

EMPLOYMENT VERIFICATION FOR NEW EMPLOYEES

Equal Opportunity Statement: HB Sound & Light, Inc. does not discriminate on the basis of race, religion, color, sex, disability national origin, marital status, veteran's status, political belief or affliation or economic status.

Last Name	First Name	M.I.	Date
Street Address			Home Phone
City	State	Zip	Cell Phone
Have you ever applied at HB Sound & Light be	fore? If yes, when?		Social Security Number
Email			Expected pay
Referred by			Marital Status
Date of Birth	In case of emergency,	Name Phone # Relation	ship
Signature		Date	
Office use only			
Date of Hire			
Supervisor			
Pay			



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.

	oumomunon p	100011100 1100 0	i idiai o o	Apriation date	may also come		Jan a		
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	ren Name)	Middle Initial	Other L	s Used (if any)		
Address (Street Number and N	lame)	Apt. N	umber	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 Numb									
I am aware that federal law	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 Num OR	per:				_				
3. Foreign Passport Number									
Country of Issuance:									
Signature of Employee					Today's Dat	e (mm/dd	/уууу)		
Preparer and/or Trans I did not use a preparer or t (Fields below must be comp 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						10 101111	and that		
Signature of Preparer or Trans	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	Document Title					Document Title				
Issuing Authority	Issuing Aut	thority			— ī	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	Additiona	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 a	and Name)	City or To	wn			State	ZIP Code			
Section 3. Reverification and Re	hires (To be cor	mpleted and	signed by	/ emplo	yer or a	authorize	d represei	ntative.)			
A. New Name (if applicable)					B.	Date of F	Rehire (if ap	pplicable)			
Last Name (Family Name)	First Name (Given	Name)	Mi	ddle Initia	al D	ate (mm/c	ld/yyyy)				
C. If the employee's previous grant of employ continuing employment authorization in the s			provide the	e informa	ition for	the docun	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,		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	6.	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 (2018) Page **2**

your wages and other income, including income earned by a spouse, during the year.

Line G. Other credits. You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account.

Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at www.irs.gov/W4App. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("-0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at www.irs.gov/W4App to make your withholding more accurate.

Tip: If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

Instructions for Employer

Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.

New hire reporting. Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to www.acf.hhs.gov/programs/css/ employers.

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

Box 8. Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

Box 9. If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

Box 10. Enter the employer's employer identification number (EIN).

OMB No. 1545-0074

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.

Department of the 1 Internal Revenue Se		ling is subject to review by the	IRS.								
Step 1:	(a) First name and middle initial	Last name	A CONTRACTOR OF THE CONTRACTOR	(b) S	ocial security number						
Enter Personal Information	Address	Does your name match the name on your social security card? If not, to ensure you ge credit for your earnings, contact									
momanon	City or town, state, and ZIP code	SSA at 800-772-1213 or go to www.ssa.gov.									
	(c) Single or Married filing separately										
	Married filing jointly (or Qualifying widow(er))			.,	ne e e e e e e e e e e e e e e e e e e						
	Head of household (Check only if you're unma	rried and pay more than half the costs	of keeping up a home for yo	urself ar	nd a qualifying individual.						
Complete Ste claim exempti	ps 2–4 ONLY if they apply to you; otherw on from withholding, when to use the online	ise, skip to Step 5. See page estimator, and privacy.	e 2 for more information	on on e	each step, who car						
Step 2: Multiple Jobs		ore than one job at a time, on the complete that one incomplete that are the complete th	or (2) are married filing e earned from all of th	g jointl ese jol	y and your spouse bs.						
or Spouse	Do only one of the following.										
Works	(a) Use the estimator at www.irs.gov	/W4App for most accurate w	ithholding for this step	(and	Steps 3–4); or						
	(b) Use the Multiple Jobs Worksheet on	page 3 and enter the result in S	Step 4(c) below for rough	nly acc	urate withholding; or						
	(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld.										
	TIP: To be accurate, submit a 2020 income, including as an independent	Form W-4 for all other jobs. contractor, use the estimator	If you (or your spous r.	e) hav	re self-employment						
Complete Ste be most accur	ps 3–4(b) on Form W-4 for only ONE of that ate if you complete Steps 3–4(b) on the Form	nese jobs. Leave those steps in W-4 for the highest paying	blank for the other jo job.)	bs. (Y	our withholding will						
Step 3:	If your income will be \$200,000 or les	s (\$400,000 or less if married	I filing jointly):								
Claim Dependents	Multiply the number of qualifying c	hildren under age 17 by \$2,000	\$								
	Multiply the number of other depe	endents by \$500	▶ \$								
	Add the amounts above and enter the	e total here		3	\$						
Step 4 (optional): Other	(a) Other income (not from jobs). If this year that won't have withholdi include interest, dividends, and reti	ng, enter the amount of other			\$						
Adjustments	(b) Deductions. If you expect to cla and want to reduce your withholo enter the result here		\$								
	(c) Extra withholding. Enter any add	litional tax you want withheld	each pay period .	4(c)	\$						
Step 5:	Under penalties of perjury, I declare that this cert	ificate, to the best of my knowled	dge and belief, is true, co	rrect, a	and complete.						
Sign Here	Employee's signature (This form is not y	valid unless you sign it))	ıte							
	Employee's signature (This form is not	vana umess you sign it.									
Employers Only	Employer's name and address			Employ- iumber	er identification (EIN)						
			ı İ								

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 1(a), 1(b), 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
- 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.

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	2a	\$
	b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b	2b	\$
	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.)		<i>y</i>
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 7.5% 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 Part II of 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. Fallure 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 troaty, 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)			5 D	, 1 bec 1 -	1		£ .: Y87:	-I / A		*****		Page 4
Married Filing Jointly or Qualifying Widow(er) Lower Paying Job Annual Taxable Wage & Salary												
Higher Paying Job 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	\$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	6,570 7,570	7,570 8,570	8,220 9,220	8,220 9,220
\$50,000 - 59,999 \$60,000 - 69,999	1,020	2,220 2,220	3,050	3,250 3,440	3,570 4,570	4,570 5,570	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	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070 16,830	17,070 19,130	19,070 21,430	21,290 23,730	23,590 26,030	25,540 27,980	26,840 29,280
\$365,000 - 524,999 \$525,000 and over	2,970 3,140	6,470 6,840	9,600	12,100 12,870	14,530 15,500	18,000	20,500	23,000	25,730	28,000	30,150	31,650
\$525,000 and 0ver	3,140	0,040				d Filing S			20,000	20,000	00,700	1 07,000
Higher Paying Job							_ .	Wage & S	Salary			
Annual Taxable	\$0 -	\$10,000 -	\$20,000 -	\$30,000 -	\$40,000 -	\$50,000 -	\$60,000 -	\$70,000 -	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
Wage & Salary	9,999	19,999	29,999	39,999	49,999	59,999	69,999	79,999	ļ	\$2,040	\$2,040	\$2,040
\$0 - 9,999	\$460 940	\$940 1,530	\$1,020 1,610	\$1,020 2,060	\$1,470 3,060	\$1,870 3,460	\$1,870 3,460	\$1,870 3,460	\$1,870 3,640	3,830	3,830	3,830
\$10,000 - 19,999 \$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	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540 10,540	12,840 12,840	14,540 14,540	15,840 15,840	17,140 17,140	18,440 18,440	19,730 19,730	20,830	21,930
\$250,000 - 399,999 \$400,000 - 449,999	2,970 2,970	5,860 5,860	8,240 8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$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
ψ100,000 and 0101	<u> </u>	1 0,200	0,010		1	louseho		1 ,				i
Higher Paying Job								Wage & S	alary			
Annual Taxable Wage & Salary	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$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 24,870
\$200,000 - 249,999 \$250,000 - 349,999	2,970	6,470 6,470	8,990 8,990	11,370 11,370	13,670 13,670	15,970 15,970	18,270 18,270	19,960 19,960	21,260 21,260	22,560 22,560	23,770 23,770	24,870
\$350,000 - 349,999 \$350,000 - 449,999	2,970 2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	25,200
\$450,000 - 449,999 \$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
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WITH DIRECT DEPOSIT, YOUR PAYCHECK IS AVAILABLE THE FRIDAY OF PAY WEEK – UP TO A WEEK FASTER THAN MAIL Employee Direct Deposit Authorization Form

Execution of this form authorizes HB Sound & Light, Inc. (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post such entries.

ACCOUNT TYPE (i.e. Checking or Savings)	
EMPLOYEE BANK NAME	
BRANCH	
CITY, STATE	
ACCOUNT NUMBER	
BANK ROUTING NUMBER (ABA#)	
Please note: A VOIDED Blank Check mus Deposit Authorization Form.	t be returned with the executed Direct
This authorization will be in effect until the notice from me and has reasonable opportun	* *
Employee Signature	
Employee Printed Name	
Date Signed	
Please mail to:	
HB Sound & Light, c/o Tricia Lunski	
101 North 8 th Street Grand Forks, ND 58203	
Or email to: tricia.lunski@hbsound.com	

Revised: 01/21/15 Supersedes: All/sle