



Roger's Family Trucking

COMMERCIAL DRIVER

EMPLOYEE APPLICATION



PRO Resources Corporation
Driver (Commercial)
Application for Employment

DRIVER (Commercial)
APPLICATION

NOTICE:

Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph (b) (10) of this section may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of 391.23.

Date of Application:

___ / ___ / ___

(PLEASE PRINT and ANSWER ALL QUESTIONS)

Name: _____

Current Address: _____ City _____ State _____ Zip _____

(must have 3 years of address listed)

Previous Address: _____ City _____ State _____ Zip _____

Previous Address: _____ City _____ State _____ Zip _____

Phone: () _____ - _____ Email Address: _____

In case of an EMERGENCY please notify: _____ Relationship: _____

Home phone () _____ - _____ Work phone () _____ - _____

1. Do you have the legal right to work in the United States? [] Yes [] No 2. Date of Birth ___ / ___ / ___

3. Proof of Age _____ Social Security Number _____

4. Have you worked for this company before? [] Yes [] No

5. If yes, for which client (Company) _____

Dates worked - From ___ / ___ / ___ To ___ / ___ / ___ Rate of Pay \$ _____

Position _____ Reason for Leaving _____

6. Are you now employed? [] Yes [] No

7. Who referred you? _____

8. POSITION APPLIED FOR: DRIVER

9. Rate of pay expected? \$ _____

PHYSICAL HISTORY

Do you have any physical condition which may limit your ability to perform the job applied for? [] Yes [] No

If yes, what can be done to accommodate your limitations? _____

Are you physically capable of heavy, manual work? [] Yes [] No If no please explain _____

How much time have you lost from work in the past three years? Also, please explain _____

Would you be willing to take a physical examination? [] Yes [] No

EMPLOYMENT HISTORY

All driver applicants to drive in interstate commerce must provide the following information on all employers during the preceding three (3) years.

Applicants to drive a commercial motor vehicle (as defined by the USDOT) in intrastate or interstate commerce shall also provide an additional (7) years information on those employers for whom the applicant was an operator of a commercial motor vehicle.

Before an application is submitted, the motor carrier must inform the applicant that the information he/she provides in accordance with paragraph (b) (10) of this section may be used, and the applicant's previous employers will be contacted, for the purpose of investigating the applicant's safety performance history information as required by paragraphs (d) and (e) of 391.23.

MUST LIST 10 YEARS OF PREVIOUS EMPLOYMENT

EMPLOYER - May we contact present employer? Yes or No (please circle)	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name: _____	From: _____ To: _____
Address: _____	Position: _____
City: _____ State: _____ Zip: _____	Wage: _____
Contact Person: _____ Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

PREVIOUS EMPLOYERS CONTINUED

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___
 Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

EMPLOYER	DATES
Name:	From: _____ To: _____
Address:	Position: _____
City: State: Zip:	Wage: _____
Contact Person: Phone: _____	Reason for leaving: _____

Were you subject to the Federal Motor Carrier Safety Registration while employed? Yes ___ No ___ Was your job designated as safety sensitive function in any DOT regulated mode subject to drug and alcohol testing? Yes ___ No ___

DUE PROCESS RIGHTS

Following are your rights in regard to your safety performance history information:

- The right to review information provided by the previous employer
- The right to have errors in the information corrected by the previous employer, and for that previous employer to resend the corrected information to the prospective employer; and
- The right to have a rebuttal statement attached to the alleged erroneous information, if the previous employer and the driver cannot agree on the accuracy of the information.

Applicant's Signature

Date Signed

IF THIS SECTION IS NOT SIGNED & DATED BY THE APPLICANT, THE APPLICATION WILL NOT BE PROCESSED.

(i)(2) Drivers who have previous Department of Transportation regulated employment history in the preceding three years, and wish to review previous employer-provided investigative information must submit a written request to the prospective employer, which may be done at any time, including when applying, or as late as 30 days after being employed or being notified of denial of employment. The prospective employer must provide this information to the applicant within five (5) business days of receiving the written request. If the prospective employer has not yet received the requested information from the previous employer(s), then the five-business days deadline will begin when the prospective employer receives the requested safety performance history information. If the driver has not arranged to pick up or receive the requested records within thirty (30) days of the prospective employer making them available, the prospective motor carrier may consider the driver to have waived his/her request to review the records. Please contact Human Resources for more information.

ACCIDENT RECORD FOR PAST 3 YEARS OR MORE (*Attach sheet if more space is needed*)

	DATES	NATURE OF ACCIDENT/INCIDENT	FATALITIES	INJURIES
Last Accident:				
Next Previous:				

TRAFFIC CONVICTIONS & FORFEITURES FOR THE PAST 3 YEARS (*Other than parking violations*)

LOCATION	DATE	CHARGE	PENALTY

EDUCATION

LAST SCHOOL ATTENDED _____ CITY, STATE _____, _____
 CIRCLE HIGHEST GRADE COMPLETED: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16

EXPERIENCE & QUALIFICATIONS (Driver)

DRIVER'S LICENSES <small>Date of each unexpired commercial motor vehicle operator's license or permit that has been issued to the applicant;</small>	STATE	LICENSE NO.	TYPE	EXPIRATION

- A. Have you ever been denied a license, permit or privilege to operate a motor vehicle? Yes No
 B. Has any license, permit or privilege ever been suspended or revoked? Yes No

IF YOU HAVE ANSWERED "YES" TO ANY OF THESE QUESTIONS, ATTACH A STATEMENT GIVING DETAILS

(b)(9) A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred;

DRIVING EXPERIENCE

CLASS OF EQUIPMENT	TYPE OF EQUIP. (Van-Tank-Flat-Etc.)	DATES		TOTAL # OF MILES
		From	To	

LIST STATES OPERATED IN FOR LAST FIVE YEARS _____

SHOW SPECIAL COURSES OR TRAINING THAT WILL HELP YOU AS A DRIVER _____

WHICH SAFE DRIVING AWARDS DO YOU HOLD AND FROM WHO? _____

APPLICATION FOR ASSIGNMENT BY
PRO RESOURCES CORPORATION

CLIENT COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

The purpose of this application is to determine whether or not the applicant is qualified to operate Motor Carrier's equipment according to the requirements of the Federal Motor Carrier Safety Regulations and the Client Company (lessee) named above.

I certify that I have read and understand the above statement

Driver's Signature *Date*

EXPERIENCE AND QUALIFICATIONS - OTHERS

Show any trucking, transportation or other experience that may help in your work with this company.

List courses and training other than shown elsewhere in this application.

List special equipment or technical materials you can work with (other than those already shown).

TO BE READ AND SIGNED BY APPLICANT

This certifies that this application was completed by me, and that all entries on it and information in it are true and complete to the best of my knowledge. I authorize you to make such investigations and inquiries of my personal, employment, financial or medical history and other related matters, as may be necessary in arriving at an employment decision. I hereby release employ-ers, schools or persons from all liability in responding to inquiries in connection with my application. In the event of employ-ment, I understand that false or misleading information given in my application or interview(s) may result in my discharge. I understand, also, that I am required to abide by all rules and regulations of the company, as permitted by law. PRO Resources Corporation participates in E-Verify.

Date: _____ Applicant's Signature: _____

APPLICANT'S CERTIFICATION

(To be read and signed by Applicant)

In consideration for employment with PRO Resources Corporation, I hereby understand and agree as follows:

This application was completed by me, all entries upon it and information in it are true and complete to the best of my knowledge. Any false or misleading information furnished by me on this application or other required documents or in connection with my application shall result in denial of employment or, if employed by PRO Resources Corporation, the termination of my employment. PRO Resources Corporation has my consent to make a thorough investigation on my background, including my past employment, references furnished, education and any other activities, and I release all persons, firms or entities supplying such information from any and all liability and damages on account of supplying such information. I further agree to indemnify PRO Resources Corporation against any and all liability that may result from making such an investigation.

I certify that I have not taken any non-prescribed medication during the past (60) sixty days. This includes, but is not limited to amphetamines, narcotics or any other habit-forming drug. If PRO Resources Corporation, or any of its lessees, advance me money or other items of value or I otherwise become financially indebted to PRO Resources Corporation, or any of its lessees, I agree to repay PRO Resources Corporation, or any of its lessees, and any salary or wages I earn may be used to offset (by a payroll deduction) and applied against any monies owed to PRO Resources Corporation, or any of its lessees.

This application will not be accepted or considered by PRO Resources Corporation unless all required information is completed by me and such information is fully legible. I will be given no further consideration if answers are evasive or the history of previous events is not presented in proper order with respect to dates.

I hereby authorize PRO Resources Corporation to obtain a copy of my Motor Vehicle Report. I understand that I may be on a (90) ninety day probationary period in which I may be discharged without reason or recourse.

I agree to submit to any and all testing as required by PRO Resources Corporation, any of its lessees and the Department of Transportation.

I also acknowledge and understand that I am applying for employment with PRO Resources Corporation, that if hired I will be an employee of PRO Resources Corporation, and that I can be terminated at any time with or without cause. I understand and agree that if I am employed by PRO Resources Corporation, as a condition of my employment with PRO Resources Corporation, PRO Resources Corporation has the right to transfer my services to any available position; therefore, I agree to accept a position that I am qualified to perform. In the event that training may be needed, I agree to participate in any training that may be necessary to satisfy the position.

I hereby certify that the information contained on the form is true and correct and that there are no omissions. I authorize any physician, medical facility, past employer(s) and/or privileged agencies contracted by PRO Resources Corporation, to furnish or verify workers' compensation information and medical information.

(Applicant's Name - Printed)

(Applicant's Signature)

(Date)

Comments: _____

With successful completion of this review, you will be advised as to your start date with PRO Resources Corporation and to which client company you have been assigned.

(Signature of PRO Resources Corporation Representative)

(Date)

COMMERCIAL DRIVER JOB DESCRIPTION

The following is a description of what daily and overall functions are to be performed by any persons with the above *JOB TITLE*:

- (a) Driver must be capable of Eleven (11) hours of driving time per day.
- (b) Driver must be able to drive Seven (7) days a week.
- (c) Driver must be able to sit for Eleven (11) hours a day.
- (d) Driver must be capable of repetitive bending, and of lifting up to 100 pounds.
- (e) Driver must comply with all D.O.T. company required paperwork.
- (f) Driver must be literate in reading and writing skills.
- (g) Driver must be on time with load deliveries.
- (h) Driver must be able to distinguish the different time zone areas.
- (i) Driver must maintain a professional attitude and be cooperative.
- (j) Driver must maintain a neat, clean appearance of themselves.
- (k) Driver must be mechanically inclined in fueling and fluids.
- (l) Driver must comply with all D.O.T., Federal, State & Company regulations.
- (m) Driver, if applicable, must be knowledgeable in hazardous materials.
- (n) Driver must be able to load and unload freight.
- (o) Driver must be capable of excessive manual labor.
- (p) Driver must have required experience and qualifications for the equipment driver is hired to operate.
- (q) Driver must be physically able to, but not limited to, climbing in and out of tractors on a repetitive basis, while being tolerable to different heights.
- (r) Driver must possess a valid, Class A CDL in state of domicile.
- (s) Driver must possess a current, valid D.O.T. physical.

I have read the above Job Description and attest to the fact that I meet all requirements expected of me. I understand that this Job Description is not inclusive and does not take the place or exceed rules or laws established by any authorized Local, State or Federal agency.

Driver's Signature: _____ Date: _____



REQUEST FOR INFORMATION FROM PREVIOUS EMPLOYER

1 ST ATTEMPT	
2 ND ATTEMPT	
3 RD ATTEMPT	

PH: 800-776-4671
 FAX: 218-847-2173

ATTN: Human Resources Dept.

Previous Employer: _____
 Attn: _____

FAX: _____
 Date: _____

The individual named below has made application to this company for a position as **driver** and states that he/she was employed by you as _____ from _____ to _____. Will you please reply to the inquiry below respecting this applicant. Your reply will be held in strict confidence and will in no way involve you in any responsibility. For your convenience in replying you may fax this back to us.

Very truly yours,
 Human Resources Department

Applicant:	SSN:
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Employed from: _____ to _____ As: Company Driver Contractor Team Driver Other _____
 If a tractor-trailer was driven, what type? Flatbed Van Reefer Tanker Other _____
 Was the applicant an on-time and dependable driver? Yes No
 Was the applicant a safe and efficient driver? Yes No
 Was the applicant's general conduct satisfactory? Yes No
 What type of experience does the applicant have? Local OTR Mountain Other _____
 Please list type of commodities transported: _____ Verify Miles: _____
 Reason for leaving: Discharged Laid off Resigned Remarks: _____
 Would you rehire this person: Yes No Upon Review Comments: _____

For applicants who have been employed as a driver subject to: FMCSR 382.405 (f) "Records shall be made available to a subsequent employer upon receipt of written request from the driver."

Did the above named applicant in the past three (3) years:

Test positive for controlled substance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Test at 0.04 or greater for breath alcohol?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Refuse a required drug or alcohol test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Violate any other DOT drug and alcohol regulations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has a previous employer reported a positive drug or alcohol test?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

NOTE: If you answered yes to any of the questions listed above please provide the following SAP information:

Name	Phone	Address	City	State	Zip

Please list all accidents/incidents that the applicant was involved in. If necessary please use a separate sheet of paper.

Date	Type	Preventable	Recordable	Cost	Location
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$	

Signature of the person releasing information:	Printed Name:	Date
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I hereby authorize you to release information for the purpose of investigation as required by Section 391 and 382 of the Federal Motor Carrier Safety Regulations. You are released from any and all liability which may result from furnishing such information.

Driver's Signature X	Date X
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Release & documentation of pre-employment testing information by driver/applicant

Date: _____

To be completed by driver/applicant.

During the past (3) three years, have you **tested positive** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

Yes No

During the past (3) three years, have you **refused to test** on a pre-employment drug or alcohol test administered by an employer to which you applied for, but did not obtain, safety-sensitive transportation work covered by the Department of Transportation (DOT) drug and alcohol testing rules?

Yes No

If you answered yes to either of the questions above, please provide documentation of your successful completion of the return-to-duty process.

Dated this _____ day of _____

Name of driver _____

DRIVER SIGNATURE X _____

Social Security Number _____ Witness _____

Please photocopy and retain for future use.

Record-keeping requirements: If driver/applicant answers "yes" to either question - 5 years. If driver/applicant answers "no" to both questions - keep for length of driver's employment.

This form may be used to fulfill the requirement of Part 40.25(j). As an employer you must ask the driver whether he/she has tested positive, or refused to test, on any pre-employment drug or alcohol test administered by an employer to which the driver applied for, but did not obtain, safety-sensitive transportation work covered by DOT agency drug and alcohol testing rules during the past 3 years.

Please complete the following only if you answered 'Yes' to question A or B on page 3

Please complete a statement giving details as follows:

(b)(9)A statement setting forth in detail the facts and circumstances of any denial, revocation, or suspension of any license, permit, or privilege to operate a motor vehicle that has been issued to the applicant, or a statement that no such denial, revocation, or suspension has occurred;

If you answered 'Yes' to question A:

When you have completed this section, please click here to finish the application [Done](#)

If you answered 'Yes' to question B:

When you have completed this section, please click here to finish the application [Done](#)



INJURY REPORTING REQUIREMENTS
RETURN – TO – WORK
POLICY

It is our goal to maintain a safe workplace for our employees. When an injury does occur, proactive measures help speed recovery and minimize expenses. It is YOUR responsibility to report the injury to your supervisor AND to PRO Resources within 8 hours of the incident. At that time, effective claims management processes and loss prevention measures are initiated in order to provide the best service to the injured employee and your company.

PRO promotes a Return-To-Work Program within medical guidance as a component of the treatment plan. If the injury results in a prolonged absence from work, we will coordinate Return-To-Work options that are medically appropriate. The priority is always Return-To-Work with your company but if appropriate accommodations are not feasible, then transitional assignments may be offered within the community.

The success of this program is the responsibility of everyone in the company from top management to every employee. Again, it is the employee's responsibility to:

- 1) Report incidents and injuries to your supervisor within 8 hours of occurrence
- 2) Reports incidents and injuries to PRO Resources within 8 hours of occurrence
- 3) Participate in Return-To-Work options that are medically appropriate

Everyone should be alert for potential accidents and strive to eliminate them. If you are aware of an unsafe act or condition, it should be reported immediately to your supervisor to be addressed. This action may prevent an injury from occurring.

By my signature below, I acknowledge and agree to comply with this policy.

Employee Signature

Date



Name: _____

Date: _____

EQUAL OPPORTUNITY, AFFIRMATIVE ACTION VOLUNTARY SELF IDENTIFICATION FORM

PRO Resources Corporation is an Equal Opportunity and Affirmative Action Employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

New Hires are invited to participate in the Affirmative Action Program by reporting their race, gender, veteran and disability status. In extending this invitation you are also advised that: (a) employees are under no obligation to respond but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary data required for our Equal Opportunity Reporting and Affirmative Action Program. We are a company that values diversity. Refusal to provide this information will have no bearing on your employment status and will not subject you to any adverse treatment.

1. **Race** Check one:

- White** – A person having origins in any of the original peoples of Europe, North America and the Middle East
- Black or African American** – A person having origins in any of the black racial groups of Africa.
- Hispanic or Latino** – All persons of Cuban, Mexican, Puerto Rican, South or Central American, or any other Spanish culture or origin regardless of race.
- Asian** – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- Native Hawaiian or Other Pacific Islander** – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian / Alaskan 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.
- Two or More Races** – All persons who identify with more than one of the above races.

2. **Gender** Male Female

3. **Veteran Status**

Are you a veteran? Yes No
Separation Date from Military: _____

- Disabled Veteran:** A veteran who 1) is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans' Affairs for a disability; or 2) was discharged or released from active duty because of a service-connected disability.
- Other Protected Veteran:** A person who served on active duty during a war (other than the Vietnam War) or in a campaign or expedition for which a campaign badge has been authorized. To identify the campaigns or expeditions that meet this criterion, please consult the VETS-100 web site (<http://www.fedshirevets.gov/hire/hrp/vetguide/index.aspx>).
- Armed Forces Service Medal Veteran:** A person who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces Service Medal was awarded pursuant to Executive Order 12985
- Recently Separated Veteran:** A veteran who was discharged or released from active duty within the last three (3) years.

4. **Disability Status**

- Individual with a Disability:** A person who 1) has a physical or mental impairment that substantially limits one or more major life activities; 2) has a record of such impairment; or 3) is regarded as having such impairment.



Direct Deposit Authorization

We must have all of the information below, before a direct deposit will be entered and processed.

<u>First and Last Name</u>	<u>E-mail Address</u>
<u>Address</u>	<u>City, State, Zip</u>
<u>Bank Name</u>	<u>Bank Telephone</u>
<u>Bank Address</u>	<u>Bank City, State, Zip</u>
<u>Bank Routing (ABA) Number</u>	<u>Account Number</u>

Please check the appropriate box:

Global Cash Card *(Must complete attached form.)*

Checking Account

Please attach a blank check or copy of a check with "Void" marked across the face. (Please note WE WILL NOT ACCEPT DEPOSIT SLIPS for checking accounts).

Additional Information: _____

Savings Account

You must call your bank and request the ABA routing number and your savings account number they use for direct deposit. (The numbers generally differ from the one on your deposit slip. Please note WE WILL NOT ACCEPT DEPOSIT SLIPS). Have the bank fax the information to 218-847-2173.

Additional Information: _____

I authorize PRO Resources Corporation to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my above named account. If for any reason a final pay is given to me, and items are owed back to my assigned employer, it is at the discretion of PRO Resources Corporation to authorize my final pay to not be directly deposited, and a regular check be issued instead. I will pick up my final paycheck from my work site employer, while returning items still owed. I understand that this authorization will remain in effect until canceled by me in writing.

Paperless Pay Stubs

I understand that by participating in direct deposit, I will not receive my pay stubs in a paper form. My pay stubs will be available electronically via PRO Online (<http://www.peohrpro.com>). I will be able to access my pay stubs through my worksite employer's computer, public computer, or my personal computer by logging on to PRO's 24 hour, convenient, and secure website using my personalized log in and password.

Employee Signature:

Date:



Global Cash Card

Cash Card Enrollment / Cancellation Form

CARD NUMBER _____ -- _____ -- _____ -- _____

NEW REPLACEMENT CANCEL

Global Cash Card - Account Owner Information (Please Print Legibly)		
First Name:	Middle Initial:	Last Name:
Street:		Apartment #:
City:	State:	Zip Code
Home Telephone: ()	Date of Birth (MM/DD/YYYY): / /	
** Cell Number: (Optional) () For text messaging confirmations/balances	** Email Address (Optional): For e-mail notifications	
Social Security #: -- --	EMPLID #:	
Date: _____ Employee Signature: _____		

FOR OFFICE USE ONLY

BRANCH INFORMATION (All fields must be completed by a company representative)	
Branch Name:	Branch Dept #:
Form Completed by:	Telephone #:

*** FAX COMPLETED FORM TO YOUR PAYROLL CENTER:***

ATTACH COPY OF CARD



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
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: _____ OR 2. Form I-94 Admission Number: _____ OR 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>
-----------------------	----------------------------------

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

Employer Completes Next Page



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.")

Employee Info from Section 1	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 PRO Resources Corporation	
Employer's Business or Organization Address (Street Number and Name) PO Box 1255		City or Town Detroit Lakes	State MN	ZIP Code 56501

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

A. New Name (if applicable)			B. Date of Rehire (if applicable)	
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
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 a nonimmigrant alien authorized to work for a specific employer because of his or her status: 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 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.		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
		8. Native American tribal document		
		9. Driver's license issued by a Canadian government authority		
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		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			

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

Refer to the instructions for more information about acceptable receipts.

Wage Statement Employee Notice

This form must be filled out in its' entirety, signed by the Employee and signed by a representative from the Employer, to comply with the MN Wage Theft Law. The Employer must retain this document and PRO must receive a copy of this form before payroll can be processed.

1. Employee:		Address:	
Phone number:		Email address:	
Date employment began:			
2. Legal name of employer:		Main office/principal place of business address:	
Phone number:		Email address:	
Operating name of employer (if different):			
Mailing address (if different):			
3. Employment status (exempt or non-exempt):			
<input type="checkbox"/> Employee is exempt from: <input type="checkbox"/> minimum wage <input type="checkbox"/> overtime <input type="checkbox"/> other provisions of Minnesota Statutes 177			
Legal basis for exemption:			
<input type="checkbox"/> Employee is non-exempt (entitled to overtime, minimum wage, other protections under Minn. Stat. 177)			
4. Rate: \$	Additional rates (if applicable):		How applied:
Paid by:	Hour <input type="checkbox"/>	Shift <input type="checkbox"/>	Day <input type="checkbox"/>
	Salary <input type="checkbox"/>	Piece <input type="checkbox"/>	Commission <input type="checkbox"/>
			Other method <input type="checkbox"/>
Overtime is owed after: hours			
Allowances claimed:			
\$	per meal for meal allowance (max = 60% of one hour of adult minimum wage per meal)		
\$	per day for lodging allowance (max = 75% of one hour of adult minimum wage per day)		
	(or fair market value)		
5. Leave benefits available:			
<input type="checkbox"/> Sick leave <input type="checkbox"/> Paid vacation <input type="checkbox"/> Other paid time off			
How benefits are accrued: Number of hours _____ or days _____			
<input type="checkbox"/> per year <input type="checkbox"/> per month <input type="checkbox"/> per pay period <input type="checkbox"/> per hours worked			
Terms of use:			
6. Deductions that may be made from employee's pay and amounts:			
7. Number of days in the pay period:		Regularly scheduled payday:	
Date employee will receive first payment of wages earned:			
8. Other information relevant to this position:			
I, the employee, have received a copy of this notice: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer signature	Date	Employee signature	Date

Note: The following statement is being translated and will be provided in the languages below: "This document contains important information about your employment agreement. Check the box at left to receive this information in this language."

Spanish	
Hmong	
Vietnamese	
Mandarin	
Russian	
Somali	
Laotian	
Korean	
Tagalog	
Cushite/ Oromo	
Amharic	
Karen	

Translation providers approved by the Minnesota Department of Administration

The Bridge World Language Center, Inc.
 110 Second Street S., #213
 Waite Park, MN 56387
 320-259-9239
mini@bridgelanguage.com

Betmar Languages, Inc.
 6260 Hwy. 65 N.E., #308
 Minneapolis, MN 55432
 763-572-9711
best@betmar.com

Fox Translation Services
 1152 Mae Street, #122
 Hummelstown, PA 17033
 866-369-1646 or 407-733-3720
dina@foxfoxcasemanagement.com

Global Translation and Interpreter
 913 E. Franklin Ave., #206
 Minneapolis, MN 55404
 612-722-1244
sandor@globaltranslations.com

Lingualinx Language Solutions, Inc.
 433 River Street, #6001
 Troy, NY 12180
 518-388-9000
abartlett@lingualinx.com

Prisma International, Inc.
 1128 Harmon Place, #310
 Minneapolis, MN 55403
 612-349-3111
jromano@prisma.com

Swits, LTD
 110 S. Third Street
 Delavan, WI 53115
 262-740-2590
translations@swits.us

Latitude Prime, LLC.
 80 S. Eighth Street, #900
 Minneapolis, MN 55402
 888-341-9080, ext. 501
elle@latitude.com

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.**

2020

Step 1: Enter Personal Information	(a) First name and middle initial _____	Last name _____	(b) Social security number _____
	Address _____		
	City or town, state, and ZIP code _____		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly (or Qualifying widow(er)) <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.)		

▶ **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.

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, when to use the online estimator, 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) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3-4); **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld ▶

TIP: To be accurate, submit a 2020 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

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 Dependents	If your 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 and 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) _____
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General Instructions

Future Developments

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

Purpose of Form

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

Exemption from withholding. You may claim exemption from withholding for 2020 if you meet both of the following conditions: you had no federal income tax liability in 2019 and you expect to have no federal income tax liability in 2020. You had no federal income tax liability in 2019 if (1) your total tax on line 16 on your 2019 Form 1040 or 1040-SR is zero (or less than the sum of lines 18a, 18b, and 18c), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2020 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1a, 1b, and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2021.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as the additional Medicare tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

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



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

Step 3. Step 3 of Form W-4 provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 972, Child Tax Credit and Credit for Other Dependents. You can also include **other tax credits** in this step, such as education tax credits and the foreign tax credit. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

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

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2020 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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

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



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

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

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



- 1 Enter an estimate of your 2020 itemized deductions (from Schedule A (Form 1040 or 1040-SR)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. 1 \$
2 Enter: { \$24,800 if you're married filing jointly or qualifying widow(er)
\$18,650 if you're head of household
\$12,400 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Schedule 1 (Form 1040 or 1040-SR)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. 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 possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax 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 Widow(er)

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	\$220	\$850	\$900	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,210	\$1,870	\$1,870
\$10,000 - 19,999	220	1,220	1,900	2,100	2,220	2,220	2,220	2,220	2,410	3,410	4,070	4,070
\$20,000 - 29,999	850	1,900	2,730	2,930	3,050	3,050	3,050	3,240	4,240	5,240	5,900	5,900
\$30,000 - 39,999	900	2,100	2,930	3,130	3,250	3,250	3,440	4,440	5,440	6,440	7,100	7,100
\$40,000 - 49,999	1,020	2,220	3,050	3,250	3,370	3,570	4,570	5,570	6,570	7,570	8,220	8,220
\$50,000 - 59,999	1,020	2,220	3,050	3,250	3,570	4,570	5,570	6,570	7,570	8,570	9,220	9,220
\$60,000 - 69,999	1,020	2,220	3,050	3,440	4,570	5,570	6,570	7,570	8,570	9,570	10,220	10,220
\$70,000 - 79,999	1,020	2,220	3,240	4,440	5,570	6,570	7,570	8,570	9,570	10,570	11,220	11,240
\$80,000 - 99,999	1,060	3,260	5,090	6,290	7,420	8,420	9,420	10,420	11,420	12,420	13,260	13,460
\$100,000 - 149,999	1,870	4,070	5,900	7,100	8,220	9,320	10,520	11,720	12,920	14,120	14,980	15,180
\$150,000 - 239,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,190	16,050	16,250
\$240,000 - 259,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	12,790	13,990	15,520	17,170	18,170
\$260,000 - 279,999	2,040	4,440	6,470	7,870	9,190	10,390	11,590	13,120	15,120	17,120	18,770	19,770
\$280,000 - 299,999	2,040	4,440	6,470	7,870	9,190	10,720	12,720	14,720	16,720	18,720	20,370	21,370
\$300,000 - 319,999	2,040	4,440	6,470	8,200	10,320	12,320	14,320	16,320	18,320	20,320	21,970	22,970
\$320,000 - 364,999	2,720	5,920	8,750	10,950	13,070	15,070	17,070	19,070	21,290	23,590	25,540	26,840
\$365,000 - 524,999	2,970	6,470	9,600	12,100	14,530	16,830	19,130	21,430	23,730	26,030	27,980	29,280
\$525,000 and over	3,140	6,840	10,170	12,870	15,500	18,000	20,500	23,000	25,500	28,000	30,150	31,650

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	\$460	\$940	\$1,020	\$1,020	\$1,470	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040	\$2,040
\$10,000 - 19,999	940	1,530	1,610	2,060	3,060	3,460	3,460	3,460	3,640	3,830	3,830	3,830
\$20,000 - 29,999	1,020	1,610	2,130	3,130	4,130	4,540	4,540	4,720	4,920	5,110	5,110	5,110
\$30,000 - 39,999	1,020	2,060	3,130	4,130	5,130	5,540	5,720	5,920	6,120	6,310	6,310	6,310
\$40,000 - 59,999	1,870	3,460	4,540	5,540	6,690	7,290	7,490	7,690	7,890	8,080	8,080	8,080
\$60,000 - 79,999	1,870	3,460	4,690	5,890	7,090	7,690	7,890	8,090	8,290	8,480	9,260	10,060
\$80,000 - 99,999	2,020	3,810	5,090	6,290	7,490	8,090	8,290	8,490	9,470	10,460	11,260	12,060
\$100,000 - 124,999	2,040	3,830	5,110	6,310	7,510	8,430	9,430	10,430	11,430	12,420	13,520	14,620
\$125,000 - 149,999	2,040	3,830	5,110	7,030	9,030	10,430	11,430	12,580	13,880	15,170	16,270	17,370
\$150,000 - 174,999	2,360	4,950	7,030	9,030	11,030	12,730	14,030	15,330	16,630	17,920	19,020	20,120
\$175,000 - 199,999	2,720	5,310	7,540	9,840	12,140	13,840	15,140	16,440	17,740	19,030	20,130	21,230
\$200,000 - 249,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$250,000 - 399,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,440	19,730	20,830	21,930
\$400,000 - 449,999	2,970	5,860	8,240	10,540	12,840	14,540	15,840	17,140	18,450	19,940	21,240	22,540
\$450,000 and over	3,140	6,230	8,810	11,310	13,810	15,710	17,210	18,710	20,210	21,700	23,000	24,300

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	\$830	\$930	\$1,020	\$1,020	\$1,020	\$1,480	\$1,870	\$1,870	\$1,930	\$2,040	\$2,040
\$10,000 - 19,999	830	1,920	2,130	2,220	2,220	2,680	3,680	4,070	4,130	4,330	4,440	4,440
\$20,000 - 29,999	930	2,130	2,350	2,430	2,900	3,900	4,900	5,340	5,540	5,740	5,850	5,850
\$30,000 - 39,999	1,020	2,220	2,430	2,980	3,980	4,980	6,040	6,630	6,830	7,030	7,140	7,140
\$40,000 - 59,999	1,020	2,530	3,750	4,830	5,860	7,060	8,260	8,850	9,050	9,250	9,360	9,360
\$60,000 - 79,999	1,870	4,070	5,310	6,600	7,800	9,000	10,200	10,780	10,980	11,180	11,580	12,380
\$80,000 - 99,999	1,900	4,300	5,710	7,000	8,200	9,400	10,600	11,180	11,670	12,670	13,580	14,380
\$100,000 - 124,999	2,040	4,440	5,850	7,140	8,340	9,540	11,360	12,750	13,750	14,750	15,770	16,870
\$125,000 - 149,999	2,040	4,440	5,850	7,360	9,360	11,360	13,360	14,750	16,010	17,310	18,520	19,620
\$150,000 - 174,999	2,040	5,060	7,280	9,360	11,360	13,480	15,780	17,460	18,760	20,060	21,270	22,370
\$175,000 - 199,999	2,720	5,920	8,130	10,480	12,780	15,080	17,380	19,070	20,370	21,670	22,880	23,980
\$200,000 - 249,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$250,000 - 349,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,770	24,870
\$350,000 - 449,999	2,970	6,470	8,990	11,370	13,670	15,970	18,270	19,960	21,260	22,560	23,900	25,200
\$450,000 and over	3,140	6,840	9,560	12,140	14,640	17,140	19,640	21,530	23,030	24,530	25,940	27,240



Form MWR, Reciprocity Exemption/Affidavit of Residency for Tax Year 2020

For Michigan and North Dakota residents who work in Minnesota

Read instructions on back.

Employees: Complete this form and give it to your employer.

Employee's Last Name _____ First Name and Initial _____ Employee's Social Security Number _____

Permanent Address _____

City _____ State (check one) _____ ZIP Code _____
 Michigan North Dakota

1 If you earned wages in Minnesota during the previous year, enter the wages you earned \$ _____
(Round to the nearest dollar)

2 How long have you lived at your permanent residence? From _____ to _____
(month/year) (month/year)

3 Do you return to your permanent residence at least once a month? Yes No
If your answer is no, STOP HERE. You do not qualify for the reciprocity exemption.

4 Were you ever a resident of Minnesota? Yes, from _____ to _____ No
(month/year) (month/year)

Current Employer's Name _____ Employer's Federal Tax ID _____

Employer's Mailing Address _____ Employer's Phone _____

City _____ State _____ ZIP code _____

*I declare that the above information is correct and complete to the best of my knowledge and belief.
 I understand there is a \$500 penalty for making false statements.*

Employee's Signature _____ Date _____ Employee's Phone _____

Employers: Mail this form to:
 Minnesota Department of Revenue
 Mail Station 6501
 600 N. Robert St.
 St. Paul, MN 55146-6501

Keep a copy for your records.

Note: If this form is not filled out completely, you must withhold Minnesota income tax from wages earned in Minnesota.

Form MWR Instructions

Instructions for Employees

Minnesota has income tax reciprocity agreements with Michigan and North Dakota. These agreements only cover personal service income such as wages, bonuses, tips, and commissions.

Every year, fill out this form and give it to each Minnesota employer if all of the following apply:

- You are a resident of Michigan or North Dakota
- You return to your residence in that state at least once a month
- You do not want Minnesota income tax withheld from your wages

Give the completed form to your employer by the later of the following:

- February 28
- 30 days after you begin working or change your permanent residence

If you complete and submit Form MWR, you do not need to complete form W-4MN, *Minnesota Employee Withholding/Exemption Certificate*, to claim exemption from Minnesota withholding tax.

Fill Out the Form Completely

If you do not fill in every item on this form or do not give the form to your employer by the due date, your employer must withhold Minnesota income tax from your wages.

To Get a Refund of Tax Already Withheld for the Year

File Form M1, *Minnesota Individual Income Tax Return*, with the Minnesota Department of Revenue. See the Form M1 Instructions for details.

Penalties

If you make any statements on this form that you know are incorrect, you may be assessed a \$500 penalty.

Use of Information

All information on Form MWR is private by state law. It may only be given to your state of residence, the Internal Revenue Service, and to other state tax agencies as provided by law. The information may be compared with other information you gave to the Minnesota Department of Revenue.

Your name, address and Social Security number are required for identification. Your address is also required to verify your state of residence. Your employer's name, federal tax ID number, address and phone number are required.

The only information not required is your phone number. However, we ask that you provide it so we can contact you if we have questions.

Instructions for Employers

Employees who reside in Michigan or North Dakota who ask you not to withhold Minnesota income tax from their wages must complete this form and give it to you each year by the later of February 28 or within 30 days after they begin working for you or change their residence. Employees who live in other states, including Minnesota, cannot use this form.

If an employee does not fill in every item of Form MWR or does not provide the form to you by the due date, you must withhold Minnesota income tax, using the same marital status and number of allowances claimed on the employee's Minnesota Form W-4MN or federal Form W-4.

If the employee provides you with a properly completed Form MWR, the employee is not required to complete Form W-4MN to claim exemption from Minnesota income tax withholding.

Submit Completed Forms MWR to the Department

By March 31 of each year, send the completed Forms MWR to:

Minnesota Department of Revenue
Mail Station 6501
600 N. Robert St. St. Paul, MN 55146-6501

You must keep a copy of all forms for five years from the date received.

For new employees or employees who change their state of residence, send the form within 30 days after the employee gives it to you.

You may be assessed a \$50 penalty for each form you are required to send us but do not.

Forms and Information

Website: www.revenue.state.mn.us

Email: withholding.tax@state.mn.us

Phone: 651-282-9999 or 1-800-657-3594.

This information is available in alternate formats.



2020 W-4MN, Minnesota Employee Withholding Allowance/Exemption Certificate

Employees

Complete Form W-4MN so that your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes.

Employee's First Name and Initial	Last Name	Employee's Social Security Number
Permanent Address		Marital Status (Check one): <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate
City	State ZIP Code	

Read instructions on back. Complete Section 1 OR Section 2, then sign and give the completed form to your employer. Do not complete both Section 1 and Section 2. Completing both sections will make the form invalid.

Section 1 — Determining Minnesota Allowances

- A Enter "1" for yourself if no one else can claim you as a dependent A _____
- B Enter "1" if any of the following apply: B _____
 - You are single and have only one job
 - You are married, have only one job, and your spouse does not work
 - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" for your spouse. You may choose to enter "0" if you are married and have either a working spouse or more than one job. (Entering "0" may help you avoid having too little tax withheld.) C _____
- D Enter the number of dependents (other than your spouse or yourself) you will claim on your tax return. D _____
- E Enter "1" if you will file as Head of Household (see instructions for qualifying as Head of Household). E _____
- F **Total number of allowances claimed.** Add steps A through E.
If you plan to itemize deductions on your 2020 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. F _____

Section 2 — Exemption From Minnesota Withholding

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

- A I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.
- B Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because of all of the following:
 - I had no Minnesota income tax liability last year
 - I received a refund of all Minnesota income tax withheld
 - I expect to have no Minnesota income tax liability this year
- C All of the following are true:
 - My spouse is a military service member assigned to a military location in Minnesota
 - My domicile (legal residence) is in another state
 - I am in Minnesota solely to be with my spouse. My state of domicile is _____
- D I am an American Indian that resides and works on a reservation.
- E I am a member of the Minnesota National Guard or an active duty U.S. military member and claim exempt from Minnesota withholding on my military pay.
- F I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733 and I claim exempt from Minnesota withholding on this retirement pay.

Minnesota Allowances and Additional Withholding

- 1 **Minnesota Allowances.** Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet . . . 1 _____
- 2 Additional Minnesota withholding you want deducted each pay period (see instructions) 2 _____

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

Employee's Signature	Date	Daytime Phone
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Employees: Give the completed form to your employer.

Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. (Incomplete forms are considered invalid.) We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

Name of Employer	Federal Employer ID Number (FEIN)	Minnesota Tax ID Number
Address	City	State ZIP Code

Form W-4MN Employee Instructions

Complete this form for your employer to calculate the amount of Minnesota income tax to be withheld from your pay.

What's New?

Beginning in 2020, federal Form W-4 does not use withholding allowances. If you complete a 2020 Form W-4, you must complete Minnesota Form W-4MN to determine your allowances for Minnesota income tax withholding.

When should I complete Form W-4MN?

Complete Form W-4MN if any of the following apply:

- You begin employment
- You change your filing status
- You reasonably expect to change your filing status in the next calendar year
- Your personal or financial situation changes
- You claim exempt from Minnesota withholding (see Section 2 instructions for qualifications)
- You request an additional amount of tax deducted each pay period

If you have not had sufficient Minnesota income tax withheld from your wages, we may assess penalty and interest when you file your state income tax return.

Your employer may be required to submit copies of your Form W-4MN to the Minnesota Department of Revenue.

Note: You may be subject to a \$500 penalty if you submit a false Form W-4MN.

What if I have completed federal Form W-4?

If you completed a Form W-4 from 2019 or in prior years, you may complete Form W-4MN to determine your allowances for Minnesota withholding purposes. Your allowances on Form W-4MN must not exceed your allowances on a Form W-4 (from 2019 or earlier) that your employer used to determine your federal withholding. If you completed a 2020 Form W-4, you **must** complete Form W-4MN to determine your allowances for Minnesota withholding.

What if I am exempt from Minnesota withholding?

If you claim exempt from Minnesota withholding, complete only Section 2 of Form W-4MN and sign the form to validate it. You must provide your employer with a new Form W-4MN by February 15 of each year if you claim exempt.

You cannot claim exempt from withholding if all of the following apply:

- Another person can claim you as a dependent on their federal tax return
- Your annual income exceeds \$1,100
- Your annual income includes more than \$350 of unearned income

What if I am a nonresident alien for U.S. income taxes?

If you are a nonresident alien, you are not allowed to claim exempt from withholding. You will check the single box for marital status regardless of your actual marital status and may enter one personal allowance on Step A. Enter zero on steps B, C, and E.

If you are resident of Canada, Mexico, South Korea or India and allowed to claim dependents, you may enter the number of dependents on Step D.

Section 1 — Minnesota Allowances Worksheet

Complete Section 1 to find your allowances for Minnesota withholding tax. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

If you expect to owe more income tax for the year than will be withheld, you can claim fewer allowances or request additional Minnesota withholding from your wages. Enter the amount of additional Minnesota income tax you want withheld on line 2 of Section 1.

Nonwage Income

Consider making estimated payments if you have a large amount of "nonwage income." Nonwage income (other than tax-exempt income) includes interest, dividends, net rental income, unemployment compensation, gambling winnings, prizes and awards, hobby income, capital gains, royalties, and partnership income.

Two Earners or Multiple Jobs

If your spouse works or you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4MN. Usually, your withholding will be more accurate when all allowances are claimed on the Form W-4MN for the highest paying job and zero allowances are claimed on the others.

Head of Household

You may claim Head of Household as your filing status if you are unmarried and pay more than 50 percent of the costs of keeping up a home for yourself, your dependents, and other qualifying individuals. Enter "1" on Step E if you may claim Head of Household as your filing status on your tax return.

What if I itemize deductions on my Minnesota return or have other nonwage income?

Use the Itemized Deductions and Additional Income Worksheet to find your Minnesota withholding allowances. Complete Section 1 on page 1, then follow the steps in the worksheet on the next page to find additional allowances.

Continued

Itemized Deductions and Additional Income Worksheet

- 1 Enter an estimate of your 2020 Minnesota itemized deductions. For 2020, you may have to reduce your itemized deductions if your income is over \$197,850 (\$98,925) if you are married filing separately)
- 2 Enter one of the following based on your filing status:
 - a. \$24,800 if Married Filing Jointly
 - b. \$18,650 if Head of Household
 - c. \$12,400 if Single or Married Filing Separately
- 3 Subtract step 2 from step 1. If zero or less, enter 0
- 4 Enter an estimate of your 2020 additional standard deduction (from page 11 of the Form M1 instructions)
- 5 Add steps 3 and 4
- 6 Enter an estimate of your 2020 taxable nonwage income
- 7 Subtract step 6 from step 5. If zero, enter 0. If less than zero, enter the amount in parentheses.
- 8 Divide the amount on step 7 by \$4,300. If a negative amount, enter in parentheses. Do not include fractions
- 9 Enter the number on step F of Section 1 on page 1
- 10 Add step 8 and 9 and enter the total here. If zero or less, enter 0. Enter this amount on line 1 of page 1.

Section 2 — Minnesota Exemption

Your employer will not withhold Minnesota taxes from your pay if you are exempt from Minnesota withholding. You cannot claim exempt from withholding if all of the following apply:

- Another person can claim you as a dependent on their federal tax return
- Your annual income exceeds \$1,100
- Your annual income includes more than \$350 of unearned income

Box A

Check box A of Section 2 to claim exempt if all of the following apply:

- You meet the requirements to be exempt from federal withholding
- You had no Minnesota income tax liability in the prior year and received a full refund of Minnesota tax withheld
- You expect to have no Minnesota income tax liability for the current year

Box B

Check box B of Section 2 if you are not claiming exempt from federal withholding, but meet the second and third requirements for box A.

Box C

Check box C in Section 2 to claim exempt if all of the following apply:

- You are the spouse of a military member assigned to duty in Minnesota
- You and your spouse are domiciled in another state
- You are in Minnesota solely to be with your active duty military spouse member

Boxes D-F

If you receive income from the following sources, it is exempt from Minnesota withholding. Your employer will not withhold Minnesota tax from that income when you check the appropriate box in Section 2.

- **Box D:** You receive wages as a member of an American Indian tribe living and working on the reservation of which you are an enrolled member.
- **Box E:** You receive wages for Minnesota National Guard (MNG) pay or for active duty U.S. military pay. MNG and active duty U.S. military members can claim exempt from Minnesota withholding on these wages, even if taxable federally. For more information, see Income Tax Fact Sheet 5, Military Personnel.
- **Box F:** You receive a military pension or other military retirement pay calculated under U.S. Code title 10, sections 1401 through 1414, 1447 through 1455, and 12733. You may claim exempt from Minnesota withholding on this income even if it is taxable federally.

Note: You may not want to claim exempt if you (or your spouse if filing a joint return) expect to have other forms of income subject to Minnesota tax and you want to avoid owing tax at the end of the year.

If you claim exempt from Minnesota withholding, you must provide your employer with a new Form W-4MN by February 15 of each year.

Nonresident Alien

If you are a nonresident alien for federal tax purposes, do not complete Section 2.

Additional Minnesota Withholding

If you would like an additional amount of tax to be deducted per payment period, enter the amount on line 2. Do not enter a percentage of the payment you want to be deducted.

Use of Information

All information on Form W-4MN is private by state law. It cannot be given to others without your consent, except to the Internal Revenue Service, to other states that guarantee the same privacy, and by court order. Your name, address, and Social Security number are required for identification. Information about your allowances is required to determine your correct tax. We ask for your phone number so we can call if we have a question.

Questions?

- Website: www.revenue.state.mn.us
- Email: withholding.tax@state.mn.us
- Phone: 651-282-9999 or 1-800-657-3594 (toll-free)

Employer instructions are on the next page.

Form W-4MN Employer Instructions

What's New?

Beginning in 2020, federal Form W-4 will not determine withholding allowances used to determine the amount of Minnesota withholding. Employees completing a 2020 Form W-4 will need to complete 2020 Form W-4MN to determine the appropriate amount of Minnesota withholding.

Use the amount on line 1 of page 1 for calculating the withholding tax for your employees.

When does an employee complete Form W-4MN?

Employees complete Form W-4MN when they begin employment or when their personal or financial situation changes.

How should I determine Minnesota withholding for an employee that does not complete Form W-4MN?

If an employee does not complete Form W-4MN and they have a federal Form W-4 (from 2019 or prior years) on file, use the allowances on their federal Form W-4. If the employee does not complete a Form W-4MN, withhold Minnesota tax as if the employee is single with zero withholding allowances.

What if my employee claims to be exempt from Minnesota withholding?

If your employee claims exempt from Minnesota withholding, they must complete Section 2 of Form W-4MN. They must provide you with a new Form W-4MN by February 15 of each year.

When do I need to submit copies of a Form W-4MN to the department?

You must send copies of Form W-4MN to us if any of the following apply:

- The employee claims more than 10 Minnesota withholding allowances
- The employee checked box A or B under Section 2, and you reasonably expect the employee's wages to exceed \$200 per week
- You believe the employee is not entitled to the number of allowances claimed

You do not need to submit Form W-4MN to us if the employee is asking to have additional Minnesota withholding deducted from their pay.

We may assess a \$50 penalty for each Form W-4MN you do not file with us when required.

Mail Forms W-4MN to:
Minnesota Department of Revenue
Mail Station 6501
600 N. Robert St.
St. Paul, MN 55146-6501

What if my employee is a resident of a reciprocity state?

If your employee is a resident of North Dakota or Michigan and they do not want you to withhold Minnesota tax from their wages, they must complete Form MWR, *Reciprocity Exemption/Affidavit of Residency*. They must complete a Form MWR by February 28 of each year, or within 30 days after they begin working or change their permanent residence. See Withholding Fact Sheet 20, *Reciprocity - Employee Withholding*, for more information.

What is an invalid Form W-4MN?

A Form W-4MN is considered invalid if any of the following apply:

- There is any unauthorized change or addition to the form, including any change to the language certifying the form is correct
- The employee indicates in any way the form is false by the date they provide you with the form
- The form is incomplete or lacks the necessary signatures
- Both Section 1 and Section 2 were completed
- The employer information is incomplete

What if I receive an invalid form?

Do not use the invalid form to calculate Minnesota income tax withholding. Have the employee complete and submit a new Form W-4MN. If the employee does not give you a valid form, and you have an earlier Form W-4MN or Form W-4 (from 2019 or prior years) from them, use the earlier form to calculate their withholding. Otherwise, withhold taxes as if the employee is single and claiming zero withholding allowances.

What if my employee is a nonresident alien of the United States?

If the wages to this employee are subject to income tax withholding, you will use Table 1 and the procedure under **Withholding Adjustment for Nonresident Alien Employees** in IRS Publication 15-T to determine the correct Minnesota withholding tax. Do not use this procedure for nonresident alien students from India and business apprentices from India.

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

I, _____, hereby provide consent to Rogers Family Trucking LLC to conduct a limited query of the FMCSA Commercial Drivers License Drug and Alcohol Clearinghouse (Clearinghouse) to determine whether drug or alcohol violation information about me exists in the Clearinghouse. This form gives consent for a Pre-employment Limited Query and all Annual Limited Queries for the duration of my employment.

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

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

Employee Signature

Date

THE BELOW DISCLOSURE AND AUTHORIZATION LANGUAGE IS FOR MANDATORY USE BY ALL ACCOUNT HOLDERS

**IMPORTANT DISCLOSURE
REGARDING BACKGROUND REPORTS FROM THE *PSP Online Service***

In connection with your application for employment with Rogers Family Trucking LLC (“Prospective Employer”), Prospective Employer, its employees, agents or contractors may obtain one or more reports regarding your driving, and safety inspection history from the Federal Motor Carrier Safety Administration (FMCSA).

When the application for employment is submitted in person, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer will provide you with a copy of the report upon which its decision was based and a written summary of your rights under the Fair Credit Reporting Act before taking any final adverse action. If any final adverse action is taken against you based upon your driving history or safety report, the Prospective Employer will notify you that the action has been taken and that the action was based in part or in whole on this report.

When the application for employment is submitted by mail, telephone, computer, or other similar means, if the Prospective Employer uses any information it obtains from FMCSA in a decision to not hire you or to make any other adverse employment decision regarding you, the Prospective Employer must provide you within three business days of taking adverse action oral, written or electronic notification: that adverse action has been taken based in whole or in part on information obtained from FMCSA; the name, address, and the toll free telephone number of FMCSA; that the FMCSA did not make the decision to take the adverse action and is unable to provide you the specific reasons why the adverse action was taken; and that you may, upon providing proper identification, request a free copy of the report and may dispute with the FMCSA the accuracy or completeness of any information or report. If you request a copy of a driver record from the Prospective Employer who procured the report, then, within 3 business days of receiving your request, together with proper identification, the Prospective Employer must send or provide to you a copy of your report and a summary of your rights under the Fair Credit Reporting Act.

Neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. You may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If you challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. Your request will be forwarded by the DataQs system to the appropriate State for adjudication.

Any crash or inspection in which you were involved will display on your PSP report. Since the PSP report does not report, or assign, or imply fault, it will include all Commercial Motor Vehicle (CMV) crashes where you were a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, all inspections, with or without violations, appear on the PSP report. State citations associated with Federal Motor Carrier Safety Regulations (FMCSR) violations that have been adjudicated by a court of law will also appear, and remain, on a PSP report.

The Prospective Employer cannot obtain background reports from FMCSA without your authorization.

AUTHORIZATION

If you agree that the Prospective Employer may obtain such background reports, please read the following and sign below:

I authorize Rogers Family Trucking LLC (“Prospective Employer”) to access the FMCSA Pre-Employment Screening Program (PSP) system to seek information regarding my commercial driving safety record and information regarding my safety inspection history. I understand that I am authorizing the release of safety performance information including crash data from the previous five (5) years and inspection history from the previous three (3) years. I understand and acknowledge that this release of information may assist the Prospective Employer to make a determination regarding my suitability as an employee.

I further understand that neither the Prospective Employer nor the FMCSA contractor supplying the crash and safety information has the capability to correct any safety data that appears to be incorrect. I understand I may challenge the accuracy of the data by submitting a request to <https://dataqs.fmcsa.dot.gov>. If I challenge crash or inspection information reported by a State, FMCSA cannot change or correct this data. I understand my request will be forwarded by the DataQs system to the appropriate State for adjudication.

I understand that any crash or inspection in which I was involved will display on my PSP report. Since the PSP report does not report, or assign, or imply fault, I acknowledge it will include all CMV crashes where I was a driver or co-driver and where those crashes were reported to FMCSA, regardless of fault. Similarly, I understand all inspections, with or without violations, will appear

on my PSP report, and State citations associated with FMCSR violations that have been adjudicated by a court of law will also appear, and remain, on my PSP report. I have read the above Disclosure Regarding Background Reports provided to me by Prospective Employer and I understand that if I sign this Disclosure and Authorization, Prospective Employer may obtain a report of my crash and inspection history. I hereby authorize Prospective Employer and its employees, authorized agents, and/or affiliates to obtain the information authorized above.

Date: _____

Signature

Name (Please Print)

NOTICE: This form is made available to monthly account holders by NIC on behalf of the U.S. Department of Transportation, Federal Motor Carrier Safety Administration (FMCSA). Account holders are required by federal law to obtain an Applicant's written or electronic consent prior to accessing the Applicant's PSP report. Further, account holders are required by FMCSA to use the language contained in this Disclosure and Authorization form to obtain an Applicant's consent. The language must be used in whole, exactly as provided. Further, the language on this form must exist as one stand-alone document. The language may NOT be included with other consent forms or any other language.

LAST UPDATED 12/22/2015

DISCLOSURE REGARDING CONSUMER AND/OR INVESTIGATIVE BACKGROUND REPORTS

The Employer, Rogers Family Trucking LLC ("Company") may obtain information about you for employment purposes from a third party consumer reporting agency. Thus, you may be the subject of a "consumer report" These reports may contain information regarding your motor vehicle records ("driving records").

You have the right, upon written request made within a reasonable time, to request whether a consumer report has been run about you, and disclosure of the nature and scope of any investigative consumer report and to request a copy of your report. Please be advised that the nature and scope of any investigative consumer report will be your employment history. The scope of this disclosure is all-encompassing, however, allowing the Company to obtain from any outside organization all manner of consumer reports throughout the course of your employment to the extent permitted by law.

The consumer and/or investigative consumer report(s) will be obtained from: TR Communications Inc D/B/A TR Information Services., P.O. Box 780254, Orlando, FL 32878 (800) 894-9141 TR Information Services privacy policy can be found at www.fullsearch.com and www.drivingrecord.net

Applicants Name _____

Current Address _____

City _____ St _____ Zip _____

Applicants Signature _____ Date _____