

3/2022

Acrobat

outsourcing
Your Hospitality Staffing Professionals

Name: Tanya Allen

Taborca ID: 11980

Date of Hire: / /

Date of Re-Act: 10/5/16

Employee Set up

- o E-verify #: 861385-USA
- o Hire Right Sections 1 & 2
- o Background Check (Asurint)
- o Direct Deposit (Scan to Payroll) or Global
Cash Card

- o Attended New Hire Orientation:

10/5/16

- o Added to Orientation Time Sheet
- o New Hire List
- o Check Taborca Profile (All fields)
- o Upload Resume
- o Food Handler's Card Status

TONYA M. ALLEN
118 Mapes Avenue
Newark, NJ 07112
(973) 392-9792
allentonya38@yahoo.com

OBJECTIVE: To obtain a position where I can utilize my skills and training.

TRAINING:

2009 -Community Food Bank of New Jersey, Hillside, NJ - - a 14 week program (500 hours), providing experience in all phases of food production for cafeteria-style service - - including menu planning, prep work, cooking, baking, serving, wareroom and clean-up.
Certified by the National Restaurant Association and Educational Foundation as a ServSafe Sanitation Manager (January 2010)

INTERNSHIP:

2009 -Sodexo, Bridgewater, NJ -Corporate Christmas party; food prep for over 2500 employees
2010 -Southern Smokehouse, Linden, NJ -Buffet Style Service; Food Prep, Bakery & Grill work

EMPLOYMENT HISTORY

Line Cook

AMC Theatre, Menlo Park, NJ

- Food Prep, sauce prep, line cook, fryers, kitchen sanitation
- Asses daily prep needs based on projected sales, prioritize and implement accordingly

2010-2012

Grill Cook

Red Bull Arena Harrison, NJ

- Grill Cook/Prep, Inventory control and sanitation

2011 Season

Office Clerk Assistant

Malik Tax Associates, Irvington, NJ

- Performed various clerical functions
- Assisted staff with assignments
- Participated in routine special projects

2002 - 2013
(Seasonal)

Loss Prevention Supervisor

Best Buy Retail, Raleigh, NC

- Monitoring employee scheduling
- Conducting performance appraisals, cashier audits and high end merchandise/displays
- Responsible for training and hiring referrals

1995-1997

Financial Analyst

Continental Credit Insurance, Cranbury, NJ

- Ensured accuracy with daily cash and disbursement of funds
- Handled daily loss summaries
- Frequently oversaw employee performance appraisals
- Maintained premium coverage calculations and endorsements

1983-1993

EDUCATION:

Diploma

Scotch Plains - Fanwood High School, Scotch Plains, NJ

1980

Certificate of Bookkeeping and Office Studies

Drake College of Business, Elizabeth, NJ

1982

Certificate

Food Service Training Academy, Hillside, NJ

2010

Employment Application

Acrobat Outsourcing is an equal opportunity employer dedicated to non-discrimination in all employment practices. Acrobat Outsourcing selects the best qualified individual for the job based on job-related qualifications regardless of race, age (40+), color, religion, gender, national origin, ancestry, marital status, sexual orientation, disability or any other status protected by applicable law.

PLEASE PRINT

Full Name TONYA M. ALLEN Date: 9/11/13
 Home Telephone (973) 392-9792 Other Telephone (973) 960-5644
 Present Address 118 Mapes Ave 2nd Fl. Newark, NJ 07112
 Permanent Address, if different from present address: _____
 Email Address allentonya38@yahoo.com

EMPLOYMENT DESIRED

Position applying for: grill/deli/prep cook Salary desired: 14 +
 Are you currently registered with any staffing and/or employment agencies? If so, please list _____

no
 Are you applying for: Full-time work? Yes ☒ No ☐ Part-time work? Yes ☒ No ☐
 Temporary work, e.g., summer or holiday work? Yes ☒ No ☐ From: _____ To: _____
 How did you find out about our open position? (Please check fill in proper name of source):
 Referral ☒ Name of Referral James Graham Newspaper ☐ Job Fair ☐ Agency ☐ Company Website ☐
 Other Web Posting ☐ Other Source ☐
 Could you work overtime, if necessary? Yes ☒ No ☐ If hired, on what date could you start working? 9-1-13

Please keep in mind that schedules and shifts may vary depending on position and season. Additionally, the hours may vary from week to week, depending on the company needs. Please list only the times/days you're available to work below.

SPECIFY HOURS AVAILABLE DAILY	SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
AM	<u>6a</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>—</u>
PM	<u>6p</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>6</u>	<u>—</u>

Do you have any vacations or extended leaves planned in the next 12 months? If so, please list dates: _____

PERSONAL INFORMATION

Have you ever applied to or worked for Acrobat Outsourcing before? Yes ☐ No ☒ If yes, when? _____
 Do you have friends or relatives working for Acrobat Outsourcing? Yes ☒ No ☐ If yes, please state name and relationship
James Graham, Friend

If hired, would you have a reliable means of transportation to and from work? Yes ☒ No ☐
 If hired, can you present evidence of your legal right to live and work in this country? Yes ☒ No ☐

State age if you are under 18 _____. If you are under 18, hire is subject to verification that you are of minimum legal age to work.

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Are you able to perform the essential functions of the job for which you are applying? Yes ☒ No ☐

If no, describe the functions that cannot be performed. (Note: We comply with the ADA and consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions.) _____

Have you ever been convicted of a felony within the past ten years other than a conviction for marijuana possession or that resulted in a referral to, and participation in, any pretrial or post trial diversion program? (Please note that conviction of a crime is not an automatic bar to employment—all circumstances, including the nature, date and relevance of the offense to the position applied for will be considered.)

Yes ☐ No ☒

Have any of these convictions as described above involved fraud, embezzlement, passing checks, forgery, and theft, including identity theft? If yes, please state the nature of the crime(s), when and where convicted and the disposition of the case. If yes, state nature of the crime(s), when and where convicted, and disposition of the case(s). _____

EDUCATION & SKILLS

NAME OF SCHOOL	CITY & STATE	GRADE OR DEGREE COMPLETED	DID YOU GRADUATE?
Scotch Plains-Jarviswood	Scotch Plains, NJ	H.S. Diploma	yes
Food Service Academy	Hillside, NJ	Serv-Saf Cert.	yes
Do you have any special licenses, certificates or special training? If so please list under "Special".		YES	NO
Are you computer literate? If so, list software knowledge under "Special."		YES	NO
Are you proficient with Point of Sales Systems? If, so please list which ones under "Special."		YES	NO
Do you have any other experience, training, qualifications or special skills, which you feel make you especially suited for work at Acrobat Outsourcing? If so, please list under "Special."		YES	NO
Special: Serv-Safe Certification Exp. 2015 Basic Computer			

EMPLOYMENT HISTORY

List below all present and past employment starting with your most recent employer (last 10 years is sufficient). Account for unemployment periods of three months or more.

Are you currently employed? Yes ☐ No ☒ If so, may we contact your current employer? Yes ☐ No ☐

Name and Address of Employer A M C THEATERS MENLO PARK EDISON, NJ

Type of Business DINE-IN THEATER Telephone No. (732) 321-9093 Supervisor's Name MIKE KOSLER

Your Position and Duties PREP COOK, LINE COOK

Dates of Employment: From 12/8/10 To 11/22/12 Weekly Pay: Starting 11 hr Ending 13 hr

Reason for Leaving: AT WILL Co. Mgr. decision.

Name and Address of Employer A-1 TAX SERVICE / MALIK ASSOC.

Type of Business TAX SERVICE Telephone No. (862) 216-0642 Supervisor's Name JENETTE THOMAS

Your Position and Duties _____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties _____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Name and Address of Employer _____

Type of Business _____ Telephone No. (____) _____ Supervisor's Name _____

Your Position and Duties _____

Dates of Employment: From _____ To _____ Weekly Pay: Starting _____ Ending _____

Reason for Leaving: _____

Have you ever been fired from any previous place of employment? If so, please explain: _____

MILITARY SERVICE

Have you obtained any special skills or abilities as the result of service in the military? Yes___ No___
If so, describe: _____

JOB RELATED REFERENCES

List below three persons not related to you who have knowledge of your work performance within the last three years.

Name: _____ Telephone No. (____) _____

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

Name: _____ Telephone No. (____) _____

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

Name: _____ Telephone No. (____) _____

Address _____

Occupation: _____ Relationship: _____ Number of Years Acquainted: _____

Please Read Carefully, Initial Each Paragraph and Sign Below

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material facts on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I hereby authorize Acrobat Outsourcing to thoroughly investigate my references, work record, education and other matters related to my suitability for employment and, further, authorize the references I have listed to disclose to the company any and all letters, reports and other information related to my work records, without giving me prior notice of such disclosure. In addition, I hereby release the company, my former employers and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

I hereby authorize Acrobat Outsourcing and its authorized representatives to solicit information regarding my background, which may include but not be limited to, information about my employment, education, and/or criminal history, which may be in the files of any federal, state, or local criminal justice and law enforcement agency and general public records history.

I understand that if selected for hire, it will be necessary for me to provide satisfactory evidence of my identity and legal authority to work in the United States, and that federal immigration laws require me to complete an I-9 form in this regard within three days of my hire date.

Acrobat Outsourcing is an at-will employer. I understand that nothing contained in the application, or conveyed during any interview, which may be granted or during my employment, if hired, is intended to create an employment contract between me and the company. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, with or without cause, at the option of either myself or the company, and that no promises or representations contrary to the foregoing are binding on the company unless made in writing and signed by me and the company's designated representative.

I hereby acknowledge that I have read and understand the above statements.

Applicant's Signature

Tanya M. XA

Date

9/11/13



EXAM FORM NO. 10150
CERTIFICATE NO. 6860041

ServSafe® Certification

TO
TONYA M ALLEN

for successfully completing the standards set forth for the ServSafe® Food Protection Manager Certification Examination, which is accredited by the American National Standards Institute (ANSI)-Conference for Food Protection (CFP).

1/15/2010

DATE OF EXAMINATION

1/15/2015

DATE OF EXPIRATION

Local laws apply. Check with your local regulatory agency for recertification requirements.



#0655

David Gilbert
Chief Operating Officer, National Restaurant Association
Executive Director, National Restaurant Association Solutions



Designation of Personal Physician

I, _____, hereby inform my employer, Acrobat Outsourcing, and its Workers' Compensation carrier, U.S. HeathWorks, of my intent to seek treatment from my designated person physician for all Workers Compensation-related injuries or illnesses.

My designated personal physician for treatment of Workers' Compensation-related claims is:

Name: _____

Practice Group, if any: _____

Address: _____

City/State/Zip: _____

Telephone: _____

This designation remains in effect until I execute and deliver a new designation or revocation in accordance with the policies of my employer and its Workers' Compensation carrier.

Name

Date

Form W-4 (2013)

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. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

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 may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

- A Enter "1" for **yourself** if no one else can claim you as a dependent. A
- B Enter "1" if: B
- You are single and have only one job; or
 - You are married, have only one job, and your spouse does not work; or
 - Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.
- C Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) C
- D Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return. D
- E Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) E
- F Enter "1" if you have at least \$1,900 of **child or dependent care expenses** for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) F
- G **Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. G
- If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children.
 - If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child.
- H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H
- For accuracy, complete all worksheets that apply.
- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
 - If you are **single and have more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
 - If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

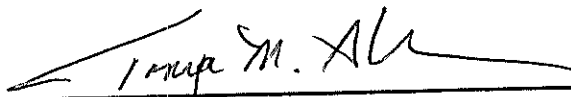
Separate here and give Form W-4 to your employer. Keep the top part for your records.

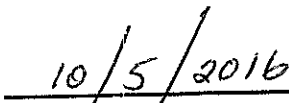
Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2013
1 Your first name and middle initial Tonya M.		Last name Allen		2 Your social security number 136-62-6945
Home address (number and street or rural route) 118 Mapes Ave 2nd fl		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <small>Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.</small>		
City or town, state, and ZIP code Newark, NJ 07112		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 0		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ 0		
7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • 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.) Tonya M. Allen		Date 9/11/13		10 Employer identification number (EIN)
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		

Marriott Employment Acknowledgment

1. I understand that I am an employee of Company and am on assignment with, but not an employee of Marriott International, Inc. or any of Marriott's subsidiaries ("Marriott").
2. I understand that Company, not Marriott, will determine and communicate my pay rate to me, as well as any information about benefits to which I may be entitled from Company.
3. I understand that I will receive a paycheck from Company, not Marriott, and that this paycheck may be picked up at or distributed by Company.
4. I understand that as a Company employee, I am not eligible to participate in any benefit plans, policies, or programs established or administered by Marriott, including, among other things, vacation, holiday pay, health or life insurance, profit sharing, or stock purchase plans.
5. I waive any right or claim to participate in or receive benefits from Marriott for any time period during which I am an employee of Company.
6. I understand that any issues, concerns, or grievances relating to my assignment with Marriott should be addressed to Company.
7. I understand that Company will handle routine personnel matters, such as reference and credit checks. There will be no common personnel records between Company and Marriott.

I have read and understand the above policies and guidelines.


Employee of Company's Signature


Date

I hereby acknowledge and agree to the following:

INFORMATION PROTECTION AND CONFIDENTIALITY

As part of my assignment I will be given access to information about Marriott International, Inc. or any of Marriott's subsidiaries ("Marriott") and its business, in a variety of formats (paper, electronic, oral communications). This information, other than that which is already publicly available, is proprietary and confidential to Marriott and I am responsible for keeping it confidential. I will not reproduce, disclose, or distribute Marriott information in any way unless I am instructed to do so by a Marriott manager or supervisor. I may only use Marriott information to perform work at Marriott, and for no other purpose. As is the case for Marriott associates, my access and use of Marriott computer resources may be monitored by Marriott at any time, with or without notice, and shall not in any way be deemed to be private or personal to me.

USE OF MARRIOTT'S SYSTEMS

When using Marriott's e-mail and Internet access capabilities, I will abide by the following:

- * The Internet is provided for business use. Inappropriate and offensive sites, such as those containing or promoting sexually explicit content, gambling, hate speech or criminal activity should never be accessed in the workplace or through the use of Marriott computers and computing resources.
- * E-mail messages may be required to be disclosed in legal proceedings and should be composed with dignity and care, as should all documents written on Marriott's behalf.
- * Marriott's non-solicitation guidelines state that e-mail may not be used to communicate advertisements, commercial announcements or solicitations for membership or subscriptions from any public or private enterprises.
- * Think before you send! Any message that is sent can be misdirected or easily forwarded to someone else without consent. Special care should be taken when communicating sensitive or confidential information to ensure that it is appropriate for the intended recipients to be privy to the information being sent.
- * A message should never be sent if it could be perceived as offensive by another. Derogatory expressions should never be used. (Examples include jokes, slogans, cartoons or other material of an offensive nature related to a person's race, color, national origin, sex, religion, sexual orientation, age, disability or veteran status.)
- * E-mail chain letters should not be sent or forwarded. These letters are not only annoying, they add unnecessarily to an already high volume of e-mail traffic.
- * Messages should be distributed only to those who will benefit from it. When posting a message to an e-mail bulletin board or public folder, remember that everyone can view it.
- * E-mail attachments from unknown senders should not be downloaded or opened. If a virus is suspected or known to be in a file, the file should not be opened or forwarded. IR Systems Support should be contacted immediately at 240-632-6000 to report the problem.
- * Software should not be installed on a Marriott computer or network without the express consent of the Marriott Technology Management Center (TMC) at 301-380-3407.

Independent Contractor

I am and shall remain an employee of my employer while performing services for Marriott. I am not and shall not be deemed to be an employee of Marriott or its subsidiaries or affiliates for any purpose, and acknowledge and agree that I am not eligible for employment benefits of any kind with Marriott, including workers compensation, pay and other benefits. I do not have and shall not have the right to bind Marriott by any representation, promise, contract, or other act or omission.

No Right or License

Nothing in this acknowledgement will be construed to grant any right or license to me or my employer with respect to data or information disclosed by Marriott, or any patent, trademark, copyright, trade secret, or other intellectual property right owned, held or controlled by Marriott. As between me, my employer and Marriott, all rights (including the right to reproduce, distribute, extract, or disclose to other persons or entities), title, and interest in and to any such data, information and intellectual property belong exclusively to and shall remain exclusively with Marriott.

Ownership of Work

I agree that all rights, title and interest (including but not limited to copyright and patent rights) in all work, products (including without limitation marks; computer programs and documentation; photographs; logos; designs; drawings; artistic and graphical works; reports; data; information; other works of authorship; and inventions, if any) made by me or my employer, or its suppliers or contractors, during performance of services for Marriott (all such works hereinafter "Work Products") will be as set forth in the agreement between my employer and Marriott. I will not assert any rights in the Work Product inconsistent with any such agreement and hereby assign any rights I have in such Work Products as necessary to give effect to such agreement. If no such agreement exists, or if such agreement does not cover intellectual property rights, I hereby assign any such rights to Marriott. Marriott may register, record, and otherwise perfect title to and ownership of all Work Products in Marriott's own name. I agree to execute such documents, and otherwise provide such assistance, as Marriott may reasonably request, at Marriott's expense, to accomplish the purposes of this paragraph.

By signing the first page of this document I certify that I have read and understand all the information contained in this acknowledgement and that I agree to comply with its provisions. I recognize that if I fail to comply with this agreement, Marriott may terminate its relationship with my employer and me and exercise other legal remedies to protect its rights.



Employee or Company's Signature

10/5/16

Date

Form W-4 (2016)

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. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions do not apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

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Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

<p>A Enter "1" for yourself if no one else can claim you as a dependent</p> <p>B Enter "1" if: • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</p> <p>C Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)</p> <p>D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return</p> <p>E Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)</p> <p>F Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit (Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)</p> <p>G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child</p> <p>H Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶</p>	<p>A _____</p> <p>B _____</p> <p>C _____</p> <p>D _____</p> <p>E _____</p> <p>F _____</p> <p>G _____</p> <p>H _____</p>
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For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

Separate here and give Form W-4 to your employer. Keep the top part for your records.

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate ▶ Whether you are 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.		OMB No. 1545-0074 2016
1 Your first name and middle initial TONYA M.		Last name ALLEN		2 Your social security number 136-62-6945
Home address (number and street or rural route) 357 SCHLEY ST.		3 <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code NEWARK, NJ 07112		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		6 Additional amount, if any, you want withheld from each paycheck		7 <input type="checkbox"/>
8 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. • 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.		9 Office code (optional)		
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.		10 Employer identification number (EIN)		
Employee's signature (This form is not valid unless you sign it.) ▶ Tonya M. Allen		Date ▶ 10/5/16		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		10 Employer identification number (EIN)		



SENSITIVE BUT UNCLASSIFIED

Case Verification Number: 2016279124618TD

Report Prepared: 10/05/2016

Company Information

Company ID: 139349

Company Name: Acrobat Outsourcing

Employee Information

Last Name: Allen

First Name: Tonya

Date of Birth: 10/16/1962

Social Security Number: *** ** 6945

Hire Date: 10/05/2016

Citizenship Status: A citizen of the United States

Document Information

List B Document: Driver's license or ID card issued by a U.S. state or outlying possession

List C Document: Social Security Card

Document Name: Driver's license

Document State: New Jersey

Driver's License or ID Card Number:

Document Expiration Date: 05/31/2017

Case Status Information

Final Case Result: Employment Authorized

Employer Case ID:

Case Submitted On: 10/05/2016

Case Submitted By: DMCK1905

Closed On: 10/05/2016

Closed By: DMCK1905

Closure Statement: The employee continues to work for the employer after receiving an Employment Authorized result.

SENSITIVE BUT UNCLASSIFIED



For more information contact us at 888-464-4218 or E-Verify@dhs.gov.

U.S. Department of Homeland Security

U.S. Citizenship and Immigration Services

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