory of the United States bearing an official seal Native American tribal document U.S. Citizen ID Card (Form I-197)
	and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the		Native American tribal document Driver's license issued by a Canadian government authority		Identification Card for Use of Resident Citizen in the United States (Form I-179)
	proposed employment is not in conflict with any restrictions or limitations identified on the form. Passport from the Federated States of		For persons under age 18 who are unable to present a document listed above:	7.	Employment authorization document issued by the Department of Homeland Security
0.	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		School record or report card Clinic, doctor, or hospital record Day-care or nursery school record		

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 I-9 07/17/17 N Page 3 of 3

Form **W-4**

Department of the Treasury Internal Revenue Service

Employee's Withholding Certificate

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

► Give Form W-4 to your employer.

▶ Your withholding is subject to review by the IRS.

2020

OMB No. 1545-0074

Step 1:	(a) First name and middle initial	Last name		(b) Social security number								
Enter Personal Information	Address City or town, state, and ZIP code			name o card? If credit fo	your name match the n your social security not, to ensure you ge r your earnings, contac							
		SSA at 800-772-1213 or go to www.ssa.gov.										
	(c) Single or Married filing separately											
	Married filing jointly (or Qualifying widow(er)) Head of household (Check only if you're unmar	ried and nay more than half the costs	of keening up a home for yo	urself and	La qualifying individual							
ES 124 (25	1995 pr. 35 00000 000000 0000 1000 0000 pr.	2.5 75 22 6/60 900	2000 to 12 15 15		10907 25							
	ps 2-4 ONLY if they apply to you; otherwise on from withholding, when to use the online e		2 for more informatio	on on ea	ach step, who car							
Step 2: Multiple Jobs	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.											
or Spouse	Do only one of the following.											
Works	(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); or											
	(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or											
	(c) If there are only two jobs total, you is accurate for jobs with similar pay											
	TIP: To be accurate, submit a 2020 income, including as an independent			e) have	self-employment							
	ps 3–4(b) on Form W-4 for only ONE of the ate if you complete Steps 3–4(b) on the Form			bs. (Yo	ur withholding wil							
Step 3:	If your income will be \$200,000 or less	s (\$400,000 or less if married	filing jointly):									
Claim Dependents	Multiply the number of qualifying ch	ildren under age 17 by \$2,000	\$	20								
	Multiply the number of other depe	ndents by \$500	▶ <u>\$</u>	es								
	Add the amounts above and enter the	total here	9 20 10 11 11 11	3	\$							
Step 4 (optional): Other	(a) Other income (not from jobs). If y this year that won't have withholdin include interest, dividends, and retir	ig, enter the amount of other i	ncome here. This may		\$							
Adjustments	(b) Deductions. If you expect to clair and want to reduce your withhold	400 AND THE										
	enter the result here			4(b)	\$							
	(c) Extra withholding. Enter any add	itional tax you want withheld	each pay period .	4(c)	\$							
Step 5:	Under penalties of perjury, I declare that this certi	ficate, to the best of my knowled	lge and belief, is true, co	rrect, ar	nd complete.							
Sign Here					~							
	Employee's signature (This form is not v	ite										
Employers Only	Employer's name and address			Employer identification number (EIN)								

Form W-4 (2020) Page **2**

General Instructions

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), 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 2020 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 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: 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). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at *www.irs.gov/W4App* if you:

- 1. Expect to work only part of the year;
- 2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
- 3. Have self-employment income (see below); or
- 4. Prefer the most accurate withholding for multiple job situations.

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 these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead 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. Step 3 of Form W-4 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. 972, Child Tax Credit and Credit for Other Dependents. You can also include other tax credits in this step, such as education tax credits and the foreign tax credit. 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 2020 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.

Form W-4 (2020)

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.

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; or, you can use the online withholding estimator at www.irs.gov/W4App.

1	Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3	1	\$
2	Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.		
	a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a	2 a	\$
	b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b	2b	4
		20	Ψ
	c Add the amounts from lines 2a and 2b and enter the result on line 2c	2c	\$
3	Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc	3	
4	Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)	4	\$
	Step 4(b) — Deductions Worksheet (Keep for your records.)		! /
1	Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income	1	\$
2	Enter: • \$24,800 if you're married filing jointly or qualifying widow(er) • \$18,650 if you're head of household • \$12,400 if you're single or married filing separately	2	\$
3	If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-"	3	\$
4	Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information	4	\$
5	Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4	5	\$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions 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.

Form W-4 (2020) Page **4**

FORTH VV-4 (2020)			Morri	iod Filipo	Jointly	or Qualit	hrina Wir	dow/or\				Page 4
Uigher Daving Joh			IVIAITI					Wage & S	Salary			
Higher 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	1 -	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999 \$320,000 - 364,999	2,040 2,720	4,440	6,470 8,750	8,200 10,950	10,320 13,070	12,320 15,070	14,320 17,070	16,320 19,070	18,320	20,320	21,970	22,970
\$365,000 - 524,999	2,720	5,920 6,470	9,600	12,100	14,530	16,830	19,130	21,430	21,290 23,730	26,030	25,540 27,980	26,840 29,280
\$525,000 and over	2,970 3,140	6,840	10,170	12,100	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650
φο25,000 and over	5, 140	0,040				d Filing S	100,000,000,000,000		20,000	20,000	30,130	31,000
Higher Paying Job	,							Wage & S	Salarv			
Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 -	\$90,000 -	\$100,000 -	\$110,000 -
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	89,999	99,999	109,999	120,000
\$0 - 9,999	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999 \$200,000 - 249,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
<u>, ii 10 11 11 11 11 11 11 11 11 11 11 11 11 </u>	2,970	5,860	8,240 8,240	10,540	12,840	14,540 14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999 \$400,000 - 449,999	2,970 2,970	5,860 5,860	8,240	10,540 10,540	12,840 12,840	14,540	15,840 15,840	17,140 17,140	18,440 18,450	19,730 19,940	21,240	21,930 22,540
\$450,000 = 449,999 \$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300
φ450,000 and over	3, 140	0,230	0,010	,	_	Househo	*	10,710	20,210	21,700	23,000	24,300
Higher Paying Job	;							Wage & S	Salary			
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		\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



CODE OF SAFE PRACTICES

It is our policy that everything possible will be done to protect employees, customers and visitors from accidents. Safety is a cooperative undertaking requiring participation by every employee. Failure by any employee to comply with safety rules will be grounds for corrective discipline. Supervisors shall insist that employees observe all applicable Company, State and Federal safety rules and practices and take action as is necessary to obtain compliance:

To carry out these policies employees shall:

- 1. Report all unsafe conditions and equipment to your supervisor or safety coordinator.
- 2. Report all accidents, injuries and illnesses to your supervisor or safety coordinator immediately.
- 3. Anyone known to be under the influence of intoxicating liquor or drugs shall not be allowed on the job while in that condition.
- 4. Horseplay, scuffling, and other acts which tend to have an adverse influence on the safety or well being of the employees are prohibited.
- 5. Means of egress shall be kept unblocked, well lighted and unlocked during work hours.
- 6. In the event of fire, use paging system to notify all employees and evacuate.
- 7. Upon hearing announcement, stop work and proceed to the nearest clear exit.
- 8. Only trained workers may attempt to respond to a fire or other emergency.
- 9. Exit doors must comply with fire safety regulations during business hours.
- 10. Stairways should be kept clear of items that can be tripped over, and all areas under stairways that are egress routes should not be used to store combustibles such as compressed gas or fuel.
- 11. Materials and equipment will not be stored against doors or exits, or fire extinguisher stations.

- 12. Aisles must be kept clear at all times.
- Work areas should be maintained in a neat, orderly manner. Trash and refuse are to be thrown in proper waste containers.
- 14. All spills shall be wiped up promptly.
- 15. Always use the proper lifting technique. Never attempt to lift or push an object that is too heavy. You must contact your supervisor when help is needed to move a heavy object.
- 16. Never stack material precariously on top of lockers, file cabinets or other relatively high places.
- 17. When carrying material, caution should be exercised in watching for and avoiding obstructions, loose material, etc.
- 18. Do not stack material in an unstable manner.
- 19. Report exposed wiring and cords that are frayed or have deteriorated insulation so that they can be repaired promptly.
- 20. Never use a metal ladder where it could come in contact with energized parts of equipment, fixtures or circuit conductors. Ladders should be inspected prior to use to insure they are in good working order.
- 21. Maintain sufficient access and working space around all electrical equipment to permit ready and safe operations and maintenance.
- 22. Do not use any portable electrical tools and equipment that are not grounded or double insulated.
- 23. All electrical equipment should be plugged into appropriate wall receptacles or into an extension of only one cord of similar size and capacity. Three-pronged plugs should be used to ensure continuity of ground.
- 24. All cords running into walk areas must be taped down or inserted through rubber protectors to preclude them from becoming tripping hazards.
- 25. Inspect pallets and their loads for integrity and stability before loading or moving.
- 26. Never leave lower desk or cabinet drawers open that present a tripping hazard. Use care when opening and closing drawers to avoid pinching fingers.
- 27. Do not open more than one upper drawer at a time, particularly the top two drawers on tall file cabinets.

- 28. Individual heaters at work areas should be kept clear of combustible materials such as drapes or waste from wastebaskets. Newer heaters, which are equipped with tip-over switches, should be used.
- 29. Appliances such as coffee pots, microwaves and vacuums should be kept in working order and inspected for signs of wear, heat or fraying of cords.
- 30. Fans used in work areas should be guarded. Guards must not allow fingers to be inserted through the mesh. Newer fans are equipped with proper guards.
- 31. Inspect motorized vehicles and other mechanized equipment daily prior to use.
- 32. Shut off engine, set brakes, and block wheels prior to loading or unloading vehicles.
- 33. Inspect pallets and their loads for integrity and stability before loading or moving.
- 34. Always keep flammable or toxic chemicals in closed containers when not in use.
- 35. Be aware of the potential hazards involving various chemicals stored or used in the workplace.
- 36. Cleaning supplies should be stored away from edible items in break room.
- 37. Cleaning solvents and flammable liquids should be stored in appropriate containers.
- 38. Solutions that may be poisonous or not intended for consumption should be kept in well-labeled containers.
- 39. Files and supplies should be stored in such a manner as to preclude damage to the supplies or injury to personnel when they are moved. Heaviest items should be stored closest to the floor and lightweight items stored above.
- 40. Equipment such as scissors, staplers, etc., should be used for their intended purposes only and should not be misused as hammers, pry bars, screwdrivers, etc. misuse can cause damage to the equipment and possible injury to the user.
- 41. Familiarize yourself with the location of the first aid kit, which is located at the sales manager's desk.

MARY'S TA CK & FEED

ACKNOWLEDGEMENT OF RECEIPT AND REVIEW OF CODE OF SAFE PRACTICES

TO ALL EMPLOYEES:

ATTACHED IS A COPY OF THE CODE OF SAFE PRACTICES. THESE GUIDELINES ARE PROVIDED FOR YOUR SAFETY.

IT IS YOUR RESPONSIBILITY TO READ AND COMPLY WITH THIS CODE. YOUR SUPERVISOR WILL REVIEW AND ANSWER ANY QUESTIONS YOU MAY HAVE.

THE ATTACHED COPY OF THE CODE OF SAFE PRACTICES IS FOR YOU TO KEEP. PLEASE SIGN AND DATE BELOW AND RETURN ONLY THIS PAGE TO THE ACCOUNTING DEPARTMENT.

I AGRI	EE TO READ AND FOLLO	W THE CODE (OF SAFE PRACTICES.	
DATE	SIGNATURE			
	PRINT NAME			