



MMI Construction Svc, LLC

APPLICATION FOR EMPLOYMENT

Also available online at www.mmiconstructionllc.com

Please complete the entire application and sign in the designated areas. Federal and State laws prohibit discrimination on the basis of race, color, religion, sex (including pregnancy, gender identity, and sexual orientation), national origin, age (40 or older), disability or genetic information. MMI Construction Svc, LLC is an equal opportunity employer.

Last Name		First Name		Middle Initial	Social Security Number	
Street Address					Primary Phone	
City			State	Zip	Birth Date	
Position(s) Desired			Date Available		Email Address	
Have you ever applied at our Company before?		When?	Where?		What Position?	
Do you have relatives working at our Company?		If Yes, please list Names and Relationship.				
Were you ever employed by or are you currently employed by our Company?		If Yes, When?		What Facility?		What Capacity?
		Under What Last Name?				
If UNDER AGE 18, give birth date.			Are you a US Citizen or an Alien Legally Authorized to work in the USA?			
			Are you eligible to work in the US?			
Federal immigration laws require all job applicants to provide verification of authorization to work in the USA before they can be hired; and, if hired, thereafter where necessary to demonstrate continued compliance with the immigration laws.						
Have you ever pled guilty to or been convicted of any criminal offenses? (Do not disclose (1) minor traffic violations; or (2) convictions or arrests that have been sealed or expunged). If "yes", please explain. Note: a criminal conviction is not an automatic bar to employment.						

EDUCATION

	Name & Address of School	Last Year Completed	Did You Graduate	Degree or Diploma
High School				
College				
Post Graduate				
Other				



EMPLOYMENT HISTORY

- 1 **Begin with your current or last position and work back to your first.** If other employment is pertinent to your qualification for this position, please list.
- 2 Specify any other names you may have worked under.
- 3 Employment record should include each position title, even those with the same employer.
- 4 Give a brief summary of the technical and, if appropriate, the managerial responsibilities of each position you held.
- 5 For supervisor/managerial positions, include the number of employees you supervised.
- 6 If more space is required, you may continue on a separate sheet of paper or copy additional pages of the following employment record.
- 7 You may attach a resume, **but the application must be completed** as well.

Employer	Position Title	Full Time	Part Time
Mailing Address		Number of people supervised	
City, State, Zip		Supervisors' name & title	
Phone Number		Starting Salary	
Brief description of job duties & responsibilities		Reason for leaving	
May we contact this employer?		Yes	No
Employer	Position Title	Full Time	Part Time
Mailing Address		Number of people supervised	
City, State, Zip		Supervisors' name & title	
Phone Number		Starting Salary	
Brief description of job duties & responsibilities		Reason for leaving	
May we contact this employer?		Yes	No
Employer	Position Title	Full Time	Part Time
Mailing Address		Number of people supervised	
City, State, Zip		Supervisors' name & title	
Phone Number		Starting Salary	
Brief description of job duties & responsibilities		Reason for leaving	
May we contact this employer?		Yes	No



EQUAL EMPLOYMENT OPPORTUNITY – AFFIRMATIVE ACTION DATA

The information you give in this section is optional. It is used by MMI Construction Svc, LLC to comply with Federal guidelines for monitoring the equal employment opportunity efforts.

Ethnic Background (Check One):

Gender (Check One):

Birth Date:

- Native American
- White, not of Hispanic origin
- Hispanic
- Black, not of Hispanic origin
- Asian/Pacific Islander
- Multi-racial
- Other

- Male
- Female

_____ (Month/Day/Year)

PROFESSIONAL LICENSES, REGISTRATIONS, AND/OR CERTIFICATIONS

Are you Currently?	Registered	Licensed	Certified	
Type	State Issued	Date	Number	
Type	State Issued	Date	Number	
Type	State Issued	Date	Number	
Have you ever had your Licenses, Registration or Certification Revoked, Suspended or put on Probation? If Yes, please explain.			Yes	No

If the job you are applying for requires the driving of a motor vehicle while on duty, please provide the following information:

DRIVER'S LICENSE NO.: _____ **STATE:** _____ **EXPIRES:** _____

CAREFULLY READ THIS SECTION PRIOR TO PROVIDING SIGNATURE BELOW

I hereby affirm that the information on this application (and accompanying resume', if any) is true and complete. I understand that any false or misleading representations or omissions made on the application or during the hiring process may disqualify me from further consideration for employment and may result in discharge even if discovered at a later date.

I understand that employment may be conditioned upon successfully passing a medical examination and that I am required to satisfactorily complete a drug screening as a condition of employment. Refusal to submit to such test(s) may result in immediate dismissal.

I understand that as part of the application process, information and references may be sought regarding my prior employment and other history, and that a criminal background check may be conducted, and I hereby authorize persons, schools, my current employer (if applicable) and previous employers and other organizations to provide this facility and its affiliates with any requested information related to the providing of or use of such information.

I understand that my employment is at-will which means that I may terminate the employment relationship at any time and for any reason with or without notice, and that the company has the same right. I understand that no one has the authority to enter into any agreement contrary to the preceding sentence, except for a written agreement signed by an administrative representative of this facility and notarized.

Date: _____

Signature: _____

Opt In/Out Notice

MMI Construction Svc, LLC maintains a database of past and present employees. By completing this employment application, you have provided your email address and/or mobile number. Please choose the applicable option below to indicate your preference for contact via email or text as it pertains to future employment positions available through our company.

Yes, I wish to receive information via email or text

No, I do not wish to receive information via email or text



EMPLOYEE HANDBOOK ACKNOWLEDGEMENT FORM

The MMI Construction Employee Handbook is available on the MMI Construction website at: www.mmiconstructionllc.com.

By my signature below, I acknowledge that I have received and read the Employee Handbook for MMI Construction Svc, LLC, that I have been given the adequate opportunity to ask questions and receive clarification, regarding the policies and procedures set forth in the Employee Handbook, and that I understand its contents.

I understand that I am required to abide by, and agree to abide by, MMI Construction Svc's policies set forth in the Handbook. I understand that there may be other policies or procedures in effect at MMI Construction Svc from time to time that are not included in the Employee Handbook, and I agree to abide by those policies and procedures.

Unless otherwise agreed to in writing by an Officer of MMI Construction Svc (or a designee of an Officer), I understand that I am an "at will" employee of MMI Construction Svc and that I have no contract of employment with MMI Construction Svc for any definite period of time, either oral or written, and that either I or MMI Construction Svc may terminate my employment at any time with or without cause or notice. I understand that neither this handbook nor any provision herein constitutes an employment contract, an offer to enter a contract of employment or part of an employment contract, or confers any contract rights.

I understand that MMI Construction Svc may rescind, modify, change, or deviate from the Employee Handbook or any of its policies or procedures at any time, and any such rescission, modification, change, or deviation may become effective regardless whether the Employee Handbook has been revised or I have been notified.

By my signature below, I acknowledge that I have read and understand the General Payroll Information section of the Employee Handbook, and I agree to abide by this section.

I understand that this signed acknowledgement will be inserted in my personnel file.

Employee Signature

Date

Print Employee Name



Job Duties and Responsibilities Form

Every MMI Construction Svc Employee is expected to perform their job duties and responsibilities in a manner that ensures the safety of themselves and their coworkers. In order to do so without incident, the following allowable duties and responsibilities are outlined below.

JOB TO BE PERFORMED

Required Duties and Responsibilities ALWAYS...

- Follow Safety Procedures
- Wear Required PPE
- Show Up On Time
- Have Necessary Tools
- Have Appropriate Certifications
- Observe Lockout/Tagout Rules
- Observe All Signs and Labelling
- Attend On Site Training and Safety Meetings
- Report Any Safety Hazards

Duties and Responsibilities NOT Permitted NEVER...

- Drive Company Vehicles
- Operate Cranes, Forklifts or Other Equipment
- Enter Permit Required or Other Unauthorized Areas
- Use Mobile Phones While on the Job Site
- Work Alone
- Perform Unauthorized Work
- Work Over 40 Feet in the Air
- Wear Metallic Personal Items

ACKNOWLEDGEMENT

By signing below, I acknowledge that I have reviewed the Job Duties and Responsibilities Form provided by MMI Construction Svc and will adhere to these guidelines.

By: _____

Date: _____



WORKPLACE BACKGROUND CHECK POLICY/INFORMED CONSENT

AGREEMENT TO REQUEST A BACKGROUND CHECK

I, _____ (please print your name) **hereby give my informed consent** to the designated MMI Construction Svc Representative and/or it's partner companies, to conduct a background check.

I understand that refusal to submit to a background check may disqualify me from consideration for employment or if employed, subject me to immediate disciplinary action up to, and including immediate DISCHARGE.

Employee's Signature: _____ Date: _____

Date of Birth: _____ SSN: _____

Physical Address: _____

MMI Construction Representative's Signature and Date: _____



**WORKPLACE SUBSTANCE ABUSE POLICY/INFORMED CONSENT
AGREEMENT TO REQUEST A BIOLOGICAL SPECIMEN**

By signing below, I Freely and Voluntarily Agree to submit to this request for a urinalysis, blood test and/or hair follicle test (drug screen). I understand that the chemical analysis will be conducted by a qualified laboratory and Medical Review Officer, with the results forwarded to the appropriate company representative. I understand that my agreement to this request is in fulfillment of MMI Construction Svc's Drug-Free Workplace Policy, found in the Employee Handbook. The purpose of this analysis is to determine or rule out drug/alcohol abuse.

I hereby give my informed consent to the designated MMI Construction Svc representative and/or its collection agent, to collect the requested specimen, forward it to the laboratory for analysis and have the findings reported back to the appropriate company representative.

I understand that refusal to submit to the drug screen, failure to qualify according to the minimum standards established by the company for the screen or the substituting or tampering with a biological specimen may disqualify me from consideration for employment, or if employed, subject me to immediate disciplinary action up to, and including immediate DISCHARGE.

I am submitting to these tests of my own free will.

Employee's Signature and Date: _____

Employee's Social Security NO. _____

Location _____

Work Location _____

Telephone Number(s) _____

Note: if the employee/applicant refuses to sign, is unable to sign or the required specimen cannot be obtained, document a brief description of refusal, inability and circumstances. A witness (company representative if present) should sign this document.

Witness Signature/Date: _____

Comments: _____



Employment Eligibility Verification

Department of Homeland Security
U.S. Citizenship and Immigration Services

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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 Names Used (<i>if any</i>)	
Address (<i>Street Number and Name</i>)			Apt. Number	City or Town		State Zip Code
Date of Birth (<i>mm/dd/yyyy</i>)	U.S. Social Security Number [][]-[][]-[][][][]	E-mail Address			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):

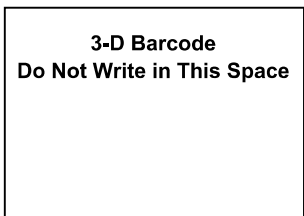
- A citizen of the United States
- A noncitizen national of the United States (*See instructions*)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field. (*See instructions*)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number **OR** Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (*See instructions*)

Signature of Employee:	Date (<i>mm/dd/yyyy</i>):
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Preparer and/or Translator Certification (*To be completed and signed if Section 1 is prepared by a person other than the employee.*)

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

Signature of Preparer or Translator:		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



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1:

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:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p>3-D Barcode Do Not Write in This Space</p> </div>		
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		Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name (Family Name)		First Name (Given Name)	Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	Zip Code

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name)		Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
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C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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Form W-4 (2017)

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

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

Note: If another person can claim you as a dependent on his or her tax return, you can't claim exemption from withholding if your total income exceeds \$1,050 and includes more than \$350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:

- Is age 65 or older,
- Is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

The exceptions don't apply to supplemental wages greater than \$1,000,000.

Basic instructions. If you aren't exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or 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-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, 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 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 on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	For accuracy, complete all worksheets that apply. { • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.				2017
1 Your first name and middle initial		Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____		
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____		
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)	10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

Note: Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

Note: Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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 who claims no withholding allowances; 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.



Employee Direct Deposit Authorization

INSTRUCTIONS

Employee: Fill out this form and return to your employer via fax or email.

FAX: 866.648.2091 email: contact@mmiconstructionllc.com

This document must be signed by employees requesting automatic deposit of paychecks. Employees should attach a voided check to help verify their account number and bank routing number.

Please ensure the information you provide is complete and accurate.

ACCOUNT

Account type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

NOTE: In the event your deposit account information changes, you MUST notify a MMI Construction Svc representative immediately. MMI Construction Svc WILL NOT be held responsible for Direct Deposit errors due to failure to provide correct deposit account information. Changes in account information should be provided on this form.

attach a voided check here

AUTHORIZATION

This authorizes MMI Construction Svc to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated here and to other accounts I identify in the future. This authorizes the financial institution holding the account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until MMI Construction Svc receives a written notice from myself and has a reasonable opportunity to act on it.

Employee signature: _____ Date: _____

Print name: _____ email: _____