J & M Steel Solutions, Inc.

894 West State Street Lehi, UT 84043 Ph: 801-766-6910 Fax: 801-766-6911

Employee Information Sheet

Personal Information

Full Name		
Social Security Number		
Address		
	Street	
	City	tate Zip
Phone Numbers	Home () -	Cell () -
Job Title		
Sex M F	Date of Birth	Date Hired
Emergency Contact Person		Phone () -
Relationship		

For Office Use Only

Payroll		Benefits		
Status	FT PT Other	Health		
Rate	Hourly Salary	401k		
WC	Code			

Work History (Please list your work history for the past five years.) Start with your present or last job, then list the next to the last job you held, and so on. Explain any gaps in your employment history. Include any jobrelated, military service assignments. You may exclude information which indicates race, color, sex, religion, national origin, age, disability, veteran or other protected status. Your Title: 1. Employer: State City Company Street Address Your supervisor's name: Describe the type of work you performed. Company or Supervisor's Phone No.: Wage Dates Employed Start Date End Date Starting Rate Final Rate Reason for leaving: Your Title: 2. Employer: City State Company Street Address Your supervisor's name: Describe the type of work you performed. Сотралу ог Supervisor's Phone No.: Dates Employed Wage Start Date End Date Starting Rate Final Rate Reason for leaving: Your Title: 3. Employer: State City Company Street Address Describe the type of work you performed. Your supervisor's name: Company or Supervisor's Phone No.: Wage Dates Employed Start Date End Date Starting Rate Final Rate Reason for leaving: Your Title: 4. Employer: State Company Street Address City Your supervisor's name: Describe the type of work you performed. Company or Supervisor's Phone No.: Wage Dates Employed Start Date End Date Starting Rate Final Rate

Your Title:

Company or

Start Date

Your supervisor's name:

Supervisor's Phone No.:

Dates Employed

End Date

City

State

Wage

Starting Rate

Final Rate

Page 2

Reason for leaving:

Reason for leaving:

2-JOAP99-2

Company Street Address

Describe the type of work you performed.

5. Employer:

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the Personal Allowances

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero)

Head of household. Generally, you may 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.

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. 919, How Do I Adjust My Tax Withholding, 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

for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/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.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000

A Enter "1" for yourself if no one else can claim you as a dependent.		ksheet below. The worksheets on page 2 dividends, consider maki st your withholding allowances based on payments using Form 10		(Married).		
B Enter "1" if. "9 You are single and have only one job; or "You are married, have only one job, and your spouse's wages (or the total of both) are \$1,000 or less. 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 Enter "1" if you will file as head of household on your tax return (see conditions under Nead of household above) E Enter "1" if you have at least \$1,500 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.) 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 \$57,000 (855,000 if married), enter "2" for each eligible child. If you total income will be between \$57,000 and \$84,000 (855,000 and \$119,000 if married), enter "1" for each eligible child income will be between \$57,000 and \$84,000 (855,000 and \$119,000 if married), enter "1" for each eligible child income will be between \$57,000 and \$84,000 (855,000 and \$119,000 if married), enter "1" for each eligible child income will be through G and enter total here. Note. This may be different from the number of exemptions you claim on your tax return.) For accuracy, complete all worksheet on page 2. If you plan to Itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Auditational Reviews \$40,000 (855,000 if married) set through Cannel to the vocamers/Multiple Jobs Worksheet on page 2. If you have more than one job or are married and you and your spouse both work and the combined dearnings from all jobs exceed \$40,000 (855,000 if married) set in through Cannel Sealor (and the payment of the formation to the IRS. The pro		Personal Allowances Worksh	eet (Keep for your	records.)		
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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.).	В				(· ·	В
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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 Form is not valid unless you sign it.) ▶ Date ▶	Depa ntern 1	Type or print your first name and middle initial. Home address (number and street or rural route) City or town, state, and ZIP code Total number of allowances you are claiming (from line H above Additional amount, if any, you want withheld from each payched I claim exemption from withholding for 2007, and I certify that I in	3 Single Married, but legally see 4 If your last name dit check here. You must per from the applicable k	mption from withing y of this form to 2 ed Married, by parated, or spouse is a refers from that she at call 1-800-772-1: worksheet on p	rolding is the IRS. Your social security nut withhold at higher S nonresident alien, check the own on your social security age 2) 5 6 \$ por exemption.	umber ingle rate. e "Single" box.
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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)	5 6 7	Type or print your first name and middle initial. Home address (number and street or rural route) City or town, state, and ZIP code Total number of allowances you are claiming (from line H above Additional amount, if any, you want withheld from each payched I claim exemption from withholding for 2007, and I certify that I not Last year I had a right to a refund of all federal income tax withheld If you meet both conditions, write "Exempt" here	aber of allowances or exe be required to send a co 3 Single Marrie Note. If married, but legally set of the following the set both of the following the secause I expect to have the set of the secause I expect to have the set of the secause I expect to have the secause I expec	mption from withing py of this form to 2 and Married, but parated, or spouse is a stress from that shots call 1-800-772-1: worksheet on p	rolding is the IRS. Your social security nut withhold at higher S nonresident alien, check the own on your social security or a replacement age 2) 5 6 \$ or exemption. nd ty.	umber ingle rate. e "Single" box.
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OMB No. 1615-0047; Expires 03/31/07

Employment Eligibility Verification

Please 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 eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information a	and Verification. To	be completed and signed by	employee at th	ne time employment begins.
Print Name: Last	First	Middle In		iden Name
Address (Street Name and Number)		Apt. #	Dat	re of Birth (month/day/year)
City	State	Zip Code	e Soc	cial Security #
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. Employee's Signature		I attest, under penalty of perjury, that I am (check one of the following): A citizen or national of the United States A Lawful Permanent Resident (Alien #) A An alien authorized to work until (Alien # or Admission #) Date (month/day/year)		
Preparer and/or Translato other than the employee.) I attest, of my knowledge the information is Preparer's/Translator's Signature	under penalty of perjury,	be completed and signed if Se that I have assisted in the con Print Name	ection 1 is prep mpletion of thi	pared by a person s form and that to the best
Address (Street Name and Number	er, City, State, Zip Code)		Dat	e (month/day/year)
any, of the document(s). List A Document title: Issuing authority: Document #: Expiration Date (if any): Expiration Date (if any):	OR	List B	AND	List C
CERTIFICATION - lattest, under penalt employee, that the above-listed documemployee began employment on (modis eligible to work in the United States	nent(s) appear to be onth/day/year)	genuine and to relate to t and that to the b	the employed the employed the set of my k	e named, that the nowledge the employee
Signature of Employer or Authorized Represe	ntative Print Name		Tit	ile
Business or Organization Name	Address (Street Name and	d Number, City, State, Zip Coo	de) Da	ate (month/day/year)
Section 3. Updating and Reverifica	ntion. To be completed a	and signed by employer.	<u>'</u>	
A. New Name (if applicable)			B. Date of Re	ehire (month/day/year) (if applicable)
C. If employee's previous grant of work authoreligibility. Document Title:	rization has expired, provi Document #:		he document	
I attest, under penalty of perjury, that to the presented document(s), the document(s) I	e best of my knowledge	, this employee is eligible to	work in the	United States, and if the employee
Signature of Employer or Authorized Represe		Jonamo una to rolate t		ite (month/day/year)