

AMERICAN PAYROLL AND BENEFITS I, LLC (APBI) EMPLOYEE LEASING APPLICATION

CLIENT NAME: _____

EMPLOYEE INFORMATION

Name: _____ **SSN:** _____
First Last MI

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Gender: Male Female Married Single **Date of Birth:** ____ / ____ / ____

Email Address: _____
If you do not wish to be contacted for any other benefits or services that our affiliates offer, please check here

EMERGENCY CONTACT INFORMATION

Name: _____ **Relationship:** _____

Home Phone: _____ **Cell Phone:** _____

I understand and agree to the following: I am not yet a leased employee of APBI. If I suffer an injury or have suffered an injury related to work while working for the Client Company but before I am accepted as a leased employee by APBI, the Client Company (not APBI) will be responsible for providing Workers' Compensation Coverage, even if I am paid by APBI or subsequently accepted as an employee of APBI. I will not be accepted as an employee of APBI and Workers' Compensation Coverage will not be provided by APBI for any accident until all pages of the APBI Employee Leasing Application are completed and signed by me, the complete APBI Employee Leasing Application is delivered to APBI, and APBI accepts me as a leased employee.

Signature: _____ **Date:** _____

CLIENT COMPANY MUST COMPLETE: **Job Description:** _____

Date of Hire: ____ / ____ / ____ **W/C Code:** _____ **State Employee will be working in:** _____

Pay Rate: _____ Hourly Salary Draw Commission TIPS Piece Rate Flag

Full-Time Part-Time Seasonal **Department/Location:** _____

Client Signature: _____ **Date:** _____

IN ACCORDANCE WITH THE CLIENT SERVICE AGREEMENT - THE APPLICATION MUST BE COMPLETED AND RETURNED TO APBI BEFORE THE EMPLOYEE MAY START WORKING

ACKNOWLEDGEMENT AND AGREEMENT

I, the undersigned applicant, acknowledge by my signature that I have been informed that if accepted as a leased Utilized Individual of American Payroll and Benefits I, LLC (APBI) I will be leased to: _____ (Client Company). I further understand that if accepted as a leased Utilized Individual of APBI, either APBI or I can terminate our relationship at any time, as I will be an at-will leased Utilized Individual of APBI. I also understand and agree that if accepted, while I am a leased Utilized Individual of APBI, if APBI does not receive payment from the Client Company for services which I perform, APBI will still pay me the applicable minimum wage (or the legally required overtime pay, at the applicable minimum wage rate, in a workweek in which I have worked overtime) for any such pay period and I agree to this method of compensation.

As a term of employment with APBI, I understand and agree that all of my compensation for work done for the Client Company must be paid by APBI. It is expressly prohibited for me to accept compensation from any source other than APBI for work done for the Client Company without the express written consent from APBI. The moment I accept compensation from any source other than APBI for work performed for the Client Company without APBI's written consent, my employment with APBI will be automatically terminated/dissolved, effective the beginning of the pay period in which I received that compensation, even if APBI is not yet aware of it and even if APBI continues to pay me. Therefore, I understand and agree that if I receive any compensation from any source other than APBI for work done for the Client Company without APBI's written consent, I will be considered an employee of that source and not an employee of APBI. I understand and agree that this means that if I get paid by any source other than APBI for work done for the Client Company without APBI's written consent and I get hurt while working, I will not be an employee of APBI and will, therefore, not be covered by APBI or APBI's workers' compensation policy. This paragraph does not apply to tips from patrons.

I acknowledge that I am required to promptly report all incidents of discrimination, harassment, or retaliation, regardless of the offender's identity or position, to the Client Company. I further acknowledge that the Client Company is responsible for investigating my complaint and taking appropriate action, if any is determined to be necessary, to end or remediate the discrimination or retaliation. I further acknowledge and agree that because APBI does not have actual control over my work with the Client Company, and as such is not in a position to know of any alleged discrimination, harassment, or retaliation, all action to end or remediate any discrimination, harassment, or retaliation must come solely from the Client Company.

I understand that I may not report to work or operate a vehicle or machinery under the influence of any illegal or illegally-prescribed drug. If you think, or have been informed by your medical provider, that your use of a legally-prescribed drug or over-the-counter drug may present a safety risk or may interfere in any respect with your job performance, judgment, or behavior, you must report such risk or interference to your supervisor immediately.

I understand that APBI maintains a Drug Free Workplace Policy in accordance with Florida Statute 440.102 that includes a right to Post-Accident/Reasonable Suspicion drug testing in accordance with OSHA Final Recordkeeping Rule (29 CFR 1904). APBI's policy requires all leased Utilized Individuals to report to work in a substance free condition. This policy is implemented in such a manner that it does not retaliate against any Utilized Individual who reports an injury and requires post-incident testing when there is a likelihood or reasonable possibility that the presence of drugs or alcohol contributed to the cause of the injury, incident or illness and is in compliance with OSHA Final Recordkeeping Rule (29 CFR 1904).

I also agree to comply with the APBI Drug Free Workplace Policy and any drug/alcohol testing requirement, which APBI has or may adopt in accordance with state and Federal law. I specifically agree to post-accident drug/alcohol testing after any work injury regardless of whether I am able to give consent at that time. This document is my express authorization to conduct post-accident drug/alcohol testing in all instances in which such testing has been requested.

Utilized Individuals deemed to be in safety-sensitive positions, such as DOT commercial licensed drivers, forklift operators, or machine operators may be required to submit to post-incident testing for incidents involving any safety violation or incidents indicating negligence on behalf of the Utilized Individual whether or not it results in an injury.

I have read, or had read to me, a copy of this policy and I understand the consequences of violating the policy, including my obligations under the APBI Drug Free Workplace Policy and its policy on Post-Accident/Reasonable Suspicion drug testing. If I did not understand the policy, I have asked for and have received an explanation. I specifically understand that if I am injured on the job and APBI determines that there is a likelihood or reasonable possibility that the presence of drugs or alcohol contributed to the cause of the injury, incident or illness and a drug test is performed and I have a confirmed positive test result; refuse to consent or submit to a drug or alcohol test; tamper with or adulterate a drug and/or alcohol specimen, refuse to authorize the release of drug or alcohol test results to APBI, or otherwise violate this policy I may forfeit all benefits under this state's workers' compensation and unemployment compensation laws.

I understand that as a condition of my continued employment, where reasonable suspicion of drug and/or alcohol use exists, APBI may require me to undergo substance screening by urinalysis for drugs and blood for alcohol. I hereby agree to submit to such tests including follow up to rehabilitation testing.

I further consent to the results of any such drug or alcohol tests being released to APBI's authorized representative by the Medical Review Officer (MRO). I understand that I am legally authorized to receive a copy of this consent form if requested. The results will not be released to any additional parties without my written authorization, except I acknowledge that APBI, agents of APBI'S, representatives of its insurance carrier and the testing laboratory will have access to the test results and may disclose such results to its attorney(s) in connection with workers' compensation proceedings, and may use the test results when relevant to its defense in other civil or administrative matters.

I release any testing facility personnel and/or any physicians who have tested me from any liability arising from a release or use of any and all test results, written reports, medical records and data concerning my test(s) to the appropriate APBI officials. I further release all APBI officials from liability arising from the release or use of the test results.

I also understand that the APBI Drug Free Workplace Policy Post-Accident/Reasonable Suspicion Policy and related documents are not intended to constitute a contract between APBI and me.

I acknowledge receipt of a copy of this policy.

As a condition of my acceptance by APBI as a leased Utilized Individual, I do hereby agree to comply with the following safe working practices:

I agree to follow all safety requirements, procedures and practices, including but not limited to those imposed or recommended by: any government entity, OSHA, Client Company, APBI or any other entity whatsoever without exception.

I agree to report any work-related accident, or injury, to my supervisor with the Client Company as soon as it occurs, without exception.

If I need treatment for a work-related injury, I agree to:

- A. Notify my supervisor with the Client Company and APBI of the need for treatment.
- B. Only go to Client Company/APBI directed physicians for the initial treatment.
- C. On the initial visit, hand carry a Medical Authorization for Treatment form to the authorized treating facility.
- D. Notify APBI or APBI's workers' compensation carrier when I am referred to any specialist for treatment.
- E. Only go to APBI or APBI's workers' compensation carrier's directed specialists for care.

I understand that failure on my part, to follow the above procedures, could result in disciplinary action that may include termination.

I agree to inform APBI of any safety violations I encounter in the workplace.

I also understand that according to Section 440.09 (4) of the Florida Workers' Compensation Law, my compensation benefits could be reduced for any injury, which occurs because of a failure to follow established safety procedures.

By signing below, you acknowledge and agree that APBI's "Drug Free Workplace Alcohol Policy" is compliant with OSHA Final Rule (29 CFR 1904) and that you have been given the opportunity to look at that rule before signing this document.

I understand if I do not report my accident to American Payroll and Benefits I LLC within 30 days, my claim may be denied for lack of notice.

I, the undersigned individual, in consideration of my being placed in a professional employer relationship with American Payroll and Benefits I, LLC ("APBI") set forth on the signature page of this Agreement, acknowledge and agree to the following:

- (1) At all times during my relationship with APBI, I understand and agree that I will remain a Utilized Individual of the client company for which I am working ("Client") that has contracted with APBI and, to the extent allowed by law, Client will continue to have sole and exclusive control over my day-to-day job duties and over the worksite(s) where I perform services. Additionally, to the extent allowed by law, Client will continue to provide all onsite supervision, including, but not limited to, determining my job assignments and training requirements and evaluating my performance. Also, to the extent allowed by law, Client will determine my job duties, rate of pay, hours worked, continued employment opportunities, and other terms and conditions of my employment;
- (2) I understand and agree that my status with APBI is at-will. I further understand and agree that there is no contract of employment which exists between APBI and me and I understand and agree that APBI will not become a party to any contract of employment which I have already entered into or which I may in the future enter into with Client. Additionally, I understand and agree my at-will status with APBI does not change the employment status I had with Client prior to the existence of the professional employer relationship between APBI and Client and that APBI is not responsible for any contractual obligations which may exist between Client and me;
- (3) I understand and agree that I am performing services within a professional employer organization relationship where the duties and responsibilities applicable to me are set forth in a service agreement entered into between Client and APBI;
- (4) I understand and agree that APBI has assumed such responsibility to pay me wages as is required by applicable law. I also understand and agree that, unless otherwise required by law if APBI does not receive payment from Client for services which I perform as a utilized individual, APBI may, where allowed by law, pay me the applicable minimum wage (or the legally required minimum salary) for any such pay period, and I agree to this method of compensation. Additionally, I understand and agree that Client at all times ultimately remains obligated to pay me my regular hourly rate of pay if I am a non-exempt individual and to pay me my full salary if I am an exempt individual if APBI is not fully paid by Client for services that I render;
- (5) I understand and agree that, unless otherwise required by law, where payment for the following items have not been received by APBI from Client, APBI does not assume responsibility for payment of bonuses, commissions, severance pay, deferred compensation, profit sharing, vacation, sick, or other paid time off pay and compensation, benefit, or for any other payment not required by law, in any form, or for any other similar type of payment, unless APBI has specifically, in a written agreement entered into with me, adopted Client's obligation to pay me such compensation or benefit (APBI does assume this responsibility where such payment has been received from Client encompassing such items regarding me);
- (6) Unless otherwise contractually agreed to by Client and APBI, APBI has agreed to maintain workers' compensation insurance covering my employment. In recognition of the fact that any work-related injuries which might be sustained by me are covered by state workers' compensation statutes, and to avoid the circumvention of such state statutes which may result from suits against the customers or clients of APBI or against APBI based on the same injury or injuries, and to the extent permitted by law, I hereby waive and forever release any rights I might have to make claims or bring suit against any client or customer of APBI and/or against APBI for damages based upon injuries which are covered under such workers' compensation statutes. In the event of a work-related injury, I understand and agree that, to the extent allowed by law, my sole remedy lies in coverage under APBI workers' compensation policy or Client's workers' compensation policy if it maintains its own workers' compensation policy;
- (7) I understand and agree that if I am injured on the job, even if the injury is minor or I do not want treatment, I must immediately report it to my supervisor. I also agree to comply with any lawful drug testing policy which may be adopted, and I specifically agree to post-accident drug testing in any situation where it is allowed by law;
- (8) In addition, I also agree that if at any time during my employment at Client I am subjected to any type of discrimination, including discrimination because of race, sex, sexual orientation, harassment of any type, disability, color, age, genetic information, national origin, citizenship status, religion, retaliation, veteran status, military status, or union status, or if I am subjected to any type of harassment including sexual harassment, I will immediately contact an appropriate person of Client. In most instances, this appropriate person will be the President of Client. Should I choose not to contact Client for any reason, I may contact APBI's Client Services Manager at 352-624-1999 for the limited purpose of having APBI, at its option, and not as an employer, but as a possible facilitator, try in its sole discretion, to attempt to facilitate a resolution;
- (9) I understand and agree that Client has sole and exclusive control over my day-to-day job duties and Client has sole and exclusive control over the job site at which, or from which, I perform my services and that APBI only reserves and retains such rights and authority as is required by applicable law. I agree that APBI does not have actual control over my workplace and, as such, is not in a position to end or remediate any discrimination, harassment, unsafe working condition, retaliation, or wrongdoing which may be occurring. The responsibility to resolve and/or end such inappropriate conduct or unsafe working condition rests with Client, however, APBI may attempt to facilitate a resolution;
- (10) I understand and agree that due to employee leasing licensure restrictions, if I am accepted as a Utilized Individual of APBI, I am expressly prohibited from performing any work outside the state that I was originally hired to work in for client during my status as a Utilized Individual without the prior written approval of APBI. If I work outside the state that I was originally hired to work for client or for anyone else without this approval from APBI, I understand that I will not be a Utilized Individual of APBI while that work is performed. The only states that APBI is licensed/authorized to perform services are:
 - a. Florida,
 - b. Georgia
 - c. Tennessee
 - d. South Carolina

*If you are performing work outside of those 4 states it is not authorized by APBI.

- (11) If I work outside the Home State for Client or for anyone else without first securing this approval as set forth at (10), I understand and agree that I will no longer be in a professional employer organization relationship with APBI and may not be provided workers' compensation benefits through APBI or the applicable workers' compensation carrier and my professional employer organization relationship with APBI will be considered immediately terminated upon commencement of my trip outside the Home State to perform work where prior approval has not been received as set forth herein;
- (12) I understand and agree that, to the extent allowed by law, any obligation of APBI ceases when APBI's professional employer organization agreement with Client terminates;
- (13) I understand and agree if I am eligible for any benefits it is my responsibility (and the responsibility of any family members/ dependents who wish to participate) to timely submit all required forms and information;
- (14) To the extent allowable by law, by signing this Agreement, I assign to APBI, my right to assert a priority wage claim against Client under 11 U.S.C. § 507 (a)(3) in the event that a Bankruptcy Petition is filed under Title 7 and or Title 11 of the United States Code by or on behalf of Client; and
- (15) Should I sign this form and/or complete APBI's utilized individual paperwork and never be accepted as a utilized individual of APBI, this form shall be null and void.

DATE

SIGNATURE OF UTILIZED INDIVIDUAL

DATE

SIGNATURE OF PEO REPRESENTATIVE

American Payroll and Benefits I, LLC Applicant Statement

This form confirms your understanding of the nature of the PEO relationship between American Payroll and Benefits I, LLC (hereinafter APBI) and _____ (hereinafter Client). This letter serves as your acknowledgement and understanding of that relationship and the limitations of that relationship. Please read each question carefully and fill in the banks as requested. Please initial at the end of each question to confirm that you have read and understand the question.

In that regard you acknowledge:

- 1. I agree that the rate of pay listed on the first page is the rate of pay which I have been promised. x _____

- 2. That you acknowledge that if you are hired by APBI you will only be paid by check from APBI for work that you perform for the Client. x _____

- 3. That you understand that if you are hired by APBI and you accept any W-2 wage payments from Client that you may be engaged in workers' compensation fraud as well as tax and/or child support fraud. x _____

- 4. That you are not an independent contractor or subcontractor. x _____

- 5. That you acknowledge and agree that if you are hurt on the job for APBI then the only wages and earnings that will be calculated for any workers' compensation benefits that you receive are the wages paid through the check or direct deposit from APBI. x _____

- 6. That if you are injured while working for APBI and Client has not reported or has underreported your hours or wages then your workers' compensation claim may be denied. x _____

- 7. That if you are hired by APBI and are injured while working on a job for someone other than APBI and Client, you will not be considered as a covered leased co-employee for workers' compensation purposes. x _____

- 8. That you understand that if you do not receive a weekly pay check from APBI you are not considered a APBI employee even if you have gotten a check from APBI in the past. x _____

I attest that my signature or mark signifies my confirmation that my statements above are true and accurate and are given by me freely and without duress.

Signature: _____ **Printed Name:** _____ **Date:** _____

***If this is document read to you or translated for you this acknowledges that you have understood all of the questions and have answered the questions yourself.** x _____

EMPLOYEE HANDBOOK RECEIPT AND DISCLAIMER

I acknowledge that I have been given access to a copy of the Employee Handbook through my employer and/or online at www.APBPayroll.com and that it is my responsibility to read it or have it read to me. If I have any questions regarding the handbook, I understand that it is my responsibility to ask my supervisor about them. I recognize that it is my responsibility to read the policies, practices, standards and rules it contains, and I agree to comply with them during my employment with the company.

I understand the information in this handbook is intended to acquaint employees with general policies, principles, standards, and procedures, and does not represent a contractual commitment by the Company concerning terms of employment or other matters. The Company remains free to act according to the best business judgement of its management and to change, interpret, withdraw, or add to the policies, principles, standards, and procedures described in the handbook at any time without prior notice, consideration, or approval by an employee or employee group. I further understand that the handbook is not a guarantee on any specific policies, procedures, standards, rules, or length of employment. My manager or a representative of APBI can clarify current, specific details of the topics covered in this handbook. I further understand that I will be responsible for complying with future changes in such policies, practices, standards, and rules communicated to employees from time to time.

I understand that this handbook is not a contract of employment. I may voluntarily leave employment, and I may be terminated at any time for any reason. I understand that all oral or written statements to the contrary are hereby expressly disavowed and not to be relied on. I understand and agree that, if discharged, my employment is for no definite period and, regardless of the date of payment of my wages and salary, may be terminated at any time without prior notice.

Employee Name: Please Print

Employee Signature

Date

Client Company

This company is an equal opportunity employer. The company offers all persons and equal opportunity to work based on their abilities and qualifications, without regard to sex, marital status, race, color, creed, national origin, age, or the presence of non-job related handicaps. It is the company's policy to insist upon strict compliance with both the letter and spirit of this law on the part of all employees.

Employee's Withholding Certificate

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at www.irs.gov/W4App.

Step 2: Multiple Jobs or Spouse Works

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

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

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

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

Step 5: Sign Here

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

Employee's signature (This form is not valid unless you sign it.)

Date

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

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. 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.

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



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

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

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



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

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; 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
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b
c Add the amounts from lines 2a and 2b and enter the result on line 2c
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc.
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld)

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

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

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

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

Married Filing Jointly or Qualifying Surviving Spouse

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230

Direct Deposit Agreement

Attach one of the following for **EACH** Direct Deposit account
(Failure to do so will delay the processing of your direct deposit):

- 1. Checking Account:** Copy of a voided check or bank courtesy letter (no deposit slips).
- 2. Savings Account:** A bank courtesy letter stating: Your Name, Routing #, and Account #.
The designated account(s) must be in your name

Please read and sign before submitting: Funds transferred by electronic transmission normally post to an account in two to three business days after the payroll is processed. Employee remains responsible for verifying that the funds are deposited, clear, and available prior to writing checks or debiting account. Also, please allow one additional business day for direct deposits to be processed during a holiday.

I grant my employer the right to correct any electronic funds transfer, resulting from an erroneous overpayment, by debiting my account to the extent of such overpayment.

Employee Name: _____ **SSN:** _____

Client Name: _____

Name of Bank:	Please Choose: <input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS
Routing Number:	Dollar Amount: \$ _____
Account Number:	Percentage Amount: _____ %

Email: _____

Employee Signature: _____ **Date:** _____

A Voided Check or Bank Courtesy Letter
Must Be Attached In Order To Setup Direct Deposit.

--VOIDED CHECK--

Please allow two weeks for initial setup or any changes.

Employee Pay Selection Record

American Payroll and Benefits I, LLC offers three options to receive your pay, Direct Deposit, the Money Network® Service, or a paper check from Employer. Please review these options and make your selection below.

Option 1: DIRECT DEPOSIT Employer will pay all of my net pay as selected below (“Direct Deposit”) into the account (the “Account”) at the financial institution with the routing and account numbers and account type (collectively, “Account Information”) I have provided separately to Employer according to Employer’s procedure.

Option 2: MONEY NETWORK SERVICE
PLEASE REVIEW THE MONEY NETWORK SERVICE PREPAID DISCLOSURES PROVIDED WITH THIS PAY SELECTION RECORD.
 Employer will pay all of my net pay using the Money Network Service. The Money Network Service Welcome Packet contains the Terms and Conditions that apply to the Money Network Service, the detailed fee schedule for the Money Network Service, and other important disclosures. Once I consent to those terms and contract for the Money Network Service by activating my Money Network Service account by following the instructions in the Welcome Packet, I may begin to use the Money Network Service. There is no monthly service charge for the Money Network Service as long as I am employed by Employer. As further explained in the Terms and Conditions, I can access my total net pay each pay period for free using the Money Network™ Check (“Check”) or optional Money Network Payroll Debit Card (“Card”). The Check is a check that I can complete and deposit into my personal bank account, cash for free at Money Network check-cashing partners, or use for other purposes such as paying bills. Third party check cashing services may charge transaction or other fees. Many transactions using the Card are free, but Money Network Service fees or third-party fees apply to some Card transactions and services. Options are available that allow me to check my account balance for free.

Option 3: PAPER CHECK FROM EMPLOYER. Employer will pay all of my net pay as selected below with an “Employer Check.” Employer will make paycheck available to me as required by law.

I HEREBY ELECT TO HAVE MY PAY DISTRIBUTED AS INDICATED:

(REQUIRED: MAKE ONE CHOICE BY CHECKING THE 1, 2, OR 3 BOX AND WRITING YOUR INITIALS ABOVE YOUR SELECTION BELOW)

Option 1 <input type="checkbox"/> _____ Initials	OR	Option 2 <input type="checkbox"/> _____ Initials	OR	Option 3 <input type="checkbox"/> _____ Initials
DIRECT DEPOSIT		MONEY NETWORK SERVICE		EMPLOYER CHECK

I authorize Employer to pay me by Direct Deposit, the Money Network Service, or Employer Check, according to the selection I checked and initialed above. **If I fail to make a selection for Direct Deposit or the Money Network Service, or to provide the Account Information (defined above), I will be paid by paper Employer Check.** Unless I am already paid by Direct Deposit, I acknowledge that, in order to choose Direct Deposit, I must submit a fully completed Employee Pay Selection Record (“PSR”) and Account Information. The PSR and Account Information must be submitted to Employer within three (3) business days (thirty (30) days in Michigan) of receiving notice to do so. However, I understand that I can change my pay selection at any time in the future by submitting a new PSR and Account Information (if applicable) according to Employer’s procedure (subject to the time it takes Employer to implement the change). My election will remain in effect unless Employer and/or Program Manager cancels this arrangement. In case of payment of funds to which I am not entitled, I authorize Employer to withdraw such funds from the Account or the Money Network Service. To help the government fight the funding of terrorism and money laundering activities, Federal law requires financial institutions to verify and record identity information before opening an account such as the account provided when you enroll in the Money Network Service. To permit this identification so that my pay to be placed in such an account, I authorize Employer to share my name, address, date of birth, Social Security Number, identification documents, and related personal information with Money Network and the issuing bank.

			EMPLOYER USE ONLY
_____ Signature*	_____ Printed Name*	_____ Date*	_____ Employee ID Number

*** Required**

Attach one of the following for **EACH** Direct Deposit. **Failure to do so will delay the processing of your direct deposit:**

Copy of a voided check or bank courtesy letter stating: Your Name, Routing #, and Account #. (no deposit slips).

The designated account(s) must be in your name

Please read before submitting: Funds transferred by electronic transmission normally post to an account in two to three business days after the payroll is processed. Employee remains responsible for verifying that the funds are deposited, clear, and available prior to writing checks or debiting account. Also, please allow one additional business day for direct deposits to be processed during a holiday.

I agree to have a Money Network Pay Card issued to me by American Payroll and Benefits I, LLC for an initial fee of \$5.00 to be withdrawn from my pay check.

PREPAID DISCLOSURES

Payroll Card Short Form

<p>You do not have to accept this payroll card. Ask your employer about other ways to receive your wages.</p>			
Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network \$2.75 out-of-network	5.95*
ATM balance inquiry (in-network or out-of-network)			\$0 or \$2.75
Customer service			\$0 per call
Inactivity			\$0
<p>We charge 8 other types of fees. Here are some of them:</p>			
ATM decline (in-network or out-of-network)			\$0 or \$2.75*
Transfer to customer bank			\$3
<p>* This fee can be lower depending on how and where the card is used.</p> <p>No overdraft/credit feature Your funds are eligible for FDIC insurance.</p> <p>For general information about prepaid accounts, visit cfpb.gov/prepaid. Find details and conditions for all fees and services on the next page, or call 888-913-0900 or visit <i>moneynetwork.com</i>.</p>			

Money Network Service Employer Program and MyMoneyNetwork Program. The Visa Card is issued by MetaBank[®], Member FDIC, pursuant to a license from Visa U.S.A. Inc. The Mastercard Card is issued by MetaBank[®], Member FDIC, pursuant to a license from Mastercard International Incorporated. Card is serviced by Money Network Financial, LLC

List of all fees (Long Form) for the Money Network® Service Employer Program and MyMoneyNetwork Program

All Fees	Employer Program	My MoneyNetwork Program	Details
Monthly Usage			
Account Opening, Check, and Card Receipt	\$0.00	\$0.00	No fee for Account Opening, Checks, and initial Card.
Monthly Maintenance Fee	Not Applicable	\$5.00	Fee is waived in any Monthly Statement Cycle in which Account loads total \$400 or more.
Add Money			
Payroll Deposit	\$0.00	\$0.00	Funds loaded by your Employer.
ACH Deposit of Other Funds	\$0.00	\$0.00	Loads of other types of funds or payments, e.g. a tax refund.
Spend Money			
Signature Debit Transactions	\$0.00	\$0.00	Select "Credit" or sign at point-of-sale (POS). Currency Conversion Assessment Fee, International Service Assessment, and/or Cross Border Assessment may also apply to International Transactions.
PIN Debit Transactions	\$0.00	\$0.00	Select "Debit" and enter PIN at POS; cash back option at participating merchants. Currency Conversion Assessment Fee, International Service Assessment, and/or Cross Border Assessment may also apply to International Transactions.
Money Network® Check	\$0.00	\$0.00	Participating check cashing locations do not charge fees to cash Money Network Checks. To find these locations, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com, or call Customer Service. Non-participating check cashing locations may charge fees that are not monitored by us. Check cashing locations may also limit the dollar amount of checks they will cash.
Get Cash or Send Cash			
ATM Withdrawal Fee or ATM Decline Fee In-Network	\$0.00	\$0.00	Withdrawal or Decline from ATM that is a part of our network. If you live in CT or IL, we will waive our fee for the first two ATM Declines (In-Network, Out-of-Network, or Non-US) in a calendar month. To find in-network ATMs, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com, or call Customer Service.
ATM Withdrawal Fee Out-of-Network	\$2.75	\$2.75	This is our fee. If you live in CT or IL, we will waive our fee for the first two ATM Declines (In-Network, Out-of-Network, or Non-US) in a calendar month. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
ATM Decline Fee Out-of-Network			
Bank Teller Over the Counter Cash Withdrawal	\$0.00	\$0.00	At banks displaying the card association logo on the front side of your Card. This is our fee. You may also be charged a fee by the bank. Currency Conversion Assessment Fee, International Service Assessment, and/or Cross Border Assessment may also apply to International Transactions.
Transfer to Customer Bank Fee (ACH)	\$3.00	\$3.00	Domestic ACH transactions are subject to additional terms that are disclosed when a transaction is initiated.
International ACH Withdrawal Fee	\$7.00 plus 3.5% of the exchange rate	\$7.00 plus 3.5% of the exchange rate	This transaction allows you to transfer funds via ACH to an international bank account. We charge transfer fees consisting of a flat fee of up to \$7.00 plus a mark-up on the exchange rate of up to 3.5%. The transfer fees may be less depending on the amount transferred and market conditions. Applicable transfer taxes will also be charged. The exact amount of transfer fees and transfer taxes charged by us will be disclosed to you before you complete the transaction. Your transaction is subject to an exchange rate conversion, and may be subject to additional fees and taxes, from 3rd parties. Recipient's financial institution may also charge fees and taxes. We do not monitor exchange rates or fees established by 3rd parties and these amounts are subject to change. These transactions are subject to additional terms that are disclosed when a transaction is initiated. See Website for more information. You may call Customer Service for assistance.
Information			
Monthly Paper Statement	\$0.00	\$0.00	You may also obtain account activity without a fee via Mobile App (data rates may apply), moneynetwork.com, or Customer Service.
Customer Service	\$0.00	\$0.00	24/7 toll free Account access, including account balance inquiries.
ATM Balance Inquiry Fee In-Network	\$0.00	\$0.00	To find in-network ATMs, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com, or call Customer Service.
ATM Balance Inquiry Fee Out-of-Network	\$2.75	\$2.75	This is our fee. You may also be charged a fee by the ATM operator, even if you do not complete a transaction.
Using Your Card Outside the U.S. (International Transactions)			
ATM Withdrawal INT Fee (Non-U.S.)	\$2.50	\$2.50	This is our fee. If you live in CT or IL, we will waive our fee for the first two ATM Declines (In-Network, Out-of-Network, or Non-US) in a calendar month. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. Currency Conversion Assessment Fee, International Service Assessment, and/or Cross Border Assessment may also apply to these transactions.
ATM Decline INT Fee (Non-U.S.)			
ATM Balance Inquiry INT Fee (Non-U.S.)			

<p>Visa International Service Assessment (<i>applies if transaction is initiated in non-U.S. dollars and a currency conversion rate applies</i>) or Visa Cross Border Assessment (<i>applies if transaction is initiated in U.S. dollars by a merchant with a non-U.S. country Code</i>)</p>	2.0% / 0.8%	2.0% / 0.8%	Of the U.S. dollar amount of each International Transaction made with a Visa branded card. Only one of these fees may apply to your transaction and be assessed. See <i>Using Your Account and Card - International Transactions</i> in your Agreement's terms and conditions for additional information. Transaction fees on your statement will include these fees if they apply to your transaction.
<p>Mastercard Currency Conversion Assessment Fee (<i>applies if transaction is initiated in non-U.S. dollars</i>) and/or Mastercard Cross Border Assessment Fee (<i>applies if transaction is initiated with merchant with non-U.S. country code</i>)</p>	0.2% / 2.0%	0.2% / 2.0%	Of the U.S. dollar amount of each International Transaction made with a Mastercard branded card. Either or both of these fees may apply to your transaction and be assessed. See <i>Using Your Account and Card - International Transactions</i> in your Agreement's terms and conditions for additional information. Transaction fees on your statement will include these fees if they apply to your transaction.
Other			
Reissuance of Lost/Stolen Card	\$5.00	\$5.00	Reissued Card shipped via U.S. mail 7-10 business days after order placed. One replacement Card provided at no charge each calendar year.
Priority Shipping Fee	\$10.00	\$10.00	Additional fee to ship replacement Card 4-7 business days after order placed. Reissuance of Card Fee also applies.
Request Secondary Account	\$0.00	\$0.00	Request an additional account for family or dependents.
Transfer Funds to Secondary Account	\$0.00	\$0.00	Transfer of funds to Secondary Account.
Money Network Check Stock Order	\$0.00	\$0.00	Shipped 7-10 business days after order placed. Up to 30 checks per order.
3rd Party Fees (We do not charge you these fees.)			
Cash Deposit at Reload Provider	\$5.95	\$5.95	3rd party fees, known to be up to \$5.95 as of 8/15/2018, may apply when reloading your Card at reload providers. To find reload providers, use the locator on our Mobile App (data rates may apply) or at moneynetwork.com , or call Customer Service.
Deposit Check Funds via Mobile App Standard	\$0.00	\$0.00	<p>A 3rd party provides this service subject to its enrollment process, terms, conditions, fees, and privacy policy. Checks are subject to the 3rd party's approval in their sole discretion; dollar limits and other restrictions apply. Approved checks are loaded net of applicable fees. Expedited Service: 3rd party fees are 1% of approved check amount for preprinted payroll & government checks and 4% of approved check amount for other check types, with a \$5 minimum fee. 3rd party approval process usually takes 3-5 minutes but may take an hour. Most issuers post funds within 24 hours. Standard Service: No 3rd party fee for 10 days delayed funding. See Mobile App (message and data rates may apply) for more information.</p>
<p>Deposit Check Funds via Mobile App Expedited</p> <ul style="list-style-type: none"> • Preprinted payroll & government checks • Other check types 	<p>Greater of:</p> <ul style="list-style-type: none"> • 1% or \$5.00 • 4% or \$5.00 	<p>Greater of:</p> <ul style="list-style-type: none"> • 1% or \$5.00 • 4% or \$5.00 	
Additional Disclosures			
<p>Your funds are eligible for FDIC insurance. Your funds will be held at or transferred to MetaBank[®], an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event MetaBank fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details. No overdraft/credit feature.</p> <p>Contact Customer Service by calling 888-913-0900, by mail at 5565 Glenridge Connector N.E., Mail Stop GH-52, Atlanta, GA 30342, or visit moneynetwork.com. For general information about prepaid accounts, visit cfpb.gov/prepaid. If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.</p>			



Health Insurance Marketplace Coverage Options and Your Health Coverage

Form Approved
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PART A: General Information

Even if you are offered health coverage through your employment, you may have other coverage options through the Health Insurance Marketplace ("Marketplace"). To assist you as you evaluate options for you and your family, this notice provides some basic information about the Health Insurance Marketplace.

What is the Health Insurance Marketplace?

The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options in your geographic area.

Can I Save Money on my Health Insurance Premiums in the Marketplace?

You may qualify to save money and lower your monthly premium and other out-of-pocket costs, but only if your employer does not offer coverage, or offers coverage that is not considered affordable for you and doesn't meet certain minimum value standards (discussed below). The savings on your premium that you're eligible for depends on your household income. You may also be eligible for a tax credit that lowers your costs.

Does Employment-Based Health Coverage Affect Eligibility for Premium Savings through the Marketplace?

Yes. If you have an offer of health coverage from your employer that is considered affordable for you and meets certain minimum value standards, you will not be eligible for a tax credit, or advance payment of the tax credit, for your Marketplace coverage and may wish to enroll in your employment-based health plan. However, you may be eligible for a tax credit, and advance payments of the credit, that lowers your monthly premium, or a reduction in certain cost-sharing, if your employer does not offer coverage to you at all or does not offer coverage that is considered affordable for you or meet minimum value standards. If your share of the premium cost of all plans offered to you through your employment is more than 9.12%¹ of your annual household income, or if the coverage through your employment does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit, and advance payment of the credit, if you do not enroll in the employment-based health coverage. For family members of the employee, coverage is considered affordable if the employee's cost of premiums for the lowest-cost plan that would cover all family members does not exceed 9.12% of the employee's household income.^{1,2}

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered through your employment, then you may lose access to whatever the employer contributes to the employment-based coverage. Also, this employer contribution -as well as your employee contribution to employment-based coverage- is generally excluded from income for federal and state income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis. In addition, note that if the health coverage offered through your employment does not meet the affordability or minimum value standards, but you accept that coverage anyway, you will not be eligible for a tax credit. You should consider all of these factors in determining whether to purchase a health plan through the Marketplace.

¹ Indexed annually; see <https://www.irs.gov/pub/irs-drop/rp-22-34.pdf> for 2023.

² An employer-sponsored or other employment-based health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs. For purposes of eligibility for the premium tax credit, to meet the "minimum value standard," the health plan must also provide substantial coverage of both inpatient hospital services and physician services.

When Can I Enroll in Health Insurance Coverage through the Marketplace?

You can enroll in a Marketplace health insurance plan during the annual Marketplace Open Enrollment Period. Open Enrollment varies by state but generally starts November 1 and continues through at least December 15.

Outside the annual Open Enrollment Period, you can sign up for health insurance if you qualify for a Special Enrollment Period. In general, you qualify for a Special Enrollment Period if you've had certain qualifying life events, such as getting married, having a baby, adopting a child, or losing eligibility for other health coverage. Depending on your Special Enrollment Period type, you may have 60 days before or 60 days following the qualifying life event to enroll in a Marketplace plan.

There is also a Marketplace Special Enrollment Period for individuals and their families who lose eligibility for Medicaid or Children's Health Insurance Program (CHIP) coverage on or after March 31, 2023, through July 31, 2024. Since the onset of the nationwide COVID-19 public health emergency, state Medicaid and CHIP agencies generally have not terminated the enrollment of any Medicaid or CHIP beneficiary who was enrolled on or after March 18, 2020, through March 31, 2023. As state Medicaid and CHIP agencies resume regular eligibility and enrollment practices, many individuals may no longer be eligible for Medicaid or CHIP coverage starting as early as March 31, 2023. The U.S. Department of Health and Human Services is **offering a temporary Marketplace Special Enrollment period to allow these individuals to enroll in Marketplace coverage.**

Marketplace-eligible individuals who live in states served by HealthCare.gov and either- submit a new application or update an existing application on HealthCare.gov between March 31, 2023 and July 31, 2024, and attest to a termination date of Medicaid or CHIP coverage within the same time period, are eligible for a 60-day Special Enrollment Period. **That means that if you lose Medicaid or CHIP coverage between March 31, 2023, and July 31, 2024, you may be able to enroll in Marketplace coverage within 60 days of when you lost Medicaid or CHIP coverage.** In addition, if you or your family members are enrolled in Medicaid or CHIP coverage, it is important to make sure that your contact information is up to date to make sure you get any information about changes to your eligibility. To learn more, visit HealthCare.gov or call the Marketplace Call Center at 1-800-318-2596. TTY users can call 1-855-889-4325.

What about Alternatives to Marketplace Health Insurance Coverage?

If you or your family are eligible for coverage in an employment-based health plan (such as an employer-sponsored health plan), you or your family may also be eligible for a Special Enrollment Period to enroll in that health plan in certain circumstances, including if you or your dependents were enrolled in Medicaid or CHIP coverage and lost that coverage. Generally, you have 60 days after the loss of Medicaid or CHIP coverage to enroll in an employment-based health plan, but if you and your family lost eligibility for Medicaid or CHIP coverage between March 31, 2023 and July 10, 2023, you can request this special enrollment in the employment-based health plan through September 8, 2023. Confirm the deadline with your employer or your employment-based health plan.

Alternatively, you can enroll in Medicaid or CHIP coverage at any time by filling out an application through the Marketplace or applying directly through your state Medicaid agency. Visit <https://www.healthcare.gov/medicaid-chip/getting-medicaid-chip/> for more details.

How Can I Get More Information?

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit [HealthCare.gov](https://www.healthcare.gov) for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

3. Employer name AMERICAN PAYROLL AND BENEFITS I, LLC	4. Employer Identification Number (EIN) 46-2047314	
5. Employer address PO BOX 189	6. Employer phone number 352-624-1999	
7. City OCALA	8. State FL	9. ZIP code 34478
10. Who can we contact at this job? ANDREW MAZZURCO		
11. Phone number (if different from above)	12. Email address ANDYM.APB@GMAIL.COM	

You are not eligible for health insurance coverage through this employer. You and your family may be able to obtain health coverage through the Marketplace, with a new kind of tax credit that lowers your monthly premiums and with assistance for out-of-pocket costs.