New Hire Paperwork

Complete the full Application forms that are attached

You must sign and date every page that has an Employee's Signature and Date option

Things that you will need to complete the Application

Forms of Valid ID

Complete I-9, W-4

E-Verify, Drug Test, and Background Checks

Safety Test

Direct Deposit Form

Very Important

****Completing the I-9, W-4 (Employment Eligibility Verification Form) ****

Make sure that you complete Section One ending with your Employee Signature and Date in Format MM/DD/YYYY

You will NOT be able to Start Work until this is completed

If you have any questions call 470-869-6060

info@alpelecsolutions.com, Lawrenceville, GA 30043
Call 470-869-6060

Alpine Electrical Solutions LLC.

Employment Application

APPLICANT INFORMATION		DATE :
Last Name:	M.I.	First Name:
Street Address:		Apt.#/ Unit:
City:	State:	Zip:
Cell Phone:	Cell phone provider:	
E-mail Address:		
Date Available:	Desired Salary:	
Driver's License No.:	State: Exp:	
No: Social Security		
Date of Birth:		

EMPLOYMENT DESIRED **DESCRIBE YOUR SKILLS IN THE ELECTRICAL FIELD**

POSITION	HELPER_____ _____ TOP HELPER_____ ELECTRICIAN_____ FOREMAN_____	REFERRED TO B_____

Are you a citizen of the United States YES NO

If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for Master Electric? YES NO

-If so, when?

Have you ever been convicted of a felony or misdemeanor? YES NO

-If yes, explain

Have you ever worked for a staffing company before? YES NO

-If yes, for who

info@alpelecsolutions.com
Call 470-869-6060

ALPINE
ELECTRICAL SOLUTIONS

Employment Application

PREVIOUS EMPLOYMENT		
Company:	Starting date:	End Date:
Supervisor:	Supervisors Phone #:	
May we contact your previous supervisor for a reference?	YES	NO
City: State:		
Job Title:	Starting Salary:	Ending Salary:
Reason for leaving:		
Types of Projects:		
PREVIOUS EMPLOYMENT		
Company:	Starting date:	End Date:
Supervisor:	Supervisors Phone #:	
May we contact your previous supervisor for a reference?	YES	NO
City: State:		
Job Title:	Starting Salary:	Ending Salary:
Reason for leaving:		
Types of Projects:		
PREVIOUS EMPLOYMENT		
Company:	Starting date:	End Date:
Supervisor:	Supervisors Phone #:	
May we contact your previous supervisor for a reference?	YES	NO
City: State:		
Job Title:	Starting Salary:	Ending Salary:
Reason for leaving:		
Types of Projects:		

ALPINE
ELECTRICAL SOLUTIONS

Employment Application

EDUCATION				
College:				
From:	To:	Did you graduate?	YES	NO
Other:				
From:	To:	Did you graduate?	YES	NO

MILITARY SERVICE		
Branch:	From:	To:
Rank at discharge:	Type of discharge:	
If other than Honorable, explain:		

REFERENCES	
Please list two professional references:	
Full Name:	Phone:
Company:	Relationship:
Full Name:	Phone:
Company:	Relationship:

Alpine Electrical Solutions LLC is an equal opportunity employer **Alpine Electrical Solutions LLC**, does not discriminate in employment on account of race, color, religion, creed, national origin, age, sex (including pregnancy), marital or veteran status, or any other legally protected status.

I understand that neither the completion of this application nor any other part of my consideration for employment establishes any obligation for Alpine Electrical Solutions LLC, to hire me. If I am hired, I understand that Alpine Electrical Solutions LLC or I can terminate my employment at any time and for any reason, with or without cause and without prior notice. I understand that no representative of Alpine Electric Solutions, has the authority to make any assurance to the contrary.

I attest with my signature below that I have given Alpine Electrical Solutions LLC, true and complete information on this application. No requested information has been concealed. I authorize Alpine Electric Solutions, to contact references provided for employment reference checks, criminal background checks, credit checks, DMV history and drug testing. If any information I have provided is untrue, or if I have concealed material information, I understand that this will constitute cause for the denial of employment or immediate dismissal.

I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment. However, I further understand that neither the policies, rules, regulations of employment nor anything said during the interview process shall be deemed to constitute the terms of implied employment contract.

-MUST SIGN-

SIGNATURE: _____ **DATE:** _____

ALPINE
ELECTRICAL SOLUTIONS

Employee Emergency Contact Form

NAME: _____

EMERGENCY CONTACT INFORMATION

Name: _____ Relationship: _____

Address: _____

City, ST, Zip: _____

Home Phone: _____ Cell: _____

Name: _____ Relationship: _____

Address: _____

City, ST, Zip: _____

Home Phone: _____ Cell: _____

Medical Contact Information:

□ I have voluntarily provided the above contact information and authorize Alpine Electrical Solutions LLC and its representatives to contact any of the above on my behalf in the event of an emergency.

□ I choose not to furnish emergency contact information to Alpine Electric Solutions, at this time

Employee Signature: _____ Date: _____

(required) (required)

info@alpelecsolutions.com
Call 470-869-6060

DRUG FREE WORKPLACE POLICY

The use, manufacture, purchase, sale, offer for sale, distribution or possession of any illegal drugs or controlled substances on Alpine Electrical Solutions LLC, premises is prohibited, as is being under the influence of illegal drugs or controlled substances upon reporting to work, while working, or on duty at any Alpine Electric Solutions, client property or in an Alpine Electrical Solutions LLC, vehicle. Reporting to work or working while under the influence of alcohol is also prohibited.

Violation of this policy may lead to disciplinary action up to and including termination. Any associate who has information concerning possible violations of Alpine Electrical Solutions LLC, Drug Free Workplace policy should contact Human Resources. Similarly, if a supervisor suspects that an associate has a drug or alcohol abuse problem, the supervisor should contact Human Resources. Associates who voluntarily come forward to management, prior to a situation requiring testing based upon reasonable suspicion and who cooperate with the company with regard to treatment, may not be subject to discipline. An associate who requests a leave of absence to enter a drug or alcohol rehabilitation program will be reasonably accommodated with an unpaid leave of absence, as required by law, to enroll in such a program if such an accommodation is not an undue hardship on the Company. Associates voluntarily entering a drug or alcohol rehabilitation program may be required to provide medical validation of satisfactory completion of the program. Associates returning to work following satisfactory completion of a rehabilitation program may be subject to drug or alcohol tests without prior notice for up to one (1) year following the return date. A recurrence of a positive drug or alcohol test following return to work may lead to disciplinary action up to and including termination.

If there is a reasonable suspicion that an associate is under the influence of alcohol or drugs while on duty, the associate will be required to take a drug or alcohol screen at a certified laboratory or collection site.

Alpine Electrical Solutions LLC, will perform drug testing in the following situations:

- Pre-Employment
- Reasonable Suspicion
- Post Injury, where reasonable cause exists that an associate is under the influence of alcohol, drugs, or controlled substances; or
- Random testing for “safety sensitive” positions in California, and as permitted by law in other states

The following may result in disciplinary action up to and including termination of employment:

- Drug screen results that are positive (based on federally prescribed cut-off levels) for prohibited drugs
- Alcohol screen results that indicate an alcohol level of 0.04% or greater
- Refusal to participate in the screening process
- Any attempt to alter, falsify or intentionally contaminate a drug test

Employee Name(Print)_____ Employee Signature and Date_____

info@alpelecsolutions.com
Call 470-869-6060

Direct Deposit Agreement Form

ALL EMPLOYEES ARE REQUIRED TO HAVE DIRECT DEPOSIT

*** This form needs to be filled out at time of hire ***

I hereby authorize Alpine Electrical Solutions LLC, to initiate automatic deposits to my account at the financial institution named below. I also authorize Alpine Electric Solutions, to make withdrawals from this account if a credit entry is made in error.

Further, I agree not to hold Alpine Electrical Solutions LLC, responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Alpine Electrical Solutions LLC, receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Name of Financial Institution:	
Authorized Signature (Primary):	**Date:**
Authorized Signature (Joint)	**Date:**
Checking Saving	

Account Name. _____

Account Number. _____

Routing Number. _____

E-mail Address: _____

Please call the 470-869-6060 – for any Payroll Questions

info@alpelecsolutions.com
Call 470-869-6060

Safety Manual Sign Sheet

Alpine Electrical Solutions LLC This manual will also be available soon on our Master Electric website in both English and Spanish.

I have read these instructions, understand them and will abide by them while working for the company.

I understand that failure to abide by these rules may result in disciplinary action and possible termination of my employment with the company.

In addition, I certify that in case I am injured while in the course of my work, I will report the injury to my supervisor immediately and will obtain medical treatment from a Medical Provider authorized by Alpine Electrical Solutions LLC, before seeking treatment. I also agree to obtain first aid for every injury, no matter how slight, to preclude further injury or avoid infection. I also understand that it is company policy that the employee's medical information must be delivered to the Branch office no later than 12 hours after treatment.

I also understand that I am to report any injury to my supervisor or Manager immediately and report all safety hazards.

I further understand that I have the following rights.

* I am not required to work in any area I feel is not safe.

* I am entitled to information on any hazardous material or chemical I am exposed to while working.

* I am entitled to see a copy of the Safety Manual and Injury and Illness Prevention program.

* I will not be discriminated against for reporting safety concerns

Employees Name (Print) (required)

_____

Employees Signature (required)

Date (required)

_____

info@alpelecsolutions.com
Call 470-869-6060

NEW HIRE CHECKLIST/TERMS OF EMPLOYMENT ALPINE ELECTRICAL SOLUTIONSLLC.

Welcome to Alpine Electrical Solutions LLC., The following is a list of rules, regulations, and guidelines that we require all employees comply with throughout their career with Alpine Electrical Solutions LLC. Please read each item carefully and initial were indicated to show that you understand what is expected. If you do not understand, please do not hesitate to ask for clarification.

(Initial Each Statement and Sign and Date the bottom of the Form.)

- You are required to IMMEDIATELY report personal accidents and/or job-related injuries by notifying your foreman and calling Branch or corporate our office: 470-896-6060. Failure to report injury/accident within eight (8) hours of the incident can result in your claim being denied. If medical treatment is necessary, you are to go to the nearest URGENT CARE FACILITY. If you are involved in an accident or job-related injury, you will be required to take a post-accident drug and alcohol test. If test results are positive, we will contest claims and you may be solely responsible for all damages and your employment may be terminated. All Alpine Electrical Solutions LLC., employees are subject to random drug testing.

- You are required to follow the rules and regulations of our clients when on their jobs. If required you are to wear their vest, shirts, hardhats.

- Payday is each week on Friday. Direct deposit is mandatory. It is your responsibility to inform our payroll team of any changes to your account information.

- If we send you to a job and you do not report as instructed to the jobsite without notification (No Call/No Show), you may be immediately terminated and may NOT be eligible for rehire.

- You are required to call and inform us of your availability IMMEDIATELY if there is a reduction in force on your present assignment and on a continual weekly basis if you are unassigned or if you become available for work. It is your responsibility to make sure we can contact you for work. FAILURE TO NOTIFY THE BRANCH OFFICE OF YOUR AVAILABILITY AND/OR CONTACT INFORMATION WILL RESULT IN YOUR UNEMPLOYMENT BEING CONTESTED BY ALPINE ELECTRICAL SOLUTIONS LLC., AND POSSIBLY DENIED.

- You are required to call the job foreman and your branch office if you will be absent or late to work. Every attempt should be made to report to work unless notified otherwise.

- You are expected to dress appropriately for your position and work environment (i.e., boots, safety equipment, practice effective personal hygiene, etc.). Please refrain from wearing clothing with offensive remarks or pictures to work. No shorts, flip flops, cut-off shirts or pants or ripped clothing, piercings allowed on jobsites for safety reasons. We are 100% Alpine Electrical Solutions LLC., (hardhat, safety glasses, gloves, vest/shirt).

- All company and client tools, equipment, and/or vehicles must be returned in the same manner received. Failure to return any equipment will be subject to being deducted from your pay and/or reported to the sheriff's office for prosecution. Any per diem paid in advance shall also be returned to the office if not used. Any payroll deductions/overpayments/per diems owed to Alpine Electrical Solutions LLC., will be deducted from your final check. If you leave our employ at any time with a balance owed, we reserve the right to seek legal representation to fully recover lost funds of the Alpine Electrical Solutions LLC.

- Approved payroll advances will be subject to administrative fees.

- Falsifying timecards is **FRAUD** and is immediate grounds for termination. Engaging in this behavior will be reported to the sheriff's office and Alpine Electrical Solutions LLC., will fully prosecute of the Alpine Electrical Solutions LLC.

By placing my signature below, I acknowledge that I have read and understand all the above statements.

Employee Signature _____Witness Signature_____

Employee Print_ _____

Alpine Electrical Solutions LLC., Witness Print

Date_

info@alpelecsolutions.com
Call 470-869-6060

As of June 1, 2015, the Hazard Communication Standard (HCS) will require pictograms on labels to alert users of the Chemical hazards to which they may be exposed. Each pictogram consists of ta symbol on a white background framed within a red border and represents a distinct hazard(s). The pictogram on the label is determined by the chemical hazard classification

HCS Pictograms and Hazards

OSHA-US Department of Labor www.osha.gov

800-321-6724

Employee Name: _____(required)

Date: _____(required)

info@alpelecsolutions.com
Call 470-869-6060

ALPINE
ELECTRICAL SOLUTIONS

Equal Employment Opportunity Information

Employees are treated during employment without regard to race, color, religion, sex (including pregnancy, national origin, age, material or veteran status, medical condition of handicap, or any other legally protected status.

Alpine Electrical Solutions LLC., is required by the United States Equal Employment Opportunity Commission to collect and maintain the information requested below for E.E.O statistical reporting purposes. The information that you provide will be kept in a Confidential File and is not part of your application for employment or personnel file.

Name:_____

DATE:_____

SOCIAL SECURITY:_____

SEX: _ _FEMALE MALE_ _DATE OF

BIRTH:_____

RACE/ETHNIC CATEGORIES

(Check One)

____**White** (Not Hispanic origin) - All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.

_**Black OR African** (Not OF Hispanic origin) - All persons having origins in any of the Black racial groups of Africa.

____**American Indian or Alaska Native** - All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

____**Hispanic OR Latino** - All persons of Mexican, Puerto Rican, Cuban, Central or South American, or Spanish culture or origin, regardless of race.

_**Native Hawaiian OR Pacific Islander** - All persons having origins in any of the original peoples of the Pacific Islands. This area includes, for example, the Philippine Islands, Micronesia, and Samoa.

____**Asian** – All persons having origins in any of the original peoples of the Far East, Southeast Asia, and the Indian Subcontinent. This area includes, for example, China, Japan, or Korea.

____**Two or more races.**

_**I do not want to disclose this information**

ALPINE
ELECTRICAL SOLUTIONS

CRIMINAL BACKGROUND AUTHORIZATION CHECK

Date:_____

Position (s) Applied for:_____

Full Legal Name:_____

Other Names you have used in past seven years:_____

Current Address:_____

Previous Address (most recent):_____

Phone Number:_____

Alternate Phone Number_____

Email:_____

Date of Birth:_____ **SEX: FEMALE | MALE**

Month/Day/Year

Social Security Number: | | |

Driver's License No:_____

State of Driver's License_____

Exp: _____ **Signature:**_____

info@alpelecsolutions.com
Call 470-869-6060

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.

Form **W-4**

Department of the Treasury
Internal Revenue Service

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.
Give Form W-4 to your employer.
Your withholding is subject to review by the IRS.

OMB No. 1545-0074

2024

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) **Single** or **Married filing separately**

__ **Married filing jointly** or **Qualifying surviving spouse**

__ **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)

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 . . . . . **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.)*

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 . . . . . **1** $

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

. . . . . **2** $

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-" . . . . . **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)). See Pub. 505 for more information . . . . **4** $

5 **Add** lines 3 and 4. Enter the result here and in **Step 4(b)** of Form W-4 . . . . . **5** $

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

Employment Eligibility Verification

Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS Form I-9

OMB No.1615-0047

Expires 07/31/2026

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the Instructions.

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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

Last Name (Family Name)	First Name (Given Name)	Middle Initial (if any)	Other Last Names Used (if any)

Address (Street Number and Name)	Apt. Number (if any)	City or Town	State	ZIP Code

Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	Employee's Email Address	Employee's Telephone Number

I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.

Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):

- ☐ 1. A citizen of the United States
- ☐ 2. A noncitizen national of the United States (See Instructions.)
- ☐ 3. A lawful permanent resident (Enter USCIS or A-Number.)
- ☐ 4. A noncitizen (other than **Item Numbers 2.** and **3.** above) authorized to work until (exp. date, if any)

If you check **Item Number 4.**, enter one of these:

USCIS A-Number	OR	Form I-94 Admission Number	OR	Foreign Passport Number and Country of Issuance

Signature of Employee	Today's Date (mm/dd/yyyy)

If a preparer and/or translator assisted you in completing Section 1, that person MUST complete the Preparer and/or Translator Certification on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign Section 2 within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

	List A	OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					

Additional Information

Check here if you used an alternative procedure authorized by DHS to examine documents.

Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.

First Day of Employment (mm/dd/yyyy):

Last Name, First Name and Title of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)

Employer's Business or Organization Name	Employer's Business or Organization Address, City or Town, State, ZIP Code

For reverification or rehire, complete Supplement B, Reverification and Rehire on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.
* Documents extended by the issuing authority are considered unexpired.
Employees may present one selection from List A or a
combination of one selection from List B and one selection from List C.
Examples of many of these documents appear in the Handbook for Employers (M-274).

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
1. U.S. Passport or U.S. Passport Card		**1.** Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**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 INS AUTHORIZATION **(3)** VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		**2.** ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address		**2.** Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		**3.** School ID card with a photograph		**3.** Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
4. Employment Authorization Document that contains a photograph (Form I-766)		**4.** Voter's registration card		**4.** Native American tribal document
5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole: **a.** Foreign passport; and **b.** Form I-94 or Form I-94A that has the following: **(1)** The same name as the passport; and **(2)** An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.		**5.** U.S. Military card or draft record		**5.** U.S. Citizen ID Card (Form I-197)
		6. Military dependent's ID card		**6.** Identification Card for Use of Resident Citizen in the United States (Form I-179)
		7. U.S. Coast Guard Merchant Mariner Card		**7.** Employment authorization document issued by the Department of Homeland Security For examples, see **Section 7** and **Section 13** of the M-274 on **uscis.gov/i-9-central**. The Form I-766, Employment Authorization Document, is a List A, **Item Number 4.** document, not a List C document.
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
		For persons under age 18 who are unable to present a document listed above:		
		10. School record or report card		
		11. Clinic, doctor, or hospital record		
		12. Day-care or nursery school record		
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI				

Acceptable Receipts

May be presented in lieu of a document listed above for a temporary period.
For receipt validity dates, see the M-274.

• Receipt for a replacement of a lost, stolen, or damaged List A document. • Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual. • Form I-94 with "RE" notation or refugee stamp issued to a refugee.	**OR**	Receipt for a replacement of a lost, stolen, or damaged List B document.	Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on **I-9 Central** for more information.

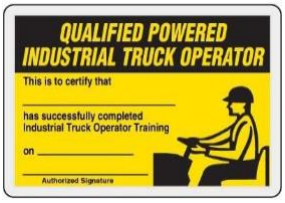
ALPINE
ELECTRICAL SOLUTIONS

On the following list, mark Yes or No

OSHA 10

Yes No

Powered Truck License



Yes No

Electrician's License

Yes No

info@alpelecsolutions.com
Call 470-869-6060

Alpine Electrical Solutions

LLC. Salary Confidentiality

Policy

Intent

It is the objective of this policy to establish the importance of discretion and confidentiality with respect to information about salary, wages, benefits, hours worked, number of dependents, deductions, and exemptions (the foregoing being referred to herein as the "Confidential Information.) These matters are determined considering a large array of factors which may not be immediately apparent to every employee. As such, in an attempt to minimize any feelings of confusion or doubt in regard to the application of fairness in the levels of compensation provided to our employees, Alpine Electric Solutions, has adopted this policy in an effort to provide clear guidelines of the expectations for confidentiality. Alpine Electric Solutions. strives to ensure that we provide appropriate and fair wages for our employees in an effort to retain, motivate and provide maximum benefit for our staff. As such, our wages and other forms of compensation are determined based on many factors (e.g., performance reviews, years of experience, years worked at Alpine Electric Solutions, etc.).

Policy

The Confidential Information should not be disclosed for any reason, other than as required for appropriate financial reporting purposes.

Alpine Electric Solutions expects that all employees will keep their wages, benefits, bonuses, and any other form of compensation confidential, and avoid providing or otherwise broadcasting the confidential Information with other employees, or with any third-party that does not have a bona fide need to know.

Any unauthorized disclosure of confidential information by employees may impede our ability to effectively compete for talent, may create unnecessary conflict and disputes, and could lead to disciplinary action up to and including termination of employment.

Acknowledgement and Agreement

I, acknowledge that I have read and understand this Salary Confidentiality Policy Further, I agree to adhere to this Policy and will ensure that employees working under my direction adhere to these guiding principles. I understand that if I violate the rules/procedures outlined in this Policy, I may face corrective action. up to and including termination of employment.

Name: _____

Signature: _____

Date: _____

info@alpelecsolutions.com
Call 470-869-6060