

## Background Check Authorization

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**Authorization:** By signing below, you authorize: (a) DirectScreening.com to request information about you from any public or private information source; (b) anyone to provide information about you to DirectScreening.com; (c) DirectScreening.com to provide Blazing Adventures one or more reports based on that information; and (d) us to share those reports with others for legitimate business purposes related to your employment. DirectScreening.com may investigate your criminal record, address history, social security number validity, criminal record, driving record and any other information with public or private information sources. You acknowledge that a fax, image, or copy of this authorization is as valid as the original. You make this authorization to be valid for as long as you are an applicant or employee with us.

The Consumer Financial Protection Bureau's "Summary of Your Rights under the Fair Credit Reporting Act" is attached to this authorization. If you are a New York applicant, a copy of New York's law on the use of criminal records is attached. By signing below, you acknowledge receipt of these documents.

**Personal Information:** Please print the information requested below to identify yourself for DirectScreening.com.

Printed name:

\_\_\_\_\_

First	Middle ( <input type="checkbox"/> none)	Last
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Other names used: \_\_\_\_\_

Current and former addresses:

_____	current	_____	
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

_____	_____	_____	
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

_____	_____	_____	
from Mo/Yr	to Mo/Yr	Street	City, State & Zip

Some government agencies and other information sources require the following information when checking for records. DirectScreening.com will not use it for any other purposes.

_____	_____
Date of birth	Social security number

_____	_____
Driver's license number & state	Name as it appears on license

\_\_\_\_\_  
Email address

**Report Copy:** If you are applying for a job or live in California, Minnesota, or Oklahoma, you may request a copy of the report by checking this box: .

_____	_____
Signature	Date

# **DESIGNATED MEDICAL PROVIDER**

In the case of an injury on the job, employees of Blazing Adventures are to use the following Medical Providers per the Blazing Adventures' Workers Comp insurance plan. In the case of an emergency, immediately call 911 and/or access the nearest Emergency Room.

**ASPEN MEDICAL CARE – ASPEN – 118154**

**101 FOUNDERS PLACE, STE 109**

**ASPEN, CO 81611**

**ASPEN MEDICAL CARE – BASALT - 1038849**

**204 BASALT CENTER CIR**

**BASALT, CO 81621**

**MIDVALLEY FAMILY PRACTICE PC – 1041590**

**1450 E VALLEY RD, STE 102**

**BASALT, CO 81621**

**ROARING FORK FAMILY PHYSICIANS**

**CARBONDALE – 1052170**

**978 EUCLID AVE, CARBONDALE, CO 81623**

**GLENWOOD MEDICAL ASSOCIATES**

**GLENWOOD SPRINGS – 103474**

**1830 BLAKE AVE, 1<sup>ST</sup> FLOOR**

**GLENWOOD SPRINGS, CO 81601**

I, \_\_\_\_\_, have received my copy of Blazing Adventures Designated Medical Providers and have read and understand its contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date



COMMERCIAL DRIVER EMPLOYMENT HISTORY

Please complete the following or forward a copy of the D.O.T. Driver Employment Record.

Insured \_\_\_\_\_ Name of Driver \_\_\_\_\_

Policy No. \_\_\_\_\_ Driver's Date of Birth \_\_\_\_\_

Driver's License Number \_\_\_\_\_ State: \_\_\_\_\_

(Including Current Employer, list in order of most recent employer first. MUST HAVE FULL THREE YEARS.)

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount of Experience \_\_\_\_\_%
Driving Vehicle Types Listed:
Straight Truck \_\_\_\_\_%
Tractor/Semi Trailer \_\_\_\_\_%
Dump Truck \_\_\_\_\_%
Limousine \_\_\_\_\_%
Bus (# of passengers) \_\_\_\_\_%
Other \_\_\_\_\_%

Date of Employment: From (MO/YR) \_\_\_\_\_ To (MO/YR) \_\_\_\_\_

Radius of Use:
0 - 75 Miles
76 - 300 Miles
Over 300 Miles

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount of Experience \_\_\_\_\_%
Driving Vehicle Types Listed:
Straight Truck \_\_\_\_\_%
Tractor/Semi Trailer \_\_\_\_\_%
Dump Truck \_\_\_\_\_%
Limousine \_\_\_\_\_%
Bus (# of passengers) \_\_\_\_\_%
Other \_\_\_\_\_%

Date of Employment: From (MO/YR) \_\_\_\_\_ To (MO/YR) \_\_\_\_\_

Radius of Use:
0 - 75 Miles
76 - 300 Miles
Over 300 Miles

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Amount of Experience \_\_\_\_\_%
Driving Vehicle Types Listed:
Straight Truck \_\_\_\_\_%
Tractor/Semi Trailer \_\_\_\_\_%
Dump Truck \_\_\_\_\_%
Limousine \_\_\_\_\_%
Bus (# of passengers) \_\_\_\_\_%
Other \_\_\_\_\_%

Date of Employment: From (MO/YR) \_\_\_\_\_ To (MO/YR) \_\_\_\_\_

Radius of Use:
0 - 75 Miles
76 - 300 Miles
Over 300 Miles

Have you had any accidents in the last 3 years? Yes No If yes, please describe.

During the past three years have you had at least two years over-the-road driving experience with equipment similar to that which you will be operating for this employer? Yes No

The undersigned applicant represents that the information provided herein is true and correct. I further understand that by applying for insurance, I authorize Northland Insurance to verify the information provided above.

Signature of the Named Insured or Driver

Date

<b>Search Fee \$9.00</b> <b>Certified fee (additional) \$1.00</b>
<input type="checkbox"/> Certified Record

## Driver Record Requestor Release and Affidavit of Intended Use

Records and/or other requests are available at 1881 Pierce St., Lakewood, CO. The Department or the Department's authorized agent shall deny inspection of any driver record to any person, other than a person in interest, or a federal, state, or local government agency carrying out its official functions, who has not signed and returned the Affidavit of Intended Use. (§42-1-206 and §24-72-204, C.R.S., §24-74-105 C.R.S. and §24-74-106 C.R.S.) (Driver Privacy Protection Act 18 U.S.C. 2721). To purchase a record other than your own, you must declare your intended use of that record, paraphrased below, or you must have the signature of the person in interest authorizing you to inspect the record on the DR 2559 Permission to Release Driver Records to Self or Another Person form.

<input type="checkbox"/> 7 Year Driver Record <input type="checkbox"/> Full Driver Record <input type="checkbox"/> Crash Report (complete section below) <input type="checkbox"/> Other _____			
<input type="checkbox"/> Express Consent Packet: Date of Stop _____ Case # _____			
Name of Driver			
License Number		Date of Birth	
<b>Crash Information (Driver's information section must be completed)</b>			
Police Department		Report Number or Case Number	VIN
Date of Crash	Crash Location		City/County
<b>REQUIRED:</b> Per §24-74-105 C.R.S., I agree that the third party will not USE or DISCLOSE personal identifying information obtained from the database or automated network for the purpose of investigating for, participating in, cooperating with, or assisting in Federal Immigration Enforcement, including enforcement of civil immigration laws and 8 U.S.C. SEC. 1325 or 1326, unless required by Federal or State Law or to comply with the attached court-issued subpoena, warrant, or order. <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>INFORMATION MAY BE USED ONLY FOR THE FOLLOWING APPROVED PERMISSIBLE USE: (CHECK 1 BOX ONLY)</b>			
<input type="checkbox"/> By a government agency, including any court or law enforcement agency performing its functions for an approved purpose under DPPA.			
<input type="checkbox"/> By an agency charged with driver/motor vehicle safety or theft including: MV product alterations, recalls, advisories, MV performance monitoring, MV parts/dealers, MV market research or surveys, removal of non-owner records from original owner records of MV manufacturers.			
<input type="checkbox"/> By a business that will use the information to verify the accuracy of personal information submitted by individuals, but only for the purposes of preventing fraud, pursuing legal remedies against or recovering a debt or security interest.			
<input type="checkbox"/> In connection with a civil, criminal, administrative or arbitral proceeding in any court or before a self-regulatory body, including service of process, investigation, execution or enforcement of judgment, or pursuant to a court order. (DR 2478 Driver Record Statement of Fact required)			
<input type="checkbox"/> In research activities, so long as the information is not published, redisclosed, or used to contact the parties.			
<input type="checkbox"/> By an insurer or insurance support agency in connection with claims, investigations, anti-fraud activities, rating or underwriting.			
<input type="checkbox"/> By an employer/agent or insurer of a Commercial Driver's License holder. (CDLIS or CMV record)			
<input type="checkbox"/> Other as permissible pursuant to §24-72-204 (7) C.R.S. (DR 2478 Driver Record Statement of Fact required)			
If you are acting as an agent for an authorized user, you must identify the company or entity on whose behalf you are requesting the record. Under penalty of perjury, I attest that I shall not obtain, resell, transfer, or use the information in any manner prohibited by law. I understand that driver records that are obtained, resold, or transferred for purposes prohibited by law may subject me to civil penalties under federal and state law.			
Signature		Driver's License Number	State    Date
Printed Name			Phone Number
Name of Company Represented		Email Address	
Requestor Mailing Address			

**(For mailed requests, please allow 7-10 working days to process after received by Department)**

# DRUG AND ALCOHOL POLICY

The welfare and success of this company depends on the physical and psychological health of all its employees. The abuse of drugs and alcohol poses a serious threat to both Blazing Adventures and its employees. We will not tolerate alcohol abuse or the use of other intoxicants or mind-altering substances, including illegal drugs. Commonly abused or improperly used drugs and substances includes, among others, alcohol, painkillers, sedatives, stimulants, tranquilizers, marijuana, cocaine, heroin, and other illegal drugs. It is the responsibility of both Blazing Adventures and the employee to maintain a safe, healthful, and efficient working environment. All employees may be subject to a pre-employment and random drug & alcohol testing. Coming to work with a hangover is unacceptable. Any abuse or misuse of drugs or alcohol is grounds for disciplinary action up to and including termination. Our employees may be required to submit to drug screens, blood alcohol test, Breathalyzer test or other medical examination under, but not limited to the following circumstances:

- When an employee is suspected of working or reporting to work with intoxicants or mind-altering substance in his or her system.
- When an employee suffers an on-the-job injury or is involved in an accident involving Company equipment or vehicles resulting in damage estimated at \$500 or more.
- When an employee is employed in a sensitive area of the Company, such as driving Company vehicles or guiding a trip, or when such test or examination is required by law or regulation, such as Department of Transportation regulations.
- When an employee returns from a medical leave of absence of more than two weeks.
- When an employee returns from a job layoff of 30 days or more.

If a test confirms the presence of 0.05% alcohol or the presence of other intoxicants or mind-altering substances in the body, the employee is subject to immediate termination. Refusal of an employee to undergo any of these examinations may also be subject to termination. We encourage our employees to seek help, and can direct them to a community agency or to our Employee Assistance Program that will assist the employee in dealing with their problem. Any employee who has a drug or alcohol problem is encouraged to seek rehabilitative treatment immediately. Each employee is required to sign and understand Blazing Adventures Drug and Alcohol policy at the time of employment.

I, \_\_\_\_\_, have received my copy of Blazing Adventures Drug and Alcohol Policy and have read and understand its contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# EMPLOYEE ACKNOWLEDGEMENT AND CONSENT OF DRUG AND ALCOHOL TESTING

FOR \_\_\_\_\_

Company Name (*printed*)

I, the undersigned, an employee of the above company, acknowledge that I have read and understand the company's Substance Abuse and Alcohol Misuse Plan, and do hereby give my consent to abide by the requirements of the plan. I understand I am required under federal law, as indicated in Title 49 CFR, Parts 40 & 382, to be subject to testing for alcohol and prohibited drugs.

I also acknowledge that I have received educational materials relating to the drug and alcohol-testing program.

I understand that if the test results indicate the presence of drugs or alcohol, I may be subject to disciplinary action up to and including termination by my employer.

\_\_\_\_\_  
Employee Name (*printed*)

\_\_\_\_\_  
Employee Driver's License No.

\_\_\_\_\_  
Signature of Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**(This form is to be retained by employer in a  
secured location separate from employee's personnel file).**



## *Emergency Contact Information*

**Contact #1 Name:** \_\_\_\_\_

**Contact #1 Phone:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

**Contact #2 Name:** \_\_\_\_\_

**Contact #2 Phone:** \_\_\_\_\_

**Relation:** \_\_\_\_\_

# **EMPLOYEE HANDBOOK ACKNOWLEDGMENT**

I, \_\_\_\_\_, have received my copy of Blazing Adventures Employee Resource Guide and have read and understand its contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date





FMCSA Drug & Alcohol Results and Safety Performance History

Form 1080(B) Authorization to Release Information

Critical

For compliance with Title 49 Code of Federal Regulations Parts 40.25 & 391.23

Prospective Employer: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Applicant: \_\_\_\_\_  
First Middle Last Driver's License Number and State of Issuance

Table with 4 columns: Previous Employer Name/Address, Business Phone, Business Fax, Contact Name. Includes a row for Dates of Employment.

- 1. During the past three years, have you ever tested positive or refused to test on any pre-employment drug or alcohol test...
2. If yes to above, have you successfully completed DOT return-to-duty requirements?

This release is in accordance with DOT Regulations 49 CFR Parts 40.25, 40.321 and 391.23. I understand this information is limited to the following DOT-regulated testing items:

I have read and fully understand this authorization. I certify that the information I have furnished above is correct and complete. In signing below, I hereby authorize release of information from my DOT-regulated drug and alcohol testing records by previous employer(s) listed above to the prospective employer listed above.

Check this box if you have NOT performed DOT functions during the past three (3) years.

I hereby authorize release of information from my Department of Transportation driving and safety records by my previous employer(s), listed above to the prospective employer listed above.

I understand that pursuant to Part 391.23 (h)(i), I have the right to review the information provided by the previous employer, the right to have errors corrected by the previous employer, and the right to have a rebuttal statement attached to the alleged erroneous information if the previous employer and I cannot agree on the accuracy of the information.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY PREVIOUS EMPLOYER: \_\_\_\_\_ Employer Name

In accordance with 49 CFR Parts 40.25 and 391.23, your company is required to release information concerning the Department of Transportation (DOT) drug and alcohol test records of the applicant listed above. Please complete the following:

Check this box if your company and/or the applicant was not subject to DOT regulations.

- YES NO
1. Did applicant have any alcohol tests with a result of 0.04 or higher?
2. Did applicant have any verified positive drug tests?
3. Did applicant ever refuse to be tested? (this includes any adulterated or substituted specimens)
4. Did applicant have any other violations of DOT agency drug and alcohol testing regulations?
5. Did a previous employer report a drug and alcohol violation to you?
6. If yes to any of the above items, did applicant complete the return-to-duty process?

NOTE: If you answered "yes" to item # 5, you must provide the previous employer's report. If you answered "yes" to item # 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Please complete the information below and return to us within 30 days, as required by 49 CFR Part 391.23(g). You must keep a record of this request and the response for one year.

Check this box if no safety performance history to report, sign below and return.

Did the applicant drive a commercial motor vehicle for your company? Yes No

If yes, what type of vehicle? CMV Bus Truck Truck Tractor Semi Trailer Full Trailer Pole Trailer Multi Axle Long Combination Vehicle Other:

Reason for leaving your company: Discharged Resignation Laid Off Military Duty

Please complete the following for any accidents included on your accident register {49 CFR Part 390.15 (b)} that involved the applicant in the three (3) years prior to the application date shown above.

Table with 5 columns: DATE, LOCATION, # OF INJURIES, # OF FATALITIES, HAZMAT SPILL

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information {49 CFR Part 391.23(d)(2)(ii)}.

Name of Person Completing Form \_\_\_\_\_ Date \_\_\_\_\_ Signature \_\_\_\_\_ Title \_\_\_\_\_ FOR OFFICE USE ONLY: No response from above named employer \_\_\_\_\_ Date \_\_\_\_\_

## General Consent for Limited Queries of the Federal Motor Carrier Safety Administration (FMCSA) Drug and Alcohol Clearinghouse

I, Driver Name, hereby provide consent to Company Name to conduct a limited query of the FMCSA Commercial Driver's License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse.

I understand that if the limited query conducted by Company Name indicates that drug or alcohol violation information about me exists in the Clearinghouse, FMCSA will not disclose that information to Company Name without first obtaining additional specific consent from me.

I further understand that if I refuse to provide consent for Company Name to conduct a limited query of the Clearinghouse, Company Name must prohibit me from performing safety-sensitive functions, including driving a commercial motor vehicle, as required by FMCSA's drug and alcohol program regulations.

This consent will be good for an unlimited amount of limited queries (typically done on an annual basis) for the duration of my employment.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

Driver's License Number: \_\_\_\_\_

State of Issuance: \_\_\_\_\_

DOB: \_\_\_\_\_



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

**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 <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number □□□□ - □□ - □□□□		Employee's E-mail Address		Employee's Telephone Number	

**I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.**

**I attest, under penalty of perjury, that I am (check one of the following boxes):**

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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**Preparer and/or Translator Certification (check one):**  
 I did not use a preparer or translator.     A preparer(s) and/or translator(s) assisted the employee in completing Section 1.  
*(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)*

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

**STOP**    *Employer Completes Next Page*    **STOP**



**Employment Eligibility Verification**  
**Department of Homeland Security**  
 U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
 OMB No. 1615-0047  
 Expires 10/31/2022

**Section 2. Employer or Authorized Representative Review and Verification**

*(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy)
Document Title		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any) (mm/dd/yyyy)				

**Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear 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.**

**The employee's first day of employment (mm/dd/yyyy):** \_\_\_\_\_ **(See instructions for exemptions)**

Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

**Section 3. Reverification and Rehires** *(To be completed and signed by employer or authorized representative.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
Last Name (Family Name)	First Name (Given Name)	Middle Initial	Date (mm/dd/yyyy)	

**C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.**

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.**

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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## LISTS OF ACCEPTABLE DOCUMENTS

### All documents must be UNEXPIRED

Employees may present one selection from List A  
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND	LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the alien's nonimmigrant status 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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>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</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol>

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

**Refer to the instructions for more information about acceptable receipts.**

# **NON-HARRASSMENT POLICY**

## ***Equal Employment Opportunity/Unlawful Harassment***

Blazing Adventures is an equal opportunity employer. Discrimination against applicants or employees related to an individual's race, sex, color, religion, national origin, genetic information, military or veteran status, citizenship status, age 40 and over, medical condition, disability, or any other applicable status protected by state or federal law is a violation of this policy.

The term harassment refers to verbal or physical conduct which has the purpose or effect of work interference or creating an intimidating, hostile, or offensive work environment. This policy applies to all employees and non-employees such as customers and vendors.

Blazing Adventures will make reasonable accommodations for qualified individuals with known disabilities and employees whose work requirements interfere with a religious belief unless doing so would result in an undue hardship to Blazing Adventures or cause a direct threat to health or safety.

If you feel another employee is harassing you, immediately notify your Supervisor or Manager. You will not be penalized in any way for reporting such a problem. Know that you are protected from coercion, intimidation, interference, or discrimination for filing a complaint or assisting in an investigation by both Blazing Adventures and by the equal employment /affirmative action regulations and law.

## ***Sexual Harassment***

Blazing Adventures has a strict policy against sexual harassment and inappropriate sexual conduct. Sexual harassment is defined as unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made explicitly or implicitly a term or condition of employment.
- Submission to or rejection of such conduct is used as a basis for decisions affecting an individual's employment.
- Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile or offensive work environment.

Employees at all levels are expected to conduct themselves in a professional and businesslike manner at all times. Conduct that would violate our Sexual Harassment policy includes, but is not limited to, sexually implicit or explicit communication in:

- Verbal form, such as comments, jokes, foul or obscene language of a sexual nature, gossiping about or questioning another's sex life, or repeated unwanted requests for dates.
- Written form, such as cartoons, posters, notes, letters, and emails,
- Physical form, such as unwelcome touching, grabbing, fondling, kissing, massaging, and brushing up against another person's body.

## ***Workplace Bullying***

Blazing Adventures is committed to providing employees with a safe, healthy, and productive workplace. Bullying and other abusive conduct will not be tolerated. Bullying is defined as repeated activity that is meant to diminish or disempower another individual or any use of aggressive, hostile, abusive, intimidating or unreasonable conduct against an individual or group. Bullying can involve physical and verbal threats or any action determined to be threatening, abusive, cruel, vindictive, or humiliating. Bullying includes, but is not limited to:

- Intimidation

- Public reprimands
- Derogatory Remarks
- Deliberate sabotage
- Belittling opinions
- Inappropriate jokes
- Spreading rumors
- Gossip

***Violence in the Workplace***

Any action, determined to be violent by management, will not be tolerated at Blazing Adventures. Such behavior may include, but is not limited to, violent or threatening conduct, vandalism, sabotage, arson, and use of weapons. Carrying of weapons is prohibited on company property, regardless of whether employee possesses a concealed carry permit. Incidents are to be reported immediately to a supervisor or owner.

I, \_\_\_\_\_, have received my copy of Blazing Adventures Non-Harassment Policy and have read and understand its contents.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

# Blazing Adventures

## Safety Rules

These safety rules are designed to provide you with knowledge of the recognized and established safe practices and procedures that apply to many of the work situations you may encounter while employed by Blazing Adventures. It would be impossible to cover every work situation. If you are in doubt about the safety of any condition, practice or procedure, consult your manager for guidance.

### GENERAL RULES:

**ACCIDENT REPORTING:** Report all accidents or near misses to your supervisor immediately. Falsification of records, including employment applications, time records or safety documentation, is not tolerated.

**HAZARD REPORTING:** Notify a supervisor immediately of any unsafe condition and/or practice.

**ALCOHOL OR ILLEGAL DRUGS:** No illegal drugs or alcohol is allowed on the work site. Employees must notify their supervisor if they are taking any prescription drugs that might affect their judgment.

**DRIVING:** While driving a vehicle owned by the organization or driving your own vehicle for business purposes, obey all traffic laws and signs at all times. Wear your seat belt at all times. Do not drive over the posted speed limits, and NEVER text and drive.

**LIFTING:** When you are required to lift an item, always seek mechanical means (jack, dolly, etc.) first.

**FALLS:** When working from a height of 4 feet or higher, protect yourself by use of ropes that are tied down. Always wear your helmet when climbing boat stacks.

**PERSONAL PROTECTIVE EQUIPMENT (PPE):** Appropriate PPE must be worn at all times. PPE will be allocated and training completed as necessary based on each job task. PPE is specific to job. Know what PPE is expected for guiding, driving, boat repair, lot work, and vehicle maintenance.

### JOB-SPECIFIC RULES:

#### OFFICE WORKER

- Do not stand on furniture to reach high places; always use a ladder or a step stool.
- Use handrails when ascending or descending stairs or ramps.
- Close all file cabinet drawers after use to prevent tripping or bumping hazards.

#### VEHICLE MAINTENANCE

- Only authorized personnel may work on vehicles.
- Authorized personnel must follow the proper lockout/tagout procedures as noted in the organization's detailed lockout/tagout training manual.

#### BOAT REPAIR

- Proper PPE must be used at all times to protect from chemical exposure.
- Refer to MM

#### BOAT STACKS

- Employees must leave ropes tied down until work is complete with boat stack. No one shall climb stack until ropes are tied down.
- Always have a spotter when climbing a boat stack.
- Always wear a helmet when climbing boat stack.

#### BACKING VEHICLES AND TRAILERS

- Always use a spotter when backing a vehicle with or without a trailer.
- Always use mirrors to back vehicles.
- Never back up unless you can see spotter in your mirror.
- Learn and know hand signals specific to backing up vehicles for Blazing Adventures.

I, (print name) \_\_\_\_\_, understand the safety rules of Blazing Adventures and agree to act in accordance with the safety rules at all times while working. I am aware that the violation of any rule is cause for stern disciplinary action, which could include termination of employment.

**Employee Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_



# 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.

<b>Step 1:</b> <b>Enter Personal Information</b>	(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 <a href="http://www.ssa.gov">www.ssa.gov</a> .
	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, other details, and privacy.

**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) Reserved for future use.

(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

**TIP:** If you have self-employment income, see page 2.

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.)

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	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 . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> 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 . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> 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 . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**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**

<b>Employers Only</b>	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](http://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 2023 if you meet both of the following conditions: you had no federal income tax liability in 2022 **and** you expect to have no federal income tax liability in 2023. You had no federal income tax liability in 2022 if (1) your total tax on line 24 on your 2022 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 2023 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, 2024.

**Your privacy.** If you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c).

**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 income and self-employment taxes through withholding from your wages, you should enter the self-employment income on Step 4(a). Then compute your self-employment tax, divide that tax by the number of pay periods remaining in the year, and include that resulting amount per pay period on Step 4(c). You can also add half of the annual amount of self-employment tax to Step 4(b) as a deduction. To calculate self-employment tax, you generally multiply the self-employment income by 14.13% (this rate is a quick way to figure your self-employment tax and equals the sum of the 12.4% social security tax and the 2.9% Medicare tax multiplied by 0.9235). See Pub. 505 for more information, especially if the sum of self-employment income multiplied by 0.9235 and wages exceeds \$160,200 for a given individual.

**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.

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 roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



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

**Step 3.** 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 2023 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.

- 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 2023 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: { \$27,700 if you're married filing jointly or a qualifying surviving spouse; \$20,800 if you're head of household; \$13,850 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	\$850	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870
\$10,000 - 19,999	0	930	1,850	2,000	2,200	2,220	2,220	2,220	2,220	2,220	3,200	4,070
\$20,000 - 29,999	850	1,850	2,920	3,120	3,320	3,340	3,340	3,340	3,340	4,320	5,320	6,190
\$30,000 - 39,999	850	2,000	3,120	3,320	3,520	3,540	3,540	3,540	4,520	5,520	6,520	7,390
\$40,000 - 49,999	1,000	2,200	3,320	3,520	3,720	3,740	3,740	4,720	5,720	6,720	7,720	8,590
\$50,000 - 59,999	1,020	2,220	3,340	3,540	3,740	3,760	4,750	5,750	6,750	7,750	8,750	9,610
\$60,000 - 69,999	1,020	2,220	3,340	3,540	3,740	4,750	5,750	6,750	7,750	8,750	9,750	10,610
\$70,000 - 79,999	1,020	2,220	3,340	3,540	4,720	5,750	6,750	7,750	8,750	9,750	10,750	11,610
\$80,000 - 99,999	1,020	2,220	4,170	5,370	6,570	7,600	8,600	9,600	10,600	11,600	12,600	13,460
\$100,000 - 149,999	1,870	4,070	6,190	7,390	8,590	9,610	10,610	11,660	12,860	14,060	15,260	16,330
\$150,000 - 239,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$240,000 - 259,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	17,850
\$260,000 - 279,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,580	16,780	18,140
\$280,000 - 299,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,180	14,380	15,870	17,870	19,740
\$300,000 - 319,999	2,040	4,440	6,760	8,160	9,560	10,780	11,980	13,470	15,470	17,470	19,470	21,340
\$320,000 - 364,999	2,040	4,440	6,760	8,550	10,750	12,770	14,770	16,770	18,770	20,770	22,770	24,640
\$365,000 - 524,999	2,970	6,470	9,890	12,390	14,890	17,220	19,520	21,820	24,120	26,420	28,720	30,880
\$525,000 and over	3,140	6,840	10,460	13,160	15,860	18,390	20,890	23,390	25,890	28,390	30,890	33,250

**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	\$310	\$890	\$1,020	\$1,020	\$1,020	\$1,860	\$1,870	\$1,870	\$1,870	\$1,870	\$2,030	\$2,040
\$10,000 - 19,999	890	1,630	1,750	1,750	2,600	3,600	3,600	3,600	3,600	3,760	3,960	3,970
\$20,000 - 29,999	1,020	1,750	1,880	2,720	3,720	4,720	4,730	4,730	4,890	5,090	5,290	5,300
\$30,000 - 39,999	1,020	1,750	2,720	3,720	4,720	5,720	5,730	5,890	6,090	6,290	6,490	6,500
\$40,000 - 59,999	1,710	3,450	4,570	5,570	6,570	7,700	7,910	8,110	8,310	8,510	8,710	8,720
\$60,000 - 79,999	1,870	3,600	4,730	5,860	7,060	8,260	8,460	8,660	8,860	9,060	9,260	9,280
\$80,000 - 99,999	1,870	3,730	5,060	6,260	7,460	8,660	8,860	9,060	9,260	9,460	10,430	11,240
\$100,000 - 124,999	2,040	3,970	5,300	6,500	7,700	8,900	9,110	9,610	10,610	11,610	12,610	13,430
\$125,000 - 149,999	2,040	3,970	5,300	6,500	7,700	9,610	10,610	11,610	12,610	13,610	14,900	16,020
\$150,000 - 174,999	2,040	3,970	5,610	7,610	9,610	11,610	12,610	13,750	15,050	16,350	17,650	18,770
\$175,000 - 199,999	2,720	5,450	7,580	9,580	11,580	13,870	15,180	16,480	17,780	19,080	20,380	21,490
\$200,000 - 249,999	2,900	5,930	8,360	10,660	12,960	15,260	16,570	17,870	19,170	20,470	21,770	22,880
\$250,000 - 399,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$400,000 - 449,999	2,970	6,010	8,440	10,740	13,040	15,340	16,640	17,940	19,240	20,540	21,840	22,960
\$450,000 and over	3,140	6,380	9,010	11,510	14,010	16,510	18,010	19,510	21,010	22,510	24,010	25,330

**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	\$620	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,650	\$1,870	\$1,870	\$1,890	\$2,040
\$10,000 - 19,999	620	1,630	2,060	2,220	2,220	2,220	2,850	3,850	4,070	4,090	4,290	4,440
\$20,000 - 29,999	860	2,060	2,490	2,650	2,650	3,280	4,280	5,280	5,520	5,720	5,920	6,070
\$30,000 - 39,999	1,020	2,220	2,650	2,810	3,440	4,440	5,440	6,460	6,880	7,080	7,280	7,430
\$40,000 - 59,999	1,020	2,220	3,130	4,290	5,290	6,290	7,480	8,680	9,100	9,300	9,500	9,650
\$60,000 - 79,999	1,500	3,700	5,130	6,290	7,480	8,680	9,880	11,080	11,500	11,700	11,900	12,050
\$80,000 - 99,999	1,870	4,070	5,690	7,050	8,250	9,450	10,650	11,850	12,260	12,460	12,870	13,820
\$100,000 - 124,999	2,040	4,440	6,070	7,430	8,630	9,830	11,030	12,230	13,190	14,190	15,190	16,150
\$125,000 - 149,999	2,040	4,440	6,070	7,430	8,630	9,980	11,980	13,980	15,190	16,190	17,270	18,530
\$150,000 - 174,999	2,040	4,440	6,070	7,980	9,980	11,980	13,980	15,980	17,420	18,720	20,020	21,280
\$175,000 - 199,999	2,190	5,390	7,820	9,980	11,980	14,060	16,360	18,660	20,170	21,470	22,770	24,030
\$200,000 - 249,999	2,720	6,190	8,920	11,380	13,680	15,980	18,280	20,580	22,090	23,390	24,690	25,950
\$250,000 - 449,999	2,970	6,470	9,200	11,660	13,960	16,260	18,560	20,860	22,380	23,680	24,980	26,230
\$450,000 and over	3,140	6,840	9,770	12,430	14,930	17,430	19,930	22,430	24,150	25,650	27,150	28,600