



Hello New Team Member!

Please bring the following documents and information with you to complete your First Day of Employment Forms with New Life Church:

1. One form of photo identification which may include your driver's license, passport, school ID, etc.
2. One form of authorization to work in the United States which may include your social security card, birth certificate, US citizen card, etc.
3. If you wish to have your pay directly deposited we need your bank account information including routing number and account number. This information is best provided by bringing a voided bank check with you. If you do not have a bank account, you will be paid by debit card mailed to the address you provide on the direct deposit form.

If you have any questions, please contact [hr@newlifechurch.tv](mailto:hr@newlifechurch.tv)

## Mission Statement, Statements of Belief, and Standards of Behavior

New Life Church is a nonprofit, New Testament Church, independent of any organization or governing body other than the Overseers, Trustees, Pastors and Congregation. As Team Members of New Life Church, we are leaders. As Christian leaders, it is important for us to walk in Christ-likeness and integrity and to align our conduct with the core values established for us as a church family. We exist to love God as we lead people into a growing relationship with Jesus Christ.

**Our Purpose:** Souls

**Our Vision:** Reaching out to our friends to see them become fully devoted followers of Christ. Our

**Mission:** Connect - Bring people in, Grow - Build people up, and Serve - Send people out Our

**Motto:** Loving God, Loving people, Loving life

**Our Core Values:**

- We believe in the value of a soul.
  - We believe that the church should be culturally relevant while being doctrinally pure.
  - We believe that the anointing in the teaching and in our worship is vital.
  - We believe that Christ followers should manifest authenticity and yearn for continuous growth.
  - We believe that loving relationships should permeate every area of church life.
  - We believe that excellence honors God and inspires people.
  - We believe that a church should operate in a unified community of servants where men and women use their gifts.
- 
- We believe that the Bible is God's Word. It is accurate, authoritative and applicable to our everyday lives. II Timothy 3:16; II Peter 1:20-21; Proverbs 30:5; and Romans 16:25-26.
  - We believe in one eternal God who is the Creator of all things. He exists in three Persons: God the Father, God the Son and God the Holy Spirit. He is totally loving and completely holy. 1 John 5:7; Genesis 1:26; Matthew 3:16 17,28:19; Luke 1:35; Hebrews 3:7-11.
  - We believe that the Lord Jesus Christ as both 100% God and 100% man is the only One who can reconcile us to God. He was born of a Virgin, He lived a sinless and exemplary life, died on the cross in our place, and rose again to prove His victory and empower us for life. John 1: 1,14,20:28; I Timothy 3:16; Isaiah 9:6; Phillipians 2:5-6; 1 Timothy 2:5; Matthew 1:18,25; Luke 1:35; Isaiah 7:14; Matthew 1:18;23-25; Luke 1:27-35.
  - We believe that sin has separated each of us from God and His purpose for our lives. Genesis 1:26-31; Romans 3:23.
  - We believe that in order to receive forgiveness and the 'new birth' we must repent of our sins, believe in the Lord Jesus Christ, and submit to His will for our lives. Ephesians

I have read, understand, and will conform. Initials: \_\_\_\_\_

2:8-9; Galatians 2:16, 3:8; Titus 3:5; Romans 10:9-10; Acts 16:31; Hebrews 9:22; Acts 2:21, 3:19; 1 John 1:9.

- We believe that in order to live the holy and fruitful lives that God intends for us, we need to yield to God's Word and His Spirit. In order to complete the development of Christ's character in us. It is through the present ministry of the Holy Spirit and the Word of God that the Christian is enabled to live a godly life. Thessalonians 4:3 5:23; II Corinthians 3:18; II Thessalonians 2:1-3; Romans 8:29, 12:12; Hebrews 2:11.
- We believe in Water Baptism and that every new convert is instructed by the Word of God to be baptized in water in the Name of the Father and of the Son and of the Holy Spirit. Matthew 28:19; Acts 2:38.
- We believe that the Lord's Supper is a unique time of communion in the presence of God when the elements of bread and grape juice (the Body and Blood of the Lord Jesus Christ) are taken in remembrance of Jesus' sacrifice on the Cross. Matthew 26:26-29; Mark 16:16; Acts 8:12, 36-38, 10:47-48; I Corinthians 10:16, 11:23-25.
- We believe that God wants to heal and transform us so that we can live healthy and prosperous lives in order to help others more effectively. Psalm 103:2-3; Isaiah 53:5; Matthew 8:16-17; Mark 16:17-18; Acts 8:6-7; James 5:14-16; Corinthians 12:9, 28; Romans 11:29; John 3:3-11; II Corinthians 5:17-21; Romans 10:9-10; II Timothy 1:7, 2:11; Philippians 4:7-8; Romans 12:2; Isaiah 26:3; Isaiah 53:4, 5; Matthew 8:17; I Peter 2:24; Joshua 1:8; Malachi 3:10-11; Luke 6:38; II Corinthians 9:6-10; Deuteronomy 28:1-14; Psalm 34:10, 84:11; Philippians 4:19.
- We believe that God has individually equipped us so that we can successfully achieve His purpose for our lives, which is to worship God, fulfill our role in the Church and serve the community in which we live. Acts 20:24; Philippians 3:13-14; I Peter 4:10; I Corinthians 12:7; Ephesians 4:11, 13-14.
- We believe that our eternal destination of either Heaven or hell is determined by our response to the Lord Jesus Christ. Matthew 5:3, 12, 20, 6:20, 19:21, 25:34; John 17:24; II Corinthians 5:1; Hebrews 11:16; I Peter 1:4; Matthew 25:41; Mark 9:43-48; Hebrews 9:27; Revelation 14:9-II, 20:12-15, 21:8.
- We believe that the Lord Jesus Christ is coming back again as He promised. Matthew 24:30, 26:63-64; Acts 1:9-11; I Thessalonians 4:15-17; II Thessalonians 1:7-8; Revelation 1:7.

Fornication: God's Word makes it clear that it is against His will for us to be involved in any extramarital sexual activity (1 Cor. 6:18; 1 Thessalonians 4). We require that our Team Members heed His will and refrain from engaging in sexual activity outside of the covenant of marriage as defined below.

**TEAM MEMBERS FAILING TO ABIDE BY THIS BIBLICAL MANDATE SHALL BE SUBJECT TO DISCIPLINE UP TO AND INCLUDING TERMINATION OF EMPLOYMENT. THE HIGHEST ECCLESIASTICAL AUTHORITY FOR MAKING DETERMINATION OF THESE STANDARDS FOR NEW LIFE CHURCH SHALL BE THE BOARD OF DIRECTORS, (THE "BOARD"), APPLYING THEIR INTERPRETATION OF THE STANDARDS SET FORTH IN THE BIBLE.**

I have read, understand, and will conform. Initials: \_\_\_\_\_

**Marriage:** We believe that because God our Creator established marriage as a sacred Institution between one man and one woman, the Idea that marriage is a covenant only between one man and one woman has been the traditional definition of marriage for all of human history ("Traditional Definition of Marriage"). Because of the longstanding Importance of the Traditional Definition of Marriage to humans and their relationships and communities, and, most importantly, the fact that God has ordained that marriage be between one man and one woman, as clearly conveyed in God's Inerrant Scriptures, including for example In Matthew 19:4-6 where In speaking about marriage Jesus referred to the fact that "he which made them at the beginning made them male and female," the Church hereby creates this policy, which shall be known as the "Marriage Policy.

Under this Church's Marriage Policy, the Traditional Definition of Marriage is the only definition of marriage that will be recognized or accepted. No elder, officer, Team Member, servant, agent, or any person, corporation, organization, or entity under the direction or control of this Church shall commit any act or omission, or make any decision whatever, that would be Inconsistent with, or that could be perceived by any person to be Inconsistent with, full support of this Church Marriage Policy and strict adherence to the Traditional Definition of Marriage rather than any alternative to the Traditional Definition of Marriage.

This Church's Marriage Policy specifically prohibits acts or omissions including but not limited to permitting any Church assets or property, whether real property, personal property; Intangible property, or any property or asset of any kind that is subject to the direction or control of the Church, to be used in any manner that would be or could be perceived by any person to be inconsistent with this Church's Marriage Policy or the Traditional Definition of Marriage, including but not limited to permitting any church facilities to be used by any person, organization, corporation, or group that would or might use such facilities to convey, Intentionally or by Implication, what might be perceived as a favorable Impression about any definition of marriage other than the Traditional Definition of Marriage.

We believe this Church's Marriage Policy is based upon God's Will for human life as conveyed to us through the Holy Scriptures, upon which this Church has been founded and anchored, and this Marriage Policy shall not be subject to change through popular vote; referendum; prevailing opinion of members or the general public; Influence of or Interpretation by any government authority, agency, or official action; or legal developments on the local, state, or federal level.

As a Team Member of New Ufe Church of Arkansas. Inc., my signature below is an express statement that I have read, understand, promise to uphold and defend, and will conform to with my heart, mind and body, this \_\_ day of 20\_\_.

I have read, understand, and will conform. Initials: \_\_\_\_\_

Signature of New Team member:

\_\_\_\_\_

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



**NEW LIFE CHURCH**  
OF ARKANSAS

**AUTHORIZATION FOR RELEASE OF INFORMATION**

In connection with my application for employment or to serve as a volunteer with New Life Church of Arkansas, Inc. ("Client"), I understand that a criminal background check will be requested by Client for employment or volunteer purposes, whichever is applicable, from MinistrySafe. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. The client also reserves the right to share my report with any third-party with whom I will be placed to work or volunteer as a representative of Client.

**Acknowledgement and Authorization**

By signing below, I authorize the Client or its authorized agents to obtain criminal background records about me.

|   |                               |
|---|-------------------------------|
| Full Legal Name:                        | Date of Birth:                |
| Other Names Used (Maiden or Otherwise): | Social Security Number:       |
| Driver's License Number:                | State of License Issue:       |
| Current Physical Address:               | City, County, State, and Zip: |
| Current Mailing Address (If different): | City, County, State, and Zip: |
| Years and Months at Current Residence:  |                               |
| Previous Address:                       | City, County, State, and Zip: |
| Previous Address:                       | City, County, State, and Zip: |
| Signature:                              | Date of Signature:            |



# NEW LIFE CHURCH

## Position Application

(Please complete entire application in ink)

\_\_\_\_\_  
First Name                      Middle Name                      Last Name                      Social Security Number

\_\_\_\_\_  
Current Address                      City                      State                      Postal Code

\_\_\_\_\_  
Phone Number You Answer

### Employment History

List most recent employer first. Please attach resume, if available.

Employer                      From   To                      Position                      Supervisor                      Reason for Leaving

| Employer | From | To | Position | Supervisor | Reason for Leaving |
|----------|------|----|----------|------------|--------------------|
|          |      |    |          |            |                    |
|          |      |    |          |            |                    |
|          |      |    |          |            |                    |
|          |      |    |          |            |                    |

### Personal & Employment Information

Are you a member of New Life Church of Arkansas?     \_\_\_ Yes \_\_\_ No

Are you currently authorized to work in the U.S.?     \_\_\_ Yes \_\_\_ No

For which position are you applying? \_\_\_\_\_

When are you available to start? \_\_\_\_\_

Are you available to work evenings and weekends? \_\_\_\_\_

Briefly describe your salvation experience with Jesus Christ:

---

---

---

---

**Education**

**Name of School**

**Course of Study**

**Degree Received**

**Graduation Date**

| Name of School | Course of Study | Degree Received | Graduation Date |
|----------------|-----------------|-----------------|-----------------|
|                |                 |                 |                 |
|                |                 |                 |                 |





**Community Service, Honors, Talents, Social, and Athletics**

| Describe | Dates |
|----------|-------|
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |

(Attach additional sheets if necessary)

**Technology Skills**

| Describe | Dates |
|----------|-------|
|          |       |
|          |       |
|          |       |
|          |       |
|          |       |

**Military Record (U.S. Armed Forces Only)**

| Service and Branch |                 |            | Primary Function          |
|--------------------|-----------------|------------|---------------------------|
| Date Entered       | Date Discharged | Final Rank | Active Reserve Obligation |
| <hr/>              |                 |            |                           |

**References**

(Please list two personal references neither employers nor relatives)

---

| Name | Address | Occupation | Years Acquainted |
|------|---------|------------|------------------|
|------|---------|------------|------------------|

---

| Name | Address | Occupation | Years Acquainted |
|------|---------|------------|------------------|
|------|---------|------------|------------------|

**Comments**

How did you learn about this position at New Life Church of Arkansas?

---

Other information you wish to share:

---

I affirm that all the information is true and correct and I grant permission for the church to contact all references, schools, and former employers, and make inquiries regarding my character, personal attributes, and general reputation. I understand that any misrepresentation in the application will be sufficient cause for rejection of this application or my dismissal after employment.

---

Signature

---

Date

Date Interviewed: \_\_\_\_\_



### Acknowledgement of Receipt of Team Member Handbook

I understand that the Team Member Handbook contents reflect a general description of important information about New Life Church ("Church"), and it is intended that this be a guideline only. I understand that I should consult the Executive Pastor regarding any questions that I have that are not answered in the Handbook.

I found the Team Member Handbook on the website: [www.teamnewlifechurchar.com](http://www.teamnewlifechurchar.com) and I read it and understood it to the best of my knowledge and experience.

I have entered into my employment relationship with the Church voluntarily and acknowledge that there is no specified length of employment. **ACCORDINGLY, EITHER I OR THE CHURCH CAN TERMINATE THE EMPLOYMENT RELATIONSHIP AT-WILL, WITH OR WITHOUT CAUSE, AT ANY TIME, SO LONG AS THERE IS NO VIOLATION OF APPLICABLE FEDERAL OR STATE LAW. NOTHING HEREIN SHALL BE DEEMED A CONTRACTUAL RIGHT OR A CONDITION OF EMPLOYMENT.**

Since the information described in the Team Member Handbook is necessarily subject to change, I acknowledge that revisions to the Handbook may occur, except to the Church's Employment-At-Will policy. I understand that the Church reserves the right to change any of its policies, services or benefits at any time with or without notice. I understand that changes in policies, services or benefits may supersede, modify or eliminate existing policies, services or benefits.

I acknowledge receipt of the Team Member Handbook. I agree to familiarize myself with its contents and to comply with the provisions contained herein and with any revisions made to it while I am in the Church's employ. I also understand and agree that **THIS IS NOT AN EMPLOYMENT CONTRACT AND THAT EMPLOYMENT MAY BE TERMINATED BY ME OR BY THE CHURCH FOR ANY REASON AT ANY TIME WITH OR WITHOUT NOTICE.**

I further acknowledge that at the Church's request and under its direction, I may or will make the following copyrightable works ("the works"): all compositions, writings, characterizations, videos, audios, and creative works of every kind and nature. In consideration of the payments made to me by the Church, I hereby acknowledge such employment, and that under the terms of such employment, such works and all rights pertaining to them are entirely the property of the Church, its successors and assigns, absolutely and forever, for any and all copyrightable terms and all extension and renewal terms of copyright whether now known or hereafter created throughout the world, and for all uses and purposes whatsoever and free from the payment of any royalty or compensation whatsoever, and credit may be given for these works to me in whole or in part, or not at all, at the sole discretion of the Church.

I understand that the Church desires to provide a certified drug-free workplace that is healthful

and safe and that no employee may use, possess, distribute, sell, or be under the influence of alcohol or illegal drugs while on the organization's property or while conducting business-related activities. I agree to the Church's request for a drug test. I understand that a request for a drug test is not an accusation, but a desire to assure the Church that I am abiding by the organization's policy against alcohol and illegal drug abuse.

I authorize the testing facility to release the test results to the Church's Executive Pastor. If a test should prove "positive" for the presence of a drug or controlled substance that is not pursuant to a valid medical provider's prescription and that is banned under this Policy, I agree to a second test by the same method or a different method, if requested by the Church. I understand that all costs for the test will be paid by the Church, and my normal wages will be paid for the time required for testing.

I agree to be bound by the mediation/arbitration as described under Paragraph 8.03 of the Team Member Handbook.

I understand that the provisions of the Team Member Handbook supersede all previously existing policies, practices and benefits.

Signature of New Team Member:

---

New Team Member's Printed Name:

---

First Day of Work and Signature:

---

Please note: This form must be signed and returned to Bryan Christian at [bchristian@newlifechurch.tv](mailto:bchristian@newlifechurch.tv) before beginning your first day of employment.



**Team Member Emergency Contact Information**

If something goes wrong, whom should we contact?

|  |  |
|--|--|
| <b>Your name:</b>  |  |
| <b>Your phone number:</b>  |  |
| <b>Do you have any medical alerts?</b>                               |  |
| <b>Who is your primary care physician?</b>                           |  |
| <b>Who do we call if something goes wrong?</b>                       |  |
| <b>What is their phone number?</b>                                   |  |
| <b>Who else should we alert?</b>                                     |  |
| <b>What is their phone number?</b>                                   |  |
| <b>Other info you would like us to know in case of an emergency?</b> |  |

**NEW LIFE CHURCH OF ARKANSAS, INC.**  
**EMPLOYMENT AGREEMENT**

THIS AGREEMENT is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 201\_\_\_\_, by and between New Life Church of Arkansas, Inc., an Arkansas nonprofit corporation, herein after referred to as the "Employer" or "Church," and

Team Member's Full  
Name:

\_\_\_\_\_

Whose current address of residence is:

Address:

\_\_\_\_\_

City:

\_\_\_\_\_

County:

\_\_\_\_\_

State:

\_\_\_\_\_

Postal Code:

\_\_\_\_\_

Hereinafter referred to as "Employee."

1. **Employment:** The Employer employs the Employee and the Employee accepts employment upon the terms and conditions of this Agreement.
2. **Recitals:** The Employer desires to employ the employee as titled in the area of:

Location/Department

:

\_\_\_\_\_

Title:

\_\_\_\_\_

In consideration for this employment, and the mutual covenants and provisions set forth herein, the parties agree as follows:

3. **Statement of Our Faith and Christian Standards of Living:** As an Employee of the Church, Employee must understand that s/he is a part of a Christian Church and that his/her employment is a God-ordained vocation. In this regard, Employee must fully support and live consistently and in accordance with any Statement of Faith and Christian Standards of Living as may be set forth in the Church's Employee Handbook (see [www.teamnewlifechurchar.com](http://www.teamnewlifechurchar.com)) and bylaws, by such directives as may be issued from Church leadership, and most importantly by biblical standards.
4. **Duties of Employee:** The duties of the employee are as described in a job description for

the position, that job description is attached as Exhibit "A" or as previously provided by your Supervisor and incorporated as if fully set forth herein.

5. **Other Duties:** In addition to the foregoing duties, Employee shall perform such other work as may be assigned, subject to the instructions, directions, and control of the Employer. These duties will only encompass the skills required by the position for which you are employed and does not include volunteering in other areas of the Church using skills unrelated to employment.

6. **Change in Duties:** The principal duties of the Employee, as specified in Paragraph 4 and Exhibit "A" of this Agreement, may be changed at the sole discretion of the Employer. Notwithstanding any such change, the employment of the Employee shall be construed as continuing under this Agreement as modified.

7. **Administrative Duties:** Among the principal duties of the Employee are certain administrative duties to be performed by the Employee as a condition of continued employment. Among these may include but are not limited to:

- A. The completion of the "Welcome to Team" program of required objectives as provided by Employer.
- B. The recording of your hours worked in the timekeeping system provided by Employer.
- C. The timely preparation and submission expense reports for corporate credit card usage or reimbursement requests using the procedure provided by the Employer.
- D. The timely preparation and submission of petty cash requests according to the procedure provided by the Employer.
- E. The monitoring, reading and response to phone calls, e-mails, and text messages during regular hours worked as dictated by the classification of your position.
- F. The timely preparation and submission of Contract Labor forms as may be required.

8. **"At-Will" Employment:** Employment with the Employer is for no definite period and may, regardless of the time and manner of payment of wages and salary, be terminated at any time by the Employer or the Employee, with or without cause, and without previous notice. This lack of guarantee also applies to other benefits, working conditions, and privileges of employment. Employee agrees that the "at-will" employment shall not be considered altered or deviated from based upon a claim of verbal acceptance or course of conduct by Employer or Employee.

9. **Compensation:** As compensation for services rendered under this Agreement, the Employee shall be entitled to receive from the Employer compensation as agreed at the time of employment, or as established by a course of dealing, or as specified in the attached memo identified as Exhibit "B" and incorporated as if fully set forth herein. Exhibit "B" shall include a statement of benefits available to Employee, if any, as previously provided by management and incorporated as if fully set forth herein.

10. **Unemployment Benefits:** Employee understands that unless s/he is advised in writing to the contrary, the Church is exempt from filing unemployment taxes and as such shall not be withholding payments for such as part of Employee's salary. Furthermore, pursuant to Federal and state laws, the Church is not subject to, and therefore does not participate in, COBRA or state continuation coverage of insurance benefits. Employee hereby acknowledges that in the event of termination of employment, s/he will not be eligible for either unemployment or continuation of

insurance benefits.

11. **Confidentiality:** Employee acknowledges that s/he will receive information by or about the Church or its employees, volunteers, contractors, and agents that is confidential in nature. This could include, by way of example, and not as a definitive list, information about financial, banking, or accounting activities, financial or budgeting projections, compensation or benefits, member or donor lists, management or corporate decisions, business plans, fundraising activities, creative works, private and personal information concerning pastors, staff and members, pastoral confidences, employment practices and other proprietary activities. Employee agrees that s/he will not, during or at any time after the termination of his/her employment with the Church, use for others or myself, discuss, transmit, divulge, or reproduce in any form information s/he acquired during his/her employment at the Church to any third-party. Employee further agrees that s/he will refrain from utilizing said information in any way including, but not limited to, future employers, interviews or publications of any kind whether authored by employee or others, Employee agrees that s/he shall not use any such information concerning the Church to profit others or him/herself.

Employee understands that the Employer prohibits the manufacture, production, writing, recording or distribution in any way of articles, books, tapes or any other materials by any Employee or family members unless expressly approved by Employer in writing with regard to content concerning information received by and through or as a result of their employment at the Church. Employee agrees to comply with that prohibition.

Employee agrees that while employed at the Church and for a period of five (5) years thereafter, s/he and his/her family will not write or publish or participate in the writing or publishing of any article, book or other form of publication, whether in electronic or hardcopy format, concerning the Church or its employees, volunteers, contractors, and agents. Nothing in this paragraph shall modify in any way the restrictions contained in the preceding paragraph. Employee further acknowledges that in the event of a violation of this provision, the Church would be irreparably and immediately harmed and, without limitation, could not be made whole by monetary damages. In addition to any other remedy that the Church may be entitled to in law or equity, shall be entitled to an injunction(s) in order to prevent breaches of this paragraph and/or to compel specific performance of this agreement. Employee agrees that s/he will not oppose the granting of such relief. Employee agrees to reimburse the Church for all costs and expenses, including attorneys' fees, incurred by the Church in enforcing his/her obligations hereunder.

Employer and Employee agree that the terms and conditions of Paragraph 10 shall continue and survive the termination of Employee's employment with Employer.

Initials \_\_\_\_\_

12. **Miscellaneous:** In the event that employee or his/her family is offered any cash donations or donations of material things from any person or entity directly or indirectly related or participating in this Church while employed by the Church, s/he shall report all such offered donations to Employer and Employer shall have the right to require that said donations be turned over to the Church. It is further understood that accepting money or material things from vendors or providers of services to the Church is prohibited and any such offers shall be reported.



Employee further agrees not to engage in any activity that constitutes a conflict of interest with the Church. "Conflict of Interest" would include any conduct or transaction that is not in the best interests of the Church or that results in Employee receiving some form of payment or benefit from or through the Church that has not previously been disclosed to Church leadership and is not a fair market payment by the Church for the benefit of any received service or product.

13. **Ownership of Intellectual Property:** During Employee's employment with Employer, s/he may be called upon to develop new ideas or concepts, new writings, new musical or dramatic or literary materials, video or audio recording, art work, graphics, and other similar projects, collectively referred to as "creative works." Employee understands and agrees that all such creative works are made as "works-for-hire" and belong to the Church unless a different written agreement has been reached with Employer. Employee shall cooperate in helping Employer identify all creative works and to have them registered as copyrights or trademarks if applicable and desired by Employer. Employee is compensated through his/her employment to author creative works in addition to any other described or implied duties and agrees that s/he is not entitled to any additional payment, licensing fee, or royalty for their creation. Ownership of creative works, consistent with the terms of this paragraph, is more fully explained in the Intellectual Property Acknowledgment and Agreement, attached as Exhibit "C" and incorporated as if fully set forth herein.

14. **Termination of Employment:** If the Employee breaches or neglects the duties which s/he is required to perform under the terms of this Agreement or at Employer's discretion for any reason, the Employer may terminate this Agreement without giving written notice of termination to the Employee, without prejudice to any other remedy to which the Employer may be entitled, whether at law or in equity, or under this Agreement.

15. **Arbitration:** Any and all claims or disputes arising from or related to this Agreement, other than a claim for injunctive relief, shall first be submitted to mediation in Faulkner County, Arkansas in accordance with the then governing rules of The Institute for Christian Conciliation. If the parties cannot resolve their dispute through mediation, they shall have the issue resolved through arbitration with the then governing rules of The Institute for Christian Conciliation. In the event that the Institute for Christian Conciliation ceases to exist during the course of this Agreement, arbitration under this section shall be conducted according to the rules of the American Arbitration Association. Judgment upon an arbitration award may be entered in the District Court for the County of Faulkner, Arkansas. Church and Employee shall bear their own costs related to any mediation or arbitration proceeding.

16. **Successors and Assigns:** Subject to the restrictions against assignment as herein contained, this Agreement shall be binding upon and inure to the benefit of the Parties, their predecessors, assigns, successors in interest, personal representatives, their past and present attorneys, principals, agents, independent contractors, officers, directors, shareholders, parents, issue, subsidiaries, agents, servants, estates, heirs, administrators, executors, conservators, trustees, legatees, and other affiliated entities of each of the Parties hereto.

17. **Modification:** This Agreement shall not be altered, modified or changed in any manner except by a writing executed by the party against whom it is to be enforced.

18. **Waiver of Breach:** The Employer's waiver of breach of any provision of this Agreement by

the Employee shall not operate or be construed as a waiver of any subsequent breach by the Employee. No waiver shall be valid unless in writing and signed by an authorized officer of the Employer.

19. **Severability:** If any term, provision, covenant or condition of this Agreement is held by an arbitrator or court of competent jurisdiction to be invalid, void or unenforceable, the remainder of the provisions shall remain in full force and effect and shall in no way be affected, impaired or invalidated.

20. **Further Assurances:** The undersigned represent and warrant that they shall do all acts and execute and deliver all documents necessary, convenient, or desirable to further provisions and purposes of this Agreement.

21. **No Presumptions:** It shall be presumed that each party jointly drafted this Agreement, and no other presumption of any kind shall inure or apply with regard thereto or concerning the interpretation or construction of this Agreement in the event of any ambiguities.

22. **Counterparts:** This Agreement may be executed in any number of counterparts, each of which shall be deemed an original and all of which together shall be deemed to be one and the same instrument. All counterparts so executed shall constitute one agreement binding upon all parties, notwithstanding that all parties are signatory to the original or the same counterpart.

23. **Titles, Headings and Captions:** All titles, headings and captions used in this Agreement have been included for administrative convenience only and do not constitute matters to be construed in interpreting this Agreement.

24. **Gender:** The use of the masculine gender herein is to be construed to include the feminine and the neuter where applicable. The use of the singular is to be construed to include the plural where applicable.

25. **Non-recital:** The terms of this Agreement are contractual and are not mere recitals.

26. **Legal Capacity:** The parties hereto each represent and warrant that they have the right, power, legal capacity, and authority to enter into and perform the obligations under this Agreement, on their own behalf and on the behalf of anyone they represent and that no further approval or consent of any person or entity is necessary for them to enter into and perform the obligations contained in this Agreement.

27. **Governing Law:** This Agreement has been executed and delivered in the State of Arkansas, and its validity, interpretation, performance, and enforcement shall be governed by the laws of said State regardless of any conflict of law provisions. Venue for any action taken in a court of law relating to this agreement shall be in Faulkner County, Arkansas. If any provision of this Agreement is held invalid by any tribunal in a final decision from which no appeal is or can be taken, such provision shall be deemed modified to eliminate the invalid element, and, as so modified, such provision shall be deemed a part of this Agreement. If it is not possible to modify any such provision to eliminate the invalid element, such provision shall be deemed eliminated from this Agreement. The invalidity of any provision of this Agreement shall not affect the force and effect of the remaining provisions. Employee acknowledges that Employer's remedies at law

may be inadequate, and the Employer shall be entitled to injunctive relief in addition to any other remedies available to it.

28. **Entire Agreement:** This Agreement contains the entire understanding of the parties including references to external documents. It may not be changed orally but only by an agreement in writing signed by the party against whom enforcement of any waiver, change, modification, extension, or discharge is sought.

29. **Effective Date:** This Agreement shall be effective as of the date of its execution by the party last executing same, or January 1, 2017, whichever is sooner.

**IN WITNESS HERE OF** the Parties sign and/or have caused this Employment Contract and Agreement to be signed by their duly authorized officers on the dates set forth herein below.

**NEW LIFE CHURCH OF ARKANSAS, INC.:**

**EMPLOYEE:**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

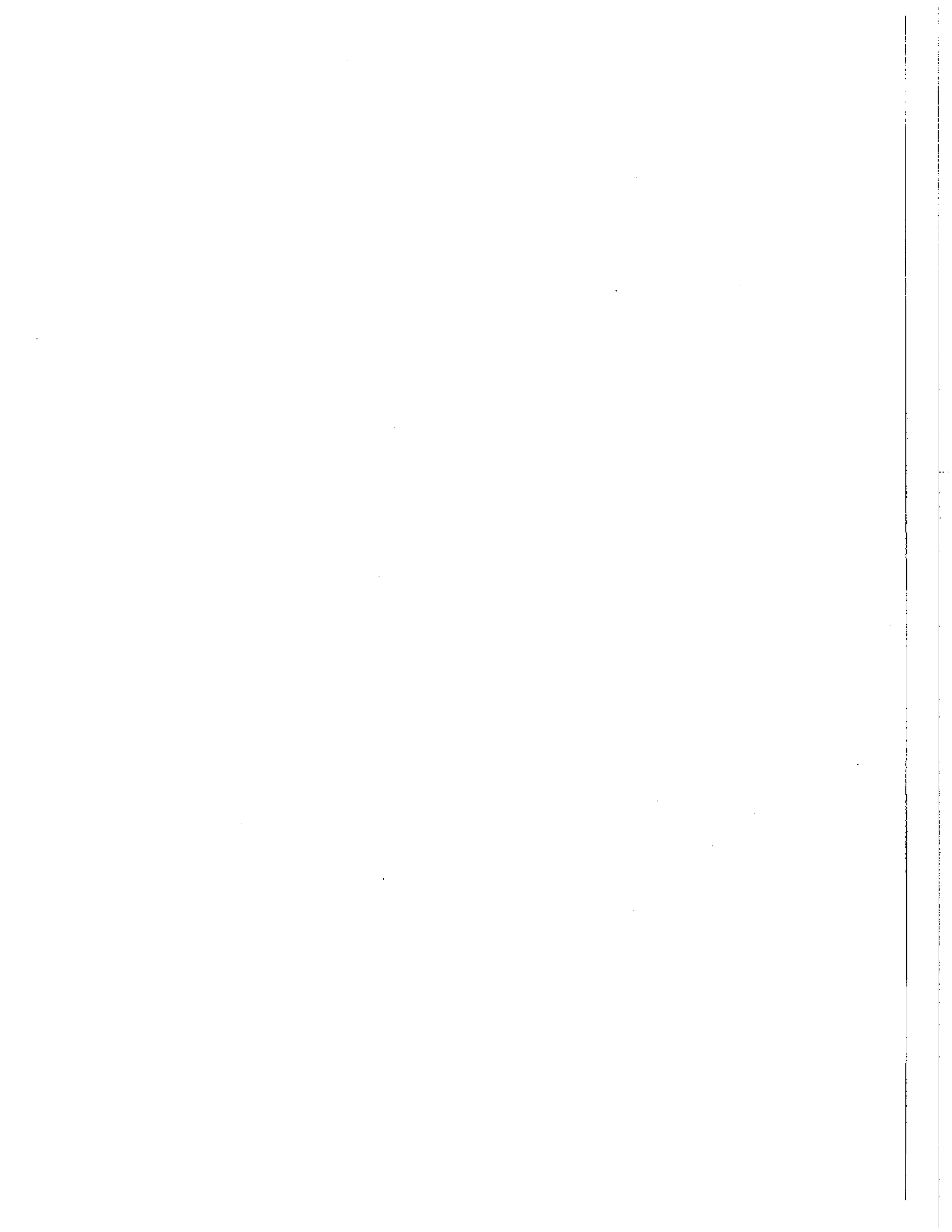
Print Name: \_\_\_\_\_

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Title: \_\_\_\_\_

SSN (Last 4 Digits): XXX-XX-\_\_\_\_\_



# Payroll Direct Deposit Authorization Form

(THIS FORM CHANGES ONLY AN EMPLOYEE BANK ACCOUNT(S) FOR DIRECT DEPOSIT)

I, \_\_\_\_\_, (employee) do hereby authorize

\_\_\_\_\_ (employer) to deposit my payroll check directly into all of my Checking or Savings accounts as specified below or (if checked) add to my Payroll Debit Card. I understand this authorization will remain in effect until I provide timely written notice to cancel this service. I also understand that my account may receive a prenote (\$0.00) transaction one pay cycle before I can begin the direct deposit on a live basis. I authorize any overpayments to me to be electronically deducted from my account or Payroll Debit Card.

Account(s) to be credited (can be deposited in multiple accounts):  
Voided check (not a deposit slip) or bank letter must be attached to process request.

Bank No. \_\_\_\_\_ Acct. # \_\_\_\_\_ % , \$ or Net \_\_\_\_\_

Type of account: Checking  Savings  Pay Card

Bank No. \_\_\_\_\_ Acct. # \_\_\_\_\_ % , \$ or Net \_\_\_\_\_

Type of account: Checking  Savings  Pay Card

Bank No. \_\_\_\_\_ Acct. # \_\_\_\_\_ % , \$ or Net \_\_\_\_\_

Type of account: Checking  Savings  Pay Card

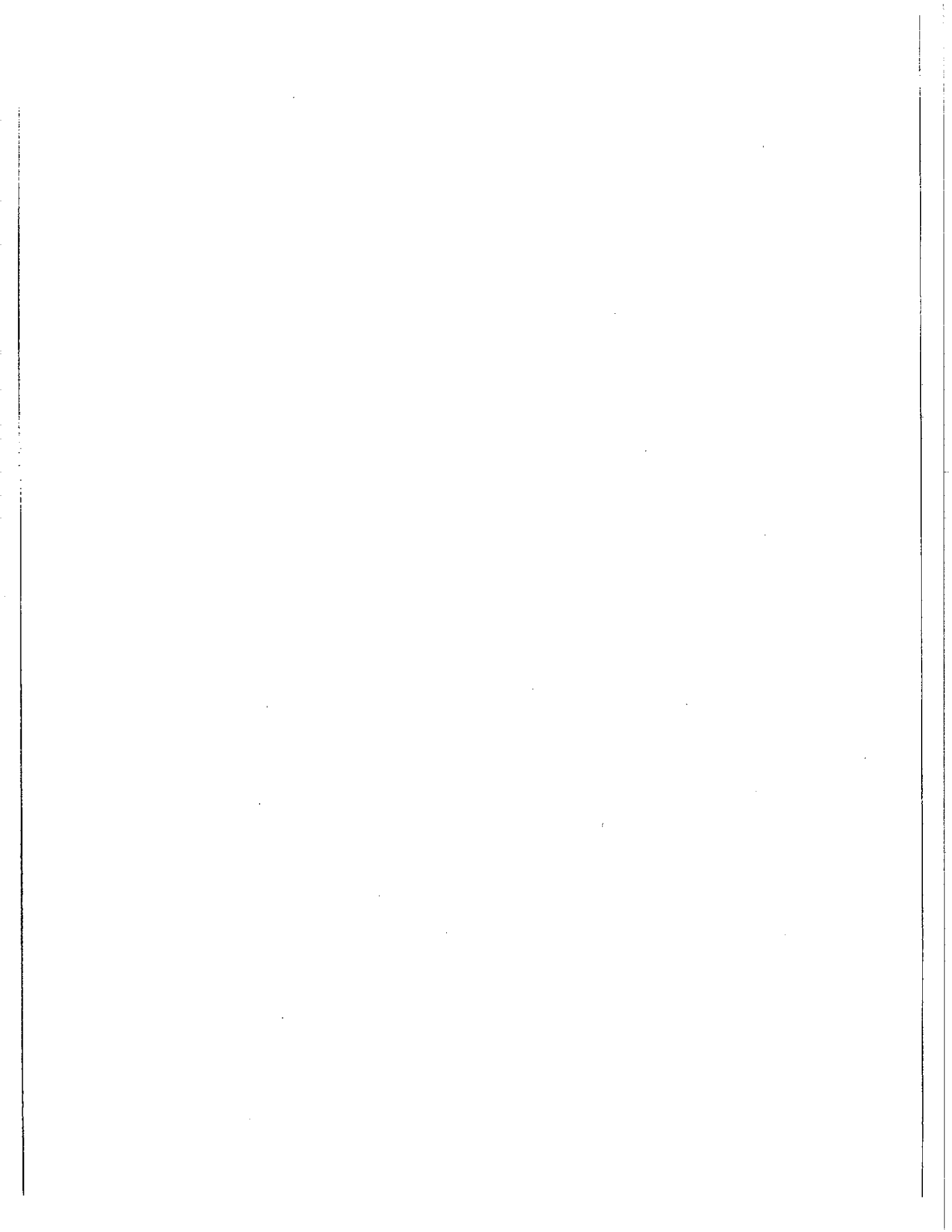
I authorize my employer to add my Net Pay to the balance of my Payroll Debit Card.

(i.e.: 100% into checking; or \$20.00 into Savings, Net amount into Checking; or 10.00% into Savings, Net amount into Checking or Payroll Debit Card)

\_\_\_\_\_  
Signature of employee

\_\_\_\_\_  
Date

Attach voided check here



# Form W-4 (2018)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**Purpose.** 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.** You may claim exemption from withholding for 2018 if both of the following apply.

- For 2017 you had a right to a refund of all federal income tax withheld because you had no tax liability, and
- For 2018 you expect a refund of all federal income tax withheld because you expect to have no tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2018 expires February 15, 2019. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2018 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2018. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**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 might owe additional tax. Or, you can use the Deductions, Adjustments, and Other Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

**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

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

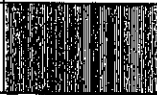
#### Line C. Head of household please note:

Generally, you can claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you might be eligible to claim a credit for each of your qualifying children. To qualify, the child must be under age 17 as of December 31 and must be your dependent who lives with you for more than half the year. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse, during the year.

**Line F. Credit for other dependents.** When you file your tax return, you might be eligible to claim a credit for each of your dependents that don't qualify for the child tax credit, such as any dependent children age 17 and older. To learn more about this credit, see Pub. 505. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total income includes all of

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>Form W-4</b><br>Department of the Treasury<br>Internal Revenue Service  |  | <b>Employee's Withholding Allowance Certificate</b> |  | OMB No. 1545-0074<br><b>2018</b>        |  |
| 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.<br>Note: If married filing separately, check "Married, but withhold at higher Single rate." |   |  |
| 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 800-772-1213 for a replacement card. <input type="checkbox"/>  |   |  |
| 5 Total number of allowances you're claiming (from the applicable worksheet on the following pages)  |  |   |  |   | 5  |
| 6 Additional amount, if any, you want withheld from each paycheck  |  |   |  |   | 6 \$   |
| 7 I claim exemption from withholding for 2018, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and</li> <li>• This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.</li> </ul> If you meet both conditions, write "Exempt" here. |  |   |  |   | <br>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<br>(This form is not valid unless you sign it.)   |  |   |  |   | Date   |
| 8 Employer's name and address (Employer: Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)  |  |   | 9 First date of employment   | 10 Employer identification number (EIN) |  |

your wages and other income, including income earned by a spouse, during the year.

**Line G. Other credits.** You might be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as the earned income tax credit and tax credits for education and child care expenses. If you do so, your paycheck will be larger but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-8 in Pub. 505 if you want to reduce your withholding to take these credits into account.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you're able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You're not required to complete this worksheet or reduce your withholding if you don't wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more

than one job at a time or are married filing jointly and have a working spouse. If you don't complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you're entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$80,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero ("0-") on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the "Married, but withhold at higher Single rate" box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the "Married, but withhold at higher Single rate" box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are

required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9, and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn't previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/programs/css/employers](http://www.acf.hhs.gov/programs/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer's name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee's first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer's service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer's employer identification number (EIN).



**Personal Allowances Worksheet (Keep for your records.)**

|          |   |                |
|----------|---|----------------|
| <b>A</b> | Enter "1" for yourself . . . . .  | <b>A</b> _____ |
| <b>B</b> | Enter "1" if you will file as married filing jointly . . . . .  | <b>B</b> _____ |
| <b>C</b> | Enter "1" if you will file as head of household . . . . .   | <b>C</b> _____ |
| <b>D</b> | Enter "1" if:<br>{ • You're single, or married filing separately, and have only one job; or<br>• You're married filing jointly, have only one job, and your spouse doesn't work; or<br>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. } . . . . .  | <b>D</b> _____ |
| <b>E</b> | <b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information.<br>• If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "4" for each eligible child.<br>• If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "2" for each eligible child.<br>• If your total income will be from \$175,551 to \$200,000 (\$339,001 to \$400,000 if married filing jointly), enter "1" for each eligible child.<br>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . . | <b>E</b> _____ |
| <b>F</b> | <b>Credit for other dependents.</b><br>• If your total income will be less than \$69,801 (\$101,401 if married filing jointly), enter "1" for each eligible dependent.<br>• If your total income will be from \$69,801 to \$175,550 (\$101,401 to \$339,000 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).<br>• If your total income will be higher than \$175,550 (\$339,000 if married filing jointly), enter "-0-" . . . . .   | <b>F</b> _____ |
| <b>G</b> | <b>Other credits.</b> If you have other credits, see Worksheet 1-8 of Pub. 505 and enter the amount from that worksheet here . . . . .  | <b>G</b> _____ |
| <b>H</b> | Add lines A through G and enter the total here . . . . .  | <b>H</b> _____ |

For accuracy, complete all worksheets that apply.

- If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you have **more than one job at a time or are married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$52,000 (\$24,000 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income.

|           |   |           |          |
|-----------|---|-----------|----------|
| <b>1</b>  | Enter an estimate of your 2018 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. See Pub. 505 for details . . . . .              | <b>1</b>  | \$ _____ |
| <b>2</b>  | Enter:<br>{ \$24,000 if you're married filing jointly or qualifying widow(er)<br>\$18,000 if you're head of household<br>\$12,000 if you're single or married filing separately } . . . . .   | <b>2</b>  | \$ _____ |
| <b>3</b>  | Subtract line 2 from line 1. If zero or less, enter "-0-" . . . . .   | <b>3</b>  | \$ _____ |
| <b>4</b>  | Enter an estimate of your 2018 adjustments to income and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .  | <b>4</b>  | \$ _____ |
| <b>5</b>  | Add lines 3 and 4 and enter the total . . . . .   | <b>5</b>  | \$ _____ |
| <b>6</b>  | Enter an estimate of your 2018 nonwage income (such as dividends or interest) . . . . .   | <b>6</b>  | \$ _____ |
| <b>7</b>  | Subtract line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .   | <b>7</b>  | \$ _____ |
| <b>8</b>  | Divide the amount on line 7 by \$4,150 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .   | <b>8</b>  | _____    |
| <b>9</b>  | Enter the number from the <b>Personal Allowances Worksheet</b> , line H above . . . . .   | <b>9</b>  | _____    |
| <b>10</b> | Add lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1, page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . . | <b>10</b> | _____    |

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1 Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) 1 \_\_\_\_\_
  - 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2018. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2018. 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 <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>LOWEST</b> paying job are— | Enter on line 2 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above | If wages from <b>HIGHEST</b> paying job are— | Enter on line 7 above |
| \$0 - \$5,000                               | 0                     | \$0 - \$7,000                               | 0                     | \$0 - \$24,375                               | \$420                 | \$0 - \$7,000                                | \$420                 |
| 5,001 - 9,500                               | 1                     | 7,001 - 12,500                              | 1                     | 24,376 - 82,725                              | 500                   | 7,001 - 36,175                               | 500                   |
| 9,501 - 18,000                              | 2                     | 12,501 - 24,500                             | 2                     | 82,726 - 170,325                             | 910                   | 36,176 - 79,975                              | 910                   |
| 18,001 - 26,500                             | 3                     | 24,501 - 31,500                             | 3                     | 170,326 - 320,325                            | 1,000                 | 79,976 - 154,975                             | 1,000                 |
| 26,501 - 37,000                             | 4                     | 31,501 - 39,000                             | 4                     | 320,326 - 405,325                            | 1,330                 | 154,976 - 197,475                            | 1,330                 |
| 37,001 - 43,500                             | 5                     | 39,001 - 55,000                             | 5                     | 405,326 - 805,325                            | 1,450                 | 197,476 - 497,475                            | 1,450                 |
| 43,501 - 55,000                             | 6                     | 55,001 - 70,000                             | 6                     | 805,326 and over                             | 1,540                 | 497,476 and over                             | 1,540                 |
| 55,001 - 60,000                             | 7                     | 70,001 - 85,000                             | 7                     |  |                       |  |                       |
| 60,001 - 70,000                             | 8                     | 85,001 - 90,000                             | 8                     |  |                       |  |                       |
| 70,001 - 75,000                             | 9                     | 90,001 - 100,000                            | 9                     |  |                       |  |                       |
| 75,001 - 85,000                             | 10                    | 100,001 - 105,000                           | 10                    |  |                       |  |                       |
| 85,001 - 95,000                             | 11                    | 105,001 - 115,000                           | 11                    |  |                       |  |                       |
| 95,001 - 130,000                            | 12                    | 115,001 - 120,000                           | 12                    |  |                       |  |                       |
| 130,001 - 150,000                           | 13                    | 120,001 - 130,000                           | 13                    |  |                       |  |                       |
| 150,001 - 160,000                           | 14                    | 130,001 - 145,000                           | 14                    |  |                       |  |                       |
| 160,001 - 170,000                           | 15                    | 145,001 - 155,000                           | 15                    |  |                       |  |                       |
| 170,001 - 180,000                           | 16                    | 155,001 - 185,000                           | 16                    |  |                       |  |                       |
| 180,001 - 190,000                           | 17                    | 185,001 and over                            | 17                    |  |                       |  |                       |
| 190,001 - 200,000                           | 18                    |   |                       |  |                       |  |                       |
| 200,001 and over                            | 19                    |   |                       |  |                       |  |                       |

**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 aren't required to provide the information requested on a form that's 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.



**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, 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 (Employers must complete this section on the first day of employment. Do not photocopy this section.)**

|                                  |   |                         |                           |                |                                |                |
|----------------------------------|---|-------------------------|---------------------------|----------------|--------------------------------|----------------|
| Last Name (Family Name)          |   | First Name (Given Name) |                           | Middle Initial | Other Last Names Used (if any) |                |
| Address (Street Number and Name) |   |                         | Apt. Number               | City or Town   |                                | State ZIP Code |
| Date of Birth (mm/dd/yyyy)       | U.S. Social Security Number<br>[ ][ ] - [ ][ ] - [ ][ ][ ][ ] |                         | 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 (See Instructions)   |
| <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): _____<br>Some aliens may write "N/A" in the expiration date field. (See Instructions) |

*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.*

|   |   |
|---|---|
| 1. Alien Registration Number/USCIS Number: _____<br><b>OR</b><br>2. Form I-94 Admission Number: _____<br><b>OR</b><br>3. Foreign Passport Number: _____<br>Country of Issuance: _____ | QR Code - Section 1<br>Do Not Write in This Space |
|---|---|

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

**Preparer and/or Translator Certification (check one)**  
 I am the preparer or translator.  I am not the preparer or translator.  
 (Fields below must be completed and signed when preparer status is selected.)

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 (mm/dd/yyyy) |                |
| Last Name (Family Name)             |  | First Name (Given Name)   |                |
| Address (Street Number and Name)    |  | City or Town              | State ZIP Code |





**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

**WARNING: This form is for use only by employers who are required to verify the identity and employment authorization of their employees. It is not to be used for any other purpose. Do not write in this space.**

|                                     |                         |                         |      |                                |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|
| <b>Employee Info from Section 1</b> | Last Name (Family Name) | First Name (Given Name) | M.I. | Citizenship/Immigration Status |
|-------------------------------------|-------------------------|-------------------------|------|--------------------------------|

|  |           |                                      |            |  |
|--|-----------|--------------------------------------|------------|--|
| <b>List A</b>                                | <b>OR</b> | <b>List B</b>                        | <b>AND</b> | <b>List C</b>  |
| <b>Identity and Employment Authorization</b> |           | <b>Identity</b>                      |            | <b>Employment Authorization</b>                        |
| 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<br>Do Not Write In This Space |
| Issuing Authority                            |           |                                      |            |  |
| Document Number                              |           |                                      |            |  |
| Expiration Date (if any)(mm/dd/yyyy)         |           |                                      |            |  |
| Document Title                               |           |                                      |            |  |
| Issuing Authority                            |           |                                      |            |  |
| Document Number                              |           |                                      |            |  |
| Expiration Date (if any)(mm/dd/yyyy)         |           |                                      |            |  |

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

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

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

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

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

|                |                 |                                       |
|----------------|-----------------|---------------------------------------|
| Document Title | Document Number | Expiration Date (if any) (mm/dd/yyyy) |
|----------------|-----------------|---------------------------------------|

**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 |
|--|---------------------------|---|

## LISTS OF ACCEPTABLE DOCUMENTS

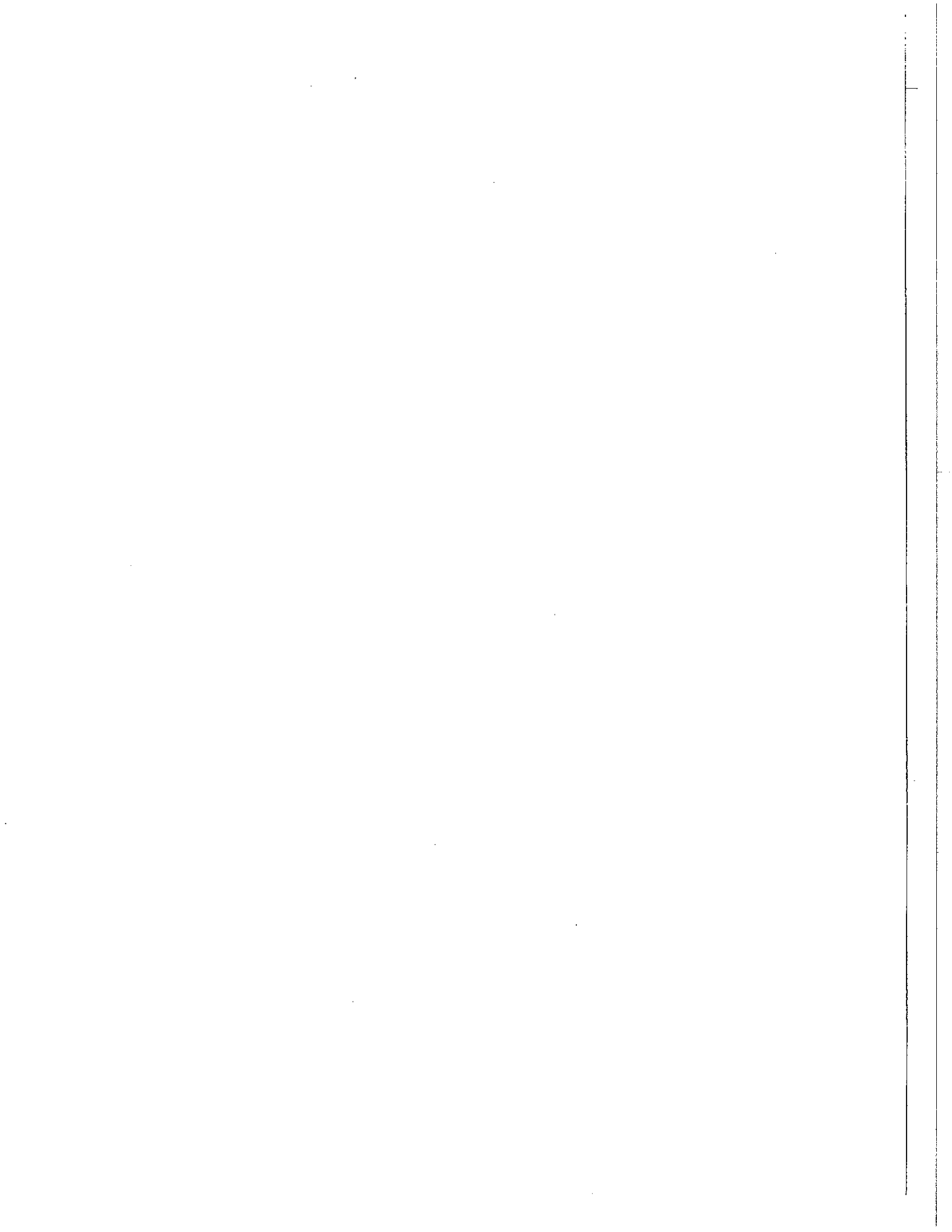
**All documents must be UNEXPIRED**

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<br>Documents that Establish<br>Both Identity and<br>Employment Authorization  | LIST B<br>Documents that Establish<br>Identity  | LIST C<br>Documents that Establish<br>Employment Authorization  |
|--|---|---|
| <b>OR</b>  | <b>AND</b>  |   |
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport, and</li> <li>(2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | <ol style="list-style-type: none"> <li>1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security</li> </ol> |

**Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).**

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



## STATE OF ARKANSAS Employee's Withholding Exemption Certificate



Print Full Name \_\_\_\_\_ Social Security Number \_\_\_\_\_

Print Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

|   | <b>How to Claim Your Withholding</b><br><i>See Instructions below</i>   | Number of Exemptions Claimed   |  |  |  |  |  |
|---|---|--|--|--|--|--|--|
| <p><b>Employee:</b><br/>File this form with your employer. Otherwise, your employer must withhold state income tax from your wages without exemptions or dependents.</p> <p><b>Employer:</b><br/>Keep this certificate with your records.</p>       | <p>1. CHECK ONE OF THE FOLLOWING FOR EXEMPTIONS CLAIMED</p> <p>a. <input type="checkbox"/> You claim yourself. <i>(Enter one exemption)</i> ..... 1a</p> <p>b. <input type="checkbox"/> You claim yourself and your spouse. <i>(Enter two exemptions)</i> ..... 1b</p> <p>c. <input type="checkbox"/> Head of Household, and you claim yourself. <i>(Enter two exemptions)</i> ..... 1c</p> | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table> |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| <p>2. NUMBER OF CHILDREN or DEPENDENTS. <i>(Enter one exemption per dependent)</i> ..... 2</p>  | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| <p>3. TOTAL EXEMPTIONS. <i>(Add Lines 1a, b, c, and 2)</i><br/>If no exemptions or dependents are claimed, enter zero ..... 3</p>   | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| <p>4. Additional amount, if any, you want deducted from each paycheck. <i>(Enter dollar amount)</i> ..... 4</p>   | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
| <p>5. I qualify for the low income tax rates. <i>(See below for details)</i> ..... 5<br/>Please check filing status: <input type="checkbox"/> Single <input type="checkbox"/> Married Filing Jointly <input type="checkbox"/> Head of Household</p> | <table border="1" style="width: 100%; height: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> <tr><td style="height: 20px;"></td></tr> </table>  |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |
|   |   |  |  |  |  |  |  |

I certify that the number of exemptions and dependents claimed on this certificate does not exceed the number to which I am entitled.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Instructions

**TYPES OF INCOME** - This form can be used for withholding on all types of income, including pensions and annuities.

**NUMBER OF EXEMPTIONS** - *(Husband and/or Wife)* Do not claim more than the correct number of exemptions. However, if you expect to owe more income tax for the year, you may increase your withholding by claiming a smaller number of exemptions and/or dependents, or you may enter into an agreement with your employer to have additional amounts withheld. This is especially important if you have more than one employer, or if both husband and wife are employed.

**DEPENDENTS** - To qualify as your dependent *(line 2 of form)*, a person must (a) receive more than 1/2 of their support from you for the year, (b) not be claimed as a dependent by such person's spouse, (c) be a citizen or resident of the United States, and (d) have your home as their principal residence and be a member of your household for the entire year or be related to you as follows: son, daughter, grandchild, stepson, stepdaughter, son-in-law or daughter-in-law; your father, mother, grandparent, stepfather, stepmother, father-in-law or mother-in-law; your brother, sister, stepbrother, stepsister, half brother, half sister, brother-in-law or sister-in-law; your uncle, aunt, nephew or niece *(but only if related by blood)*.

**CHANGES IN EXEMPTIONS OR DEPENDENTS** - You may file a new certificate at any time if the number of exemptions or dependents INCREASES. You must file a new certificate within 10 days if the number of exemptions or dependents previously claimed by you DECREASES for any of the following reasons:

(a) Your spouse for whom you have been claiming an exemption is divorced or legally separated from you, or claims his or her own exemption on a separate certificate, or

(b) The support you provide to a dependent for whom you claimed an exemption is expected to be less than half of the total support for the year. OTHER DECREASES in exemptions or dependents, such as the death of a spouse or a dependent, does not affect your withholding until next year, but requires the filing of a new certificate by December 1 of the year in which they occur.

You may claim additional amounts of withholding tax if desired. This will apply most often when you have income other than wages.

You qualify for the low income tax rates if your total income from all sources is:

- |  |                      |
|--|----------------------|
| (a) Single   | \$11,737 to \$15,200 |
| (b) Married Filing Jointly<br>(1 or less dependents)                 | \$19,784 to \$24,300 |
| (c) Married Filing Jointly<br>(2 or more dependents)                 | \$23,822 to \$30,500 |
| (d) Head of Household/Qualifying Widow(er)<br>(1 or less dependents) | \$16,887 to \$21,400 |
| (e) Head of Household/Qualifying Widow(er)<br>(2 or more dependents) | \$19,892 to \$24,300 |

**For additional information consult your employer or write to:**

Arkansas Withholding Tax Section  
P. O. Box 8055  
Little Rock, Arkansas 72203-8055

