



Application For Employment

We consider applicants for all positions without regard to race, color, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition of handicap, or any other legally protected status.

(Please Print)

Position(s) Applied For		Date of Application		
How Did You Learn About Us? Advertisement _____		Friend _____		(name)
Walk-in _____		Relatives _____		(name)
Last Name	First Name	Middle Name		
Address Number	Street	City	State	Zip Code

Home Phone (____) _____ Cell Phone (____) _____

Fax Number (____) _____

Social Security Number _____ Email _____

Have you ever filed an application with us before? YES NO

If yes, give date _____

Have you ever been employed with us before? YES NO

If yes, give date _____

Are you currently employed? YES NO

May we contact your present employer? YES NO

Are you prevented from lawfully becoming employed in the country because of Visa or Immigration Status? YES NO

Proof of citizenship or immigration status will be required upon employment

On what date would you be available for work? _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, gender, national origin or other legally protected status.

1. Employer

Dates Employed

Address			Phone number	
Job Title	Supervisor	hourly rate/salary	Starting	Final
Reason for leaving				

2. Employer

Dates Employed

Address			Phone number	
Job Title	Supervisor	hourly rate/salary	Starting	Final
Reason for leaving				

3. Employer

Dates Employed

Address			Phone number	
Job Title	Supervisor	hourly rate/salary	Starting	Final
Reason for leaving				

List all duties and responsibilities associated with your previous mortgage positions:

Number of Years in the Mortgage Business: _____

Has a Lender ever suspended you?	YES	NO
Has a Regulatory Agency suspended you?	YES	NO
Have you ever had a license suspended or revoked?	YES	NO
Is there pending litigation against you?	YES	NO
Have you filed Bankruptcy within the past 7 years?	YES	NO
Is your Credit Score below 620?	YES	NO
Have you ever repurchased a loan as a broker or were responsible for having a broker repurchase?	YES	NO

Prior Production:

Number of Loans closed for the last two quarters: _____

Conventional % _____ FHA % _____ VA % _____ USDA % _____

List lenders (and account execs.) along with phone numbers, you use on a regular basis:

Special skills and qualifications

Summarize special job-related skills and qualifications acquired from employment or other experiences (processing, software, other applications):

<i>Education</i>	Elementary	High school	Undergraduate	Graduate/
	School		College/University	Professional
School Name and Location				

Years Complete	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe any special training, apprenticeship, skills and extra curricular activities				
Describe any honors you have received				
State any additional information that may be helpful to us in considering your application				

Indicate any foreign languages you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

List professional, trade, business or civic activities and offices held. (you may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or heritage or other protected status)

References

Give name, address, and phone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____



***MORTGAGE NETWORK SOLUTIONS LLC
NEW EMPLOYEE QUESTIONNAIRE***

Branch Name _____ Department _____

Employee Name _____ Position _____

Work Address _____ Work Phone# _____

_____ Alt Work Phone# _____

_____ Work Fax# _____

Work Email Address _____

(please print clearly)

Federal Filing Status: Married Single M at high S rate SS# _____ - _____ - _____
(circle one)

of Federal Exemptions: 1 2 3 4 5 6 7 8 9 10 Fed Add on _____ Fed % _____
(This should match our W-4 Form)

State Filing Status: Married Single Other (if applicable)

of State Exemptions: 1 2 3 4 5 6 7 8 9 10 State Add on _____ State % _____

State of Residence _____ County of Residence _____

State of Employment _____ Date of Birth _____

Emergency Contact Name _____

Emergency Contact Phone# _____

Special Information:

Employee Signature

Date

Mortgage Network Solutions, LLC
223 Pine Cliff Drive, Suite A
Wilmington, Delaware 19810
(302) 475-5508

DISCLOSURE AND AUTHORIZATION FORM – CONTRACT ASSIGNMENT

Mortgage Network Solutions, LLC may request background information about you from a consumer reporting agency to determine your eligibility for a position with our company. Your background information will help the Client to determine whether you meet its background criteria necessary to perform services on behalf of the Company for the Client. This background information may be obtained in the form of consumer reports and/or investigative consumer reports. These reports for the Client may be obtained by the Company at any time after receipt of your authorization and during your assignment (if any) with the Client. These reports may be disclosed to the Client, and to its designated representatives and agents, by the Company and/or by the consumer reporting agency acting at the direction of the Company.

HireRight, Inc., a consumer reporting agency, will obtain the reports for the Company. HireRight, Inc. is located at 5151 California, Irvine, CA 92617, and can be contacted at 800-400-2761. The reports may contain information bearing on your character, general reputation, personal characteristics, mode of living and credit standing. The types of information that may be obtained include, but are not limited to: social security number verifications; credit reports; criminal records checks; public court records checks; driving records checks; educational records checks; employment verifications; personal and professional references checks; licensing and certification records checks; drug testing results; etc. The information contained in the reports will be obtained from private and public record sources, including, as appropriate, personal interviews with sources, such as neighbors, friends and associates.

You may request more information about the nature and scope of any investigative consumer reports by contacting the Company. A summary of your rights under the Fair Credit Reporting Act is also being provided to you.

ADDITIONAL STATE LAW NOTICES

If you are a California, New York, Maine or Washington applicant, please also note:

CALIFORNIA: Under section 1786.22 of the California Civil Code, you may view the file maintained on you by HireRight during normal business hours. You may also obtain a copy of this file, upon submitting proper identification and paying the costs of duplication services, by appearing at HireRight's offices in person, during normal business hours and on reasonable notice, or by mail. You may also receive a summary of the file by telephone, upon submitting proper identification. HireRight has trained personnel available to explain your file to you, including any coded information. If you appear in person, you may be accompanied by one other person, provided that person furnishes proper identification.

NEW YORK: You have the right, upon request, to be informed of whether or not a consumer report was requested. If a consumer report is requested, you will be provided with the name and address of the consumer reporting agency furnishing the report. You may inspect and receive a copy of the report by contacting that agency.

MAINE: You have the right, upon request, to be informed of whether an investigative consumer report was requested, and if one was requested, the name and address of the consumer reporting agency furnishing the report. You may request and receive from the Company, within five business days of our receipt of your request, the name, address and telephone number of the nearest unit designated to handle inquiries for the consumer reporting agency issuing an investigative consumer report concerning you. You also have the right, under Maine law, to request and promptly receive from all such agencies copies of any such reports.

WASHINGTON STATE: If we request an investigative consumer report, you have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from us a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

AUTHORIZATION

I have carefully read and understand this Disclosure and Authorization form and the attached summary of rights under the Fair Credit Reporting Act. By my signature below, I consent to the release of consumer reports and investigative consumer reports prepared by a consumer reporting agency, such as HireRight, Inc., to the Company and to the Client and its designated representatives and agents. I understand that my consent will apply, and the Company may obtain reports for the Client, throughout my assignment (if any) with the Client. I also consent to the disclosure of these reports to the Client and its designated representatives and agents.

I understand that information contained in my job application or otherwise disclosed by me before or during my employment, if any, with the Company may be used for the purpose of obtaining consumer reports and/or investigative consumer reports.

I also understand that in the event I am assigned by the Company to perform contract services for the Client, in no way shall this Authorization and Consent form, or the resulting consumer report or investigative consumer report provided to the Client, be deemed to create any legal employment relationship between myself and the Client.

By my signature below, I authorize law enforcement agencies, learning institutions (including public and private schools and universities), information service bureaus, credit bureaus, record/data repositories, courts (federal, state and local), motor vehicle records agencies, my past or present employers, the military, and other individuals and sources to furnish any and all information on me that is requested by the consumer reporting agency.

By my signature below, I certify the information I provided on this form is true and correct. I agree that this Disclosure and Authorization form in original, faxed, photocopied or electronic (including electronically signed) form, will be valid for any reports that may be requested by or on behalf of the Company.

California, Minnesota or Oklahoma applicants only -- You will be provided with a free copy of any consumer reports or investigative consumer reports obtained on you if you check the box below.

I wish to receive a free copy of the report.

Applicant Last Name _____ First _____ Middle _____
Applicant Signature _____ Date _____

Para informacion en español, visite www.ftc.gov/credit o escribe a la FTC Consumer Response Center, Room 130-A 600 Pennsylvania Ave., N.W., Washington, DC 20580

**A SUMMARY OF YOUR RIGHTS
UNDER THE FAIR CREDIT REPORTING ACT**

The federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. **For more information, including information about additional rights, go to www.ftc.gov/credit or write to: Consumer Response Center, Room 130-A, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, DC 20580.**

- ❑ **You must be told if information in your file has been used against you.** Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment – or to take another adverse action against you – must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ❑ **You have the right to know what is in your file.** You may request and obtain all the information about you in the files of a consumer reporting agency (your “file disclosure”). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
 - ❑ a person has taken adverse action against you because of information in your credit report;
 - ❑ you are the victim of identity theft and place a fraud alert in your file;
 - ❑ your file contains inaccurate information as a result of fraud;
 - ❑ you are on public assistance;
 - ❑ you are unemployed but expect to apply for employment within 60 days.

In addition, by September 2005 all consumers will be entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See www.ftc.gov/credit for additional information.

- ❑ **You have the right to ask for a credit score.** Credit scores are numerical summaries of your credit-worthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ❑ **You have the right to dispute incomplete or inaccurate information.** If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See www.ftc.gov/credit for an explanation of dispute procedures.
- ❑ **Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information.** Inaccurate, incomplete or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer agency may continue to report information it has

verified as accurate.

- ❑ **Consumer reporting agencies may not report outdated negative information.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.
- ❑ **Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need – usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access.
- ❑ **You must give your consent for reports to be provided to employers.** A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to www.ftc.gov/credit.
- ❑ **You may limit “prescreened” offers of credit and insurance you get based on information in your credit report.** Unsolicited “prescreened” offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 1-888-567-8688.
- ❑ **You may seek damages from violators.** If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ❑ **Identity theft victims and active duty military personnel have additional rights.** For more information, visit www.ftc.gov/credit.

States may enforce the FCRA, and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. Federal enforcers are:

TYPE OF BUSINESS:	PLEASE CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center – FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word “National” or initials “N.A.” appear in or after bank’s name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word “Federal” or initials “F.S.B.” appear in federal institution’s name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words “Federal Credit Union” appear in institution’s name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center 2345 Grand Avenue, Suite 100 Kansas City, MO 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator- GIPSA Washington, DC 20250 202-720-7051



*Mortgage Network Solutions LLC
Mortgage Originator Compensation Agreement*

This agreement is made this _____ day of _____, 20____
by and between Mortgage Network Solutions LLC, a Delaware LLC) (hereinafter
referred to as MNS), having its principal place of business located at 2036 Foulk Rd.,
Suite 102, Wilmington, DE 19810, and _____
(the “Loan Officer”), with a place of business located at _____
_____ (insert complete branch office address).

WITNESSETH:

WHEREAS, MNS in the ordinary course of its business makes loans to qualified individuals secured by mortgages on one to four family dwellings and desires to use Loan Officer’s services in obtaining and accepting applications, and providing services related thereto; and

WHEREAS, Loan Officer is willing to provide certain services in connection with the mortgage loans.

NOW, THEREFORE, in consideration of the mutual promises set forth in this Agreement, intending to be legally bound hereby, Loan Officer and MNS hereby agree as follows:

1. Scope of Agreement and Responsibilities of Loan Officer
 - (a) Loan Officer agrees to solicit mortgage loans solely on behalf of MNS in those states where MNS is licensed or otherwise permitted to act as a mortgage lender. For the purposes of this Agreement, “mortgage loan” means a mortgage loan secured by residential real property that will be made by the Company in connection with sales and refinancing of one- to four-family dwellings, condominium apartments and cooperative apartments. Loan Officer also agrees to solicit such other types of loans as may be authorized from time to time by

Initial Here _____

the Company in writing. All of the loans submitted by the Loan Officer are subject to the review and approval of the Company.

- (b) Loan Officer shall not solicit mortgage loans for any other person or entity during the term of this Agreement.
- (c) The mortgage loans solicited by Loan Officer shall meet the Company's criteria, including the terms, conditions, policies, procedures and directives established by the Company. All loans solicited shall also be in conformity with the Company's prevailing rates and fees. The Company reserves the right, in its sole discretion, and without prior notice to the Loan Officer, to change or discontinue any of its pricing, terms, conditions, policies, procedures, directives, rates, and fees, and to discontinue offering any one or more types of products or services.

2. Loan Officer's Duties

Loan Officer shall be responsible for completing all forms, booklets, estimates, disclosures and documents (collectively, the "Documents") that are required to be provided to Applicants by any state or federal law or regulation, by investor guidelines or by MNS, and for providing these Documents to Applicants at application or as later permitted. In addition to the solicitation of mortgage loans, Loan Officer shall perform all other duties assigned by the Company, including, without limitation, the following:

- (a) take information from the prospective borrower and complete a borrower's worksheet;
- (b) collect necessary financial information;
- (c) maintain regular contact with borrower and MNS between the time of an application and closing;
- (d) transmit a completed application to MNS;
- (e) maintain and submit adequate records, as required by the Company, of all loan solicitations made by Loan Officer;
- (f) service all accounts, including regularly contacting the borrower and any party referring mortgage loans to the Company or Loan Officer;
- (g) perform such other duties related to the origination of mortgage loans as MNS may assign.

3. Compensation of Loan Officer

- (a) MNS agrees to pay Loan Officer compensation in accordance with Exhibit "A" attached hereto. MNS and Loan Officer hereby agree that Loan Officer shall be paid only for actual services performed, and at no time shall the compensation exceed the reasonable value of services rendered. It is understood by both parties that compensation is based on commission that will be paid on a W2 except for expenses actually incurred during the course of MNS business. At

Initial Here _____

- no time will a loan officer be considered a salaried employee with an hourly wage. Therefore, neither a salary nor overtime payments will apply to loan officers. Neither MNS nor Loan Officer shall give or receive, directly or indirectly, any rebate, thing of value or like payment to or from any Applicant or potential Applicant, or any other person, for referral of the mortgage loan or any other settlement service.
- (b) With the sole exception of the expenses specifically described in this Agreement, if any, Loan Officer shall pay all expenses incurred by him or her in connection with obtaining and placing mortgage loans. In addition, Loan Officer shall pay any individual license fees, dues and other charges that are now due or may be payable to any local, state or federal regulatory agency or commission.
 - (c) As a sales representative, Loan Officer is not entitled to any extra compensation for overtime hours or any compensation other than that expressly set forth in this Agreement. The terms of payment of this compensation are subject to change by MNS without notice.
 - (d) Loan Officer shall be paid on a weekly or bi-weekly basis, or as otherwise decided by MNS within its sole discretion. MNS shall make deductions for Federal taxes, State taxes, Social Security, State Unemployment Insurance and other deductions as required by State or Federal law, or as agreed.
 - (e) Loan Officer shall be entitled to all health, life and dental benefits available to all MNS employees, subject to payment of the required monthly employee contribution. Loan Officer shall not be entitled to compensation for vacation, sick leave, disability (unless provided by an insurance carrier) or holidays.

4. Conditions of Employment

- (a) Loan Officer shall use the trade name and trademark of MNS in conformance with the standards developed by MNS from time to time in MNS's sole discretion.
- (b) Loan Officer shall protect all MNS property being used in the performance of his or her employment, and shall immediately return all such property upon request by MNS.

5. Ethical Obligations

- (a) During the term of this Agreement, the Loan Officer shall devote his or her best efforts to the performance of his or her duties under this Agreement and to advance the interests of the Company. In doing so, he or she shall avoid any actual or apparent conflicts of interest and shall not directly or indirectly engage in any business that may compete with MNS, nor shall a Loan Officer have any ownership interest in any such competing business, without the written consent of the Company.
- (b) Loan Officer shall not utilize confidential or proprietary information of any kind, including, but not limited to, customer lists, procedures, information on computer diskettes, information electronically stored on computer hard press,

data bases, or other information developed or obtained by the Company which are not generally known to the public for the benefit of any person other than the Company and shall return all materials provided to him/her by the Company or any present, past or potential customer of MNS upon cessation of his/her employment. In particular, upon cessation of employment with MNS, Loan Officer shall not, for a period of six months, solicit customers of MNS for refinancings or other mortgage loans; and

- (c) Loan Officer will not, in any way, (i) induce or attempt to induce any other Loan Officer to resign his or her employ with the Company; (ii) interfere with or disrupt the Company's relationship with Loan Officers or customers; and/or (iii) solicit for employment for his own interest or that of any person or entity any person employed by the Company.
- (d) Loan Officer acknowledges that it is MNS's expressly stated policy not to designate any neighborhood areas as being acceptable or unacceptable – in other words, MNS does not “red line”. Further, the Loan Officer acknowledges that it is MNS's policy not to discriminate against any individual because of race, color,, national origin, religion or creed, sex, marital status, familial status, handicap or disability, age (provided the applicant has the capacity to enter into a contract), the fact that all or part of the applicant's income may be derived from a public assistance program, or the fact that the applicant has in good fait exercised any right under the Consumer Protection Act. Any evidence of “red lining” or discrimination by Loan Officer is cause for termination for cause.
- (e) Loan Officer shall not use MNS's name in any advertising, disclosure, publication, or otherwise without the prior consent of MNS.
- (f) Loan Officer agrees they will NOT co-broker loans with any other mortgage brokerage firm. Acceptance of a loan file that has not been denied by another brokerage firm will be cause for dismissal. Use of MNS's state licenses are for employees of MNS solely and not for the benefit of unlicensed firms.

6. Termination

- (a) The Company may terminate this Agreement, and Loan Officer's employment, with or without cause, at any time. The Company's exercise of its right to terminate under this Agreement shall be without prejudice to any other remedy which the Company may be entitled to at law, in equity or under any other provision of this Agreement or any addendum hereto.
- (b) Upon cessation of employment, Loan Officer will return to MNS all manuals, pricing lists or rate sheets, customer information and lists, all mortgage loan applications and other documents relating to mortgage loan transactions which had not yet been closed prior to cessation of employment and all other Company property and confidential documents. Upon violation of this section or upon any breach of this Agreement, Loan Officer in addition to any other remedies that may be available by law shall forfeit all commissions which are due or which may become due.
- (c) Upon termination or resignation of a Loan Officer, any unpaid invoices for appraisals, credit reports, AUS engines, etc., ex-Loan Officer will receive an

Initial Here _____

- invoice from MNS to reimburse the company for outstanding charges incurred by the Loan Officer while in MNS employ.
- (d) In the event that Loan Officer resigns or is terminated for any reason other than for cause, he shall receive his regular commission on all mortgage loans that close within thirty (30) days from the date the Loan Officer resigns or is terminated. No commissions will be paid on mortgage loans closed after thirty (30) days have elapsed.
 - (e) A Loan Officer shall give at least two weeks notice before resigning employment pursuant to this Agreement and shall perform his usual duties during that notice period in order to be eligible for post-employment commissions described in this section.
 - (f) A Loan Officer who is terminated for cause, in addition to any other remedies available to MNS, shall forfeit all commissions on loans that close after his or her termination. For the purposes of this Agreement, termination for cause includes, but is not limited to, the following:
 - i. Possession or use of illegal drugs on or at any MNS location;
 - ii. Use of alcohol and/or intoxication on or at any MNS location;
 - iii. Dishonesty or theft;
 - iv. Participation in physical violence on or at any MNS location;
 - v. Conviction of a serious criminal offense;
 - vi. Harassment or abuse of any MNS employee or supervisor;
 - vii. Insubordination;
 - viii. Unauthorized carrying or discharge of any firearms on or at any MNS location;
 - ix. Willful destruction of any MNS property;
 - x. Violation of this Agreement or any MNS policy.

7. Notice

Any notice required or permitted to be given under this Agreement shall be sufficient if in writing and hand delivered or mailed by first class mail, postage pre-paid, to Loan Officer at his address, to the Loan Officer at the branch office assigned by the Company, or to the Company at its address.

8. Entire Agreement

This document contains the entire Agreement between the Company and Loan Officer, and any other agreements, verbal or written, except any written addendum as provided for in the remainder of this section, are void and of no effect. Loan Officer agrees that no other promises or inducements have been made to him except those set forth herein or attached hereto and incorporated herein by reference. This Agreement cannot be modified or altered in any way except by a written addendum signed by the parties specifically referring to this Agreement and incorporating this Agreement by reference.

9. Assignment

Initial Here _____

This Agreement shall be binding on and shall inure to the benefit of any successor(s) or assign(s) of the Company and shall terminate on the death or disability of Loan Officer. Except as otherwise expressly set forth in this Agreement, Loan Officer shall not assign, transfer or share his responsibilities under this Agreement, in whole or in part, to or with any other person, firm, corporation or other entity without the express prior written consent of the Company, nor shall he delegate any of his duties or responsibilities under this Agreement.

10. Waiver

The Company's failure to exercise any rights or privileges granted to it pursuant to this Agreement is not and shall not be construed as a waiver any such rights or privileges.

11. Section Headings

Section headings are used herein for convenience only and shall not be used to interpret any provision of this Agreement.

12. Applicable Law and Dispute Resolution

This Agreement and any amendments hereto shall be governed with the laws of the State of Delaware. In the event any dispute or disagreement arises in connection with any interpretation of this Agreement, or the employment of the Manager, and cannot be resolved by the parties, each agree to that any such disagreement will be settled by arbitration in accordance with the rules of the American Arbitration Association. The parties further agree a judgment of a state or federal court with jurisdiction over the parties hereto may be entered upon the award made pursuant to the arbitration. The laws of the State of Delaware will govern the interpretation of this Agreement and the rights and obligations of the parties to it. A court will consider the terms and conditions of this Agreement to be several so that any of its terms, conditions, or clauses shall not invalidate, or render unenforceable, the entire Agreement. The prevailing party shall be entitled to recover their attorney's fees and costs from the non-prevailing party. This provision shall apply in the event that the dispute is resolved by mediation, arbitration or a court of law.

The Loan Officer acknowledges that employment with the Company is on an employment at-will basis. This means that the Loan Officer's employment with the Company can be terminated at any time with or without cause or advance notice, and acceptance of employment is not a contract of employment for any specified time. Loan Officer is similarly free to terminate employment with the Company at any time for any reason. This at-will provision may be modified or waived only in a written agreement signed both by the company's President and the Loan Officer.

The parties hereto have read and understand the terms of this Agreement and by signing below, hereby agree to all of its terms and conditions.

Loan Officer/Mortgage
Originator

Mortgage Network Solutions LLC

Signature

Print Name: _____

Dated: _____

By: _____
Signature

Print Name: _____

Dated: _____

Initial Here _____



SAMPLE AGREEMENT

EXHIBIT "A"

This Exhibit "A" is incorporated by reference in the Originator Compensation Agreement ("Agreement") between Mortgage Network Solutions LLC and the Employee dated _____, 20_____.

COMPENSATION

All Employees, Loan Officers and Managers will be paid in accordance to the Federal Rule and Dodd-Frank Compensation Act.

Please refer to Section 3 of your MNS Mortgage Originator Compensation Agreement for further information.

Employee Signature

By: _____
Mortgage Network Solutions, LLC

Printed Employee Name

By: MANAGERS NAME PRINTED
Mortgage Network Solutions, LLC



MORTGAGE NETWORK SOLUTIONS LLC

CODE OF ETHICS AND STANDARDS OF PRACTICE

Preamble

All Officers, Directors, Managers, and Employees (hereinafter collectively referred to as “Employee” or “Employees”) of MORTGAGE NETWORK SOLUTIONS LLC. (hereinafter referred to as “MNS”), mindful that the soundness, usefulness, prosperity and future of MNS depend on the honor, integrity and fidelity of all personnel engaged in any and all MNS business, and of their past responsibility to the administration and conservation of those interests committed to them, and conscious of the confidence reposed in them by clients and associates, establish and pledge themselves to observe and maintain the following standards of conduct on their dealings with the public and with each other.

Canons

1. The conduct of the employee shall always be characterized by candor and fairness. Employees shall not use their position to attain personal gain in violation of the trust reposed in them by their clients and associates.
2. Employees shall hold inviolate any information given them in confidence by their client. This canon shall not be construed to proscribe the use of the furnished data in the reasonable pursuit of the purposes for which such information was transmitted.
3. Employees shall familiarize themselves with all aspects of the mortgage banking industry so that they may properly accommodate the various interests and problems which confront them daily, including, but not limited to, the following:
 - a. All Federal Legislation, Regulations and required disclosures affecting the mortgage banking and mortgage lending industries.
 - b. All State Legislation, Regulations and required disclosures affecting the mortgage banking and mortgage lending industries.
 - c. MNS Policies & Procedures Manual.

- (d) Any other laws or regulations as each may apply to the mortgage banking and mortgage lending industries.
 - (e) Credit evaluation and the Equal Credit Opportunity Act.
 - (f) Government agencies' Rules and Regulations pertaining to mortgage loans.
 - (g) Secondary Mortgage and Securities Markets, as well as economic trends
 - (h) Proper servicing procedures.
4. All oral agreements shall be accorded the same sanctity given to written contracts, and no agreement or commitment made by an employee shall be breached by evasion or equivocation.
 5. An employee shall not willfully and knowingly make or circulate any false statement or rumor, written, printed or by word of mouth, which is untrue in fact or calculated to mislead any other party.
 6. It is deemed to be an unethical practice for any employee to:
 - (a) Quote a prospective borrower interest rates or other loan terms impossible or unlikely of realization with the intention of rejecting the loan terms applied for and making a subsequent counter offer.
 - (b) Lend financial assistance or give anything of significant value to real estate brokers as a means of exercising control of the brokers' mortgage origination business and/or to secure points or fees in excess of those customarily charged.
 - (c) Participate, encourage or condone in any manner whatsoever, the submission of a contract of sale to an investor in connection with the offering of a mortgage loan or a proposed mortgage loan, if such contract states a purchase price in excess of the true and actual sales price for the property therein described.
 - (d) Participate, encourage or condone in any manner whatsoever in the preparation or submission of any false, misleading or incomplete application, credit report and/or other supporting data concerning proposed mortgage in connection with the offering of a mortgage loan to an investor.
 - (e) Participate, encourage or condone in any manner whatsoever, as either broker or lender in the practice whereby the mortgage lender sets or agrees to the fixing of a discount price on the origination of a mortgage loan in a manner designed directly or indirectly to accrue to the account of the referring party, for use in defraying discounts in any other mortgage transaction for the benefit of the referring party.
 7. An employee who has procured and accepted a commitment from an investor to purchase a loan originated or to be originated by the employee, shall deliver such loan as provided for in the commitment, unless delivery shall be prevented by reasons beyond the control of the employee.
 8. The departure of advertising copy from a clear, simple and truthful statement of fact is contrary to MNS Policy and is unethical. Employees shall not advertise financing terms which do not represent the terms generally available through their efforts, unless the advertising copy expressly sets forth the special qualifications pertinent to the financing terms advertised.

Initial Here _____

9. Prior to the placement of any advertising, employee shall obtain the approval of MNS Main Office of such advertisement.
10. No employee shall maintain and/or deposit in any depository account separate and apart from the MNS account controlled by MNS Main Office.
11. All closing proceeds shall be payable to MNS and shall be delivered to MNS Main Office directly by the closing agent(s).
12. All monies collected at the branch office level shall be immediately forwarded to MNS Main Office.
13. All employees shall use all efforts at their command to effect the proper servicing of the accounts entrusted to their care. This duty shall be performed with an awareness that a conscientious discharge of the obligations to both principal and debtor will result in increased respect of the community for MNS and the mortgage banking industry.
14. Employees shall take all reasonable steps to assure that both investors and borrowers are treated with respect, concern, and understanding.
15. Employees shall act in conformity with applicable laws and regulations, and shall cooperate in every appropriate way with all governmental bodies in the interest of establishing and maintaining an efficient and fair framework for mortgage credit.
16. Employees shall conduct business without regard to the race, color, sex, religion, marital status, national origin, age, familial status or handicap of the persons with whom one deals.
17. Employees shall cooperate with MNS Main Office in furnishing information relative to any investigation of a possible violation of these Code of Ethics and Standards of Practice.

Violations of, and complaints concerning, the Code of Ethics and Standards of Practice shall be filed with the office of the President – Mortgage Network Solutions, 223 Pine Cliff Drive, Wilmington, DE 19810.

IN WITNESS HEREOF, these Code of Ethics and Standards of Practice are hereby accepted as a condition of my employment with Mortgage Network Solutions LLC this ____ day of _____, 20_____

Witness

Employee Signature

Typed/Printed Name



Policies and Procedures
On Compensation for
Employees, Loan Officers and Managers
(Broker/originator)
Mortgage Network Solutions LLC (MNS)

- 1) All employees, loan officers and managers will be paid on a W2 no 1099's.
- 2) There will be Part Time and Full Time Loan Officers.
- 3) There will be Two types of compensation:
 - a) Fixed percentage from the loan amount only when it is Lender Paid.
 - b) An hourly rate for the originator, which will depend on:
 - 1) The amount of time in the business
 - 2) The amount of time spent on the loan
 - 3) The amount of first time defaults in a defined time frame
 - 4) The hourly rate will NOT be based on the interest rate or any terms of the loan
 - 5) The quality of the loan (compliance of loan doc's.)
- 4) There will be no steering, SAFE HARBOR will be enforced; with each application there will be 3 Lenders with rates, APR, and costs so the applicant can choose.
- 5) If there are expenses related to the transaction, they will be paid with bonafide receipts to the accounting department before payroll is issued.
- 6) By choosing to be paid by the borrower, MNS or its Originators may not receive any compensation directly or indirectly from any other party or entity to the transaction, or outside of the transaction, including the Lender. In addition, MNS acknowledges that on a borrower paid transaction loan officers may only be paid an hourly wage, salary with a bonus structure and no portion of compensation can be based on any prohibited terms and conditions.

Initial Here _____

7) By choosing the lender paid compensation plan, MNS or its Originators may not receive any compensation from the consumer or any other party, person or entity to the transaction, or outside of the transaction. MNS certifies that when compensation is paid by lender such amount is and will be MNS's sole source of compensation.

ANY ORIGINATOR, LOAN OFFICER AND OR EMPLOYEE THAT DOES NOT KEEP (6) OR (7) WILL BE TERMIMATED IMMEDIATELY
(Each Employee, Manager and Loan Officer will receive their own compensation package)

**Manager and/or Loan Originator
Part Time or Full Time Status**

Mortgage Network Solutions, LLC

Employee Signature
(Manager/Loan Originator - Part Time or Full Time)

Employer Signature - MNS

Printed Employee Name

Carmine J Rappucci

Printed Employer Name

Dated: _____

Dated: _____



Understanding Regarding Application Interviews

I, _____, am a Loan Officer/Mortgage Originator for Mortgage Network Solutions, LLC (hereinafter referred to as "MNS"). As part of the mortgage loan application interview, the applicant(s) may be required to list certain information regarding income, assets and liabilities, as well as other information which would be necessary to give MNS or any MNS lender or mortgage insurance company, including but not limited to HUD, FHA, VA, FNMA, and/or FHLMC, a complete picture of the applicant's overall credit financial status.

I acknowledge that I will not help, coach or prepare any applicant(s) for a mortgage loan application, either prior to or during the course of the formal interview by suggesting that the applicant(s) make any statements with regard to the application which are not completely accurate. I further acknowledge that MNS has informed and stressed to me the importance of prudent and careful application interviews and that the above procedure is part of my normal course of action for all mortgage loan applications that I will be taking on MNS' behalf.

I understand that violation of this policy will be grounds for immediate termination of my employment.

Loan Officer Signature

Date



Conditions of Employment

As part of the conditions of employment with Mortgage Network Solutions LLC, my signature below indicates I have certified that I am not currently employed by any other mortgage company, bank or financial institution. Failure to comply with this policy shall be cause for immediate dismissal from Mortgage Network Solutions LLC.

Name Date

Date



Kickback Certification

As an Employee of Mortgage Network Solutions, LLC (MNS), I hereby make the following acknowledgement:

I understand that my signature attests to and certifies a full realization of my part that MNS is supervised by government agencies. I further understand that any of my acts will be construed as acts of this Corporation and will not only jeopardize my position, but the employment of my fellow employees:

1. Under no circumstances will I pay or permit to be paid any fee (including a fee Representing all or part of an origination fee), kick-back, or other consideration, directly or indirectly, in connections with an insured mortgage loan to a broker, packaging personnel, or any other payment or consideration for services related to the transaction. Additionally, I understand that no compensation may be paid as a "finder's fee" or for referral of the loan.
2. In addition, I understand that MNS and I, as an employee, are not Permitted to pay any fee, kick-back, or other consideration to a Real Estate Broker, Real Estate Agent, Mortgage Broker, or packaging personnel except as provided by CLO regulations for assisting in the preparation of any application or document if such person or entity owns, is owned by, or is under any common ownership with the person or entity receiving the real estate commission.
3. I further understand that MNS and I are not permitted to pay any fee, Kickback or other consideration to a consultant that provides assistance to a sponsor in developing a multi-family project.
4. I further understand that MNS and I are not permitted to advance Real Estate Broker, Real Estate Agent, Mortgage Broker or packaging personnel in connection with FHA Insured or VA guaranteed mortgage loan to be provided by MNS.
5. I further understand that MNS and I are not permitted to make a low Interest or no interest loan to a Real Estate Broker, Real Estate Agent, Mortgage Broker, packaging personnel, or any other parties from whom MNS accepts proposals involving FHA Insured or VA Guaranteed mortgage loans to be provided by MNS.
6. I understand that I am not able to receive any fee or kickback from a Real Estate Broker, Real Estate Agent or Mortgage Broker for accepting a loan.

I fully understand that violation of any of the above regulations shall subject me to immediate removal from my position with MNS. I also understand that I am obligated to immediately report any violations of the above regulations that may be observed by me.

Signature

Employee Name (printed)

Date



**Health Insurance Census
Mortgage Network Solutions LLC**

Employee name: _____

Gender: _____

Date of birth: _____

Dependent status: Single, EE/Child, EE/Children, Couple, Family
(circle one)

Home zip code: _____



Report of Illegal Activity

It is your responsibility as an employee of Mortgage Network Solutions, LLC to immediately report any activity that you discover that may be considered illegal under state or federal laws and regulations.

Information should be referred to:

Mortgage Network Solutions, LLC
223 Pine Cliff Dr.
Wilmington, DE 19810
Phone: 302-475-5508
Fax: 302-529-7355
Attn: Cheryl A. Rappucci

Thank you for your assistance with this process.

Signature

Date



State Requirements

Mortgage Network Solutions, LLC reserves the right to terminate your employment status with the company based on your eligibility to meet the state requirements for licensing.

State Requirements (as referred to in the NMLS site) – a system designed to satisfy all requirements of all states. It is important that all applicants, companies as well as individuals, refer to jurisdiction-specific requirements published by each jurisdiction in which they are applying, in order to be sure they meet the necessary requirements.

What are some of the pre-requisites for license applications?

- Criminal background check
- Credit check
- Tax Certification
- Education and Testing

Your signature below indicates that you have read and understand that your employment status with Mortgage Network Solutions is dependant on your eligibility to obtain your Originator License within the states that MNS is licensed. Failure to pass the state requirements is the basis for immediate separation from Mortgage Network Solutions, LLC.

Name

Date



Instructions for Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any work-authorized individual in hiring, discharge, recruitment or referral for a fee, or in the employment eligibility verification (Form I-9 and E-Verify) process based on that individual's citizenship status, immigration status or national origin. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration-Related Unfair Employment Practices (OSC) at 1-800-255-7688 (employees), 1-800-255-8155 (employers), or 1-800-237-2515 (TDD), or visit www.justice.gov/crt/about/osc.

What Is the Purpose of This Form?

Employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 6, 1986, to work in the United States. In the Commonwealth of the Northern Mariana Islands (CNMI), employers must complete Form I-9 to document verification of the identity and employment authorization of each new employee (both citizen and noncitizen) hired after November 27, 2011. Employers should have used Form I-9 CNMI between November 28, 2009 and November 27, 2011.

General Instructions

Employers are responsible for completing and retaining Form I-9. For the purpose of completing this form, the term "employer" means all employers, including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors.

Form I-9 is made up of three sections. Employers may be fined if the form is not complete. Employers are responsible for retaining completed forms. Do not mail completed forms to U.S. Citizenship and Immigration Services (USCIS) or Immigration and Customs Enforcement (ICE).

Section 1. Employee Information and Attestation

Newly hired employees must complete and sign Section 1 of Form I-9 **no later than the first day of employment**. Section 1 should never be completed before the employee has accepted a job offer.

Provide the following information to complete Section 1:

Name: Provide your full legal last name, first name, and middle initial. Your last name is your family name or surname. If you have two last names or a hyphenated last name, include both names in the last name field. Your first name is your given name. Your middle initial is the first letter of your second given name, or the first letter of your middle name, if any.

Other names used: Provide all other names used, if any (including maiden name). If you have had no other legal names, write "N/A."

Address: Provide the address where you currently live, including Street Number and Name, Apartment Number (if applicable), City, State, and Zip Code. Do not provide a post office box address (P.O. Box). Only border commuters from Canada or Mexico may use an international address in this field.

Date of Birth: Provide your date of birth in the mm/dd/yyyy format. For example, January 23, 1950, should be written as 01/23/1950.

U.S. Social Security Number: Provide your 9-digit Social Security number. Providing your Social Security number is voluntary. However, if your employer participates in E-Verify, you must provide your Social Security number.

E-mail Address and Telephone Number (Optional): You may provide your e-mail address and telephone number. Department of Homeland Security (DHS) may contact you if DHS learns of a potential mismatch between the information provided and the information in DHS or Social Security Administration (SSA) records. You may write "N/A" if you choose not to provide this information.

All employees must attest in Section 1, under penalty of perjury, to their citizenship or immigration status by checking one of the following four boxes provided on the form:

1. A citizen of the United States

2. A noncitizen national of the United States: Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

3. A lawful permanent resident: A lawful permanent resident is any person who is not a U.S. citizen and who resides in the United States under legally recognized and lawfully recorded permanent residence as an immigrant. The term "lawful permanent resident" includes conditional residents. If you check this box, write either your Alien Registration Number (A-Number) or USCIS Number in the field next to your selection. At this time, the USCIS Number is the same as the A-Number without the "A" prefix.

4. An alien authorized to work: If you are not a citizen or national of the United States or a lawful permanent resident, but are authorized to work in the United States, check this box.

If you check this box:

a. Record the date that your employment authorization expires, if any. Aliens whose employment authorization does not expire, such as refugees, asylees, and certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau, may write "N/A" on this line.

b. Next, enter your Alien Registration Number (A-Number)/USCIS Number. At this time, the USCIS Number is the same as your A-Number without the "A" prefix. If you have not received an A-Number/USCIS Number, record your Admission Number. You can find your Admission Number on Form I-94, "Arrival-Departure Record," or as directed by USCIS or U.S. Customs and Border Protection (CBP).

(1) If you obtained your admission number from CBP in connection with your arrival in the United States, then also record information about the foreign passport you used to enter the United States (number and country of issuance).

(2) If you obtained your admission number from USCIS *within the United States*, or you entered the United States without a foreign passport, you must write "N/A" in the Foreign Passport Number and Country of Issuance fields.

Sign your name in the "Signature of Employee" block and record the date you completed and signed Section 1. By signing and dating this form, you attest that the citizenship or immigration status you selected is correct and that you are aware that you may be imprisoned and/or fined for making false statements or using false documentation when completing this form. To fully complete this form, you must present to your employer documentation that establishes your identity and employment authorization. Choose which documents to present from the Lists of Acceptable Documents, found on the last page of this form. You must present this documentation no later than the third day after beginning employment, although you may present the required documentation before this date.

Preparer and/or Translator Certification

The Preparer and/or Translator Certification must be completed if the employee requires assistance to complete Section 1 (e.g., the employee needs the instructions or responses translated, someone other than the employee fills out the information blocks, or someone with disabilities needs additional assistance). The employee must still sign Section 1.

Minors and Certain Employees with Disabilities (Special Placement)

Parents or legal guardians assisting minors (individuals under 18) and certain employees with disabilities should review the guidelines in the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* on www.uscis.gov/I-9Central before completing Section 1. These individuals have special procedures for establishing identity if they cannot present an identity document for Form I-9. The special procedures include (1) the parent or legal guardian filling out Section 1 and writing "minor under age 18" or "special placement," whichever applies, in the employee signature block; and (2) the employer writing "minor under age 18" or "special placement" under List B in Section 2.

Section 2. Employer or Authorized Representative Review and Verification

Before completing Section 2, employers must ensure that Section 1 is completed properly and on time. Employers may not ask an individual to complete Section 1 before he or she has accepted a job offer.

Employers or their authorized representative must complete Section 2 by examining evidence of identity and employment authorization within 3 business days of the employee's first day of employment. For example, if an employee begins employment on Monday, the employer must complete Section 2 by Thursday of that week. However, if an employer hires an individual for less than 3 business days, Section 2 must be completed no later than the first day of employment. An employer may complete Form I-9 before the first day of employment if the employer has offered the individual a job and the individual has accepted.

Employers cannot specify which document(s) employees may present from the Lists of Acceptable Documents, found on the last page of Form I-9, to establish identity and employment authorization. Employees must present one selection from List A **OR** a combination of one selection from List B and one selection from List C. List A contains documents that show both identity and employment authorization. Some List A documents are combination documents. The employee must present combination documents together to be considered a List A document. For example, a foreign passport and a Form I-94 containing an endorsement of the alien's nonimmigrant status must be presented together to be considered a List A document. List B contains documents that show identity only, and List C contains documents that show employment authorization only. If an employee presents a List A document, he or she should **not** present a List B and List C document, and vice versa. If an employer participates in E-Verify, the List B document must include a photograph.

In the field below the Section 2 introduction, employers must enter the last name, first name and middle initial, if any, that the employee entered in Section 1. This will help to identify the pages of the form should they get separated.

Employers or their authorized representative must:

1. Physically examine each original document the employee presents to determine if it reasonably appears to be genuine and to relate to the person presenting it. The person who examines the documents must be the same person who signs Section 2. The examiner of the documents and the employee must both be physically present during the examination of the employee's documents.

2. Record the document title shown on the Lists of Acceptable Documents, issuing authority, document number and expiration date (if any) from the original document(s) the employee presents. You may write "N/A" in any unused fields.

If the employee is a student or exchange visitor who presented a foreign passport with a Form I-94, the employer should also enter in Section 2:

- a. The student's Form I-20 or DS-2019 number (Student and Exchange Visitor Information System-SEVIS Number); **and** the program end date from Form I-20 or DS-2019.

3. Under Certification, enter the employee's first day of employment. Temporary staffing agencies may enter the first day the employee was placed in a job pool. Recruiters and recruiters for a fee do not enter the employee's first day of employment.

4. Provide the name and title of the person completing Section 2 in the Signature of Employer or Authorized Representative field.

5. Sign and date the attestation on the date Section 2 is completed.

6. Record the employer's business name and address.

7. Return the employee's documentation.

Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they should be made for **ALL** new hires or reverifications. Photocopies must be retained and presented with Form I-9 in case of an inspection by DHS or other federal government agency. Employers must always complete Section 2 even if they photocopy an employee's document(s). Making photocopies of an employee's document(s) cannot take the place of completing Form I-9. Employers are still responsible for completing and retaining Form I-9.

Unexpired Documents

Generally, only unexpired, original documentation is acceptable. The only exception is that an employee may present a certified copy of a birth certificate. Additionally, in some instances, a document that appears to be expired may be acceptable if the expiration date shown on the face of the document has been extended, such as for individuals with temporary protected status. Refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* or I-9 Central (www.uscis.gov/I-9Central) for examples.

Receipts

If an employee is unable to present a required document (or documents), the employee can present an acceptable receipt in lieu of a document from the Lists of Acceptable Documents on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employers cannot accept receipts if employment will last less than 3 days. Receipts are acceptable when completing Form I-9 for a new hire or when reverification is required.

Employees must present receipts within 3 business days of their first day of employment, or in the case of reverification, by the date that reverification is required, and must present valid replacement documents within the time frames described below.

There are three types of acceptable receipts:

1. A receipt showing that the employee has applied to replace a document that was lost, stolen or damaged. The employee must present the actual document within 90 days from the date of hire.
2. The arrival portion of Form I-94/I-94A with a temporary I-551 stamp and a photograph of the individual. The employee must present the actual Permanent Resident Card (Form I-551) by the expiration date of the temporary I-551 stamp, or, if there is no expiration date, within 1 year from the date of issue.
3. The departure portion of Form I-94/I-94A with a refugee admission stamp. The employee must present an unexpired Employment Authorization Document (Form I-766) or a combination of a List B document and an unrestricted Social Security card within 90 days.

When the employee provides an acceptable receipt, the employer should:

1. Record the document title in Section 2 under the sections titled List A, List B, or List C, as applicable.
2. Write the word "receipt" and its document number in the "Document Number" field. Record the last day that the receipt is valid in the "Expiration Date" field.

By the end of the receipt validity period, the employer should:

1. Cross out the word "receipt" and any accompanying document number and expiration date.
2. Record the number and other required document information from the actual document presented.
3. Initial and date the change.

See the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)* at www.uscis.gov/I-9Central for more information on receipts.

Section 3. Reverification and Rehires

Employers or their authorized representatives should complete Section 3 when reverifying that an employee is authorized to work. When rehiring an employee within 3 years of the date Form I-9 was originally completed, employers have the option to complete a new Form I-9 or complete Section 3. When completing Section 3 in either a reverification or rehire situation, if the employee's name has changed, record the name change in Block A.

For employees who provide an employment authorization expiration date in Section 1, employers must reverify employment authorization on or before the date provided.

Some employees may write "N/A" in the space provided for the expiration date in Section 1 if they are aliens whose employment authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia, the Republic of the Marshall Islands, or Palau). Reverification does not apply for such employees unless they chose to present evidence of employment authorization in Section 2 that contains an expiration date and requires reverification, such as Form I-766, Employment Authorization Document.

Reverification applies if evidence of employment authorization (List A or List C document) presented in Section 2 expires. However, employers should not reverify:

1. U.S. citizens and noncitizen nationals; or
2. Lawful permanent residents who presented a Permanent Resident Card (Form I-551) for Section 2.

Reverification does not apply to List B documents.

If both Section 1 and Section 2 indicate expiration dates triggering the reverification requirement, the employer should reverify by the earlier date.

For reverification, an employee must present unexpired documentation from either List A or List C showing he or she is still authorized to work. Employers CANNOT require the employee to present a particular document from List A or List C. The employee may choose which document to present.

To complete Section 3, employers should follow these instructions:

1. Complete Block A if an employee's name has changed at the time you complete Section 3.
2. Complete Block B with the date of rehire if you rehire an employee within 3 years of the date this form was originally completed, and the employee is still authorized to be employed on the same basis as previously indicated on this form. Also complete the "Signature of Employer or Authorized Representative" block.
3. Complete Block C if:
 - a. The employment authorization or employment authorization document of a current employee is about to expire and requires reverification; or
 - b. You rehire an employee within 3 years of the date this form was originally completed and his or her employment authorization or employment authorization document has expired. (Complete Block B for this employee as well.)

To complete Block C:

- a. Examine either a List A or List C document the employee presents that shows that the employee is currently authorized to work in the United States; and
 - b. Record the document title, document number, and expiration date (if any).
4. After completing block A, B or C, complete the "Signature of Employer or Authorized Representative" block, including the date.

For reverification purposes, employers may either complete Section 3 of a new Form I-9 or Section 3 of the previously completed Form I-9. Any new pages of Form I-9 completed during reverification must be attached to the employee's original Form I-9. If you choose to complete Section 3 of a new Form I-9, you may attach just the page containing Section 3, with the employee's name entered at the top of the page, to the employee's original Form I-9. If there is a more current version of Form I-9 at the time of reverification, you must complete Section 3 of that version of the form.

What Is the Filing Fee?

There is no fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the "USCIS Privacy Act Statement" below.

USCIS Forms and Information

For more detailed information about completing Form I-9, employers and employees should refer to the *Handbook for Employers: Instructions for Completing Form I-9 (M-274)*.

You can also obtain information about Form I-9 from the USCIS Web site at www.uscis.gov/I-9Central, by e-mailing USCIS at I-9Central@dhs.gov, or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

To obtain USCIS forms or the *Handbook for Employers*, you can download them from the USCIS Web site at www.uscis.gov/forms. You may order USCIS forms by calling our toll-free number at 1-800-870-3676. You may also obtain forms and information by contacting the USCIS National Customer Service Center at 1-800-375-5283. For TDD (hearing impaired), call 1-800-767-1833.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from the USCIS Web site at www.dhs.gov/E-Verify, by e-mailing USCIS at E-Verify@dhs.gov or by calling 1-888-464-4218. For TDD (hearing impaired), call 1-877-875-6028.

Employees with questions about Form I-9 and/or E-Verify can reach the USCIS employee hotline by calling 1-888-897-7781. For TDD (hearing impaired), call 1-877-875-6028.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided all sides are copied. The instructions and Lists of Acceptable Documents must be available to all employees completing this form. Employers must retain each employee's completed Form I-9 for as long as the individual works for the employer. Employers are required to retain the pages of the form on which the employee and employer enter data. If copies of documentation presented by the employee are made, those copies must also be kept with the form. Once the individual's employment ends, the employer must retain this form for either 3 years after the date of hire or 1 year after the date employment ended, whichever is later.

Form I-9 may be signed and retained electronically, in compliance with Department of Homeland Security regulations at 8 CFR 274a.2.

USCIS Privacy Act Statement

AUTHORITIES: The authority for collecting this information is the Immigration Reform and Control Act of 1986, Public Law 99-603 (8 USC 1324a).

PURPOSE: This information is collected by employers to comply with the requirements of the Immigration Reform and Control Act of 1986. This law requires that employers verify the identity and employment authorization of individuals they hire for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

DISCLOSURE: Submission of the information required in this form is voluntary. However, failure of the employer to ensure proper completion of this form for each employee may result in the imposition of civil or criminal penalties. In addition, employing individuals knowing that they are unauthorized to work in the United States may subject the employer to civil and/or criminal penalties.

ROUTINE USES: This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The employer will keep this form and make it available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 35 minutes per response, including the time for reviewing instructions and completing and retaining the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Coordination Division, Office of Policy and Strategy, 20 Massachusetts Avenue NW, Washington, DC 20529-2140; OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other 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		E-mail Address			Telephone Number	

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

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

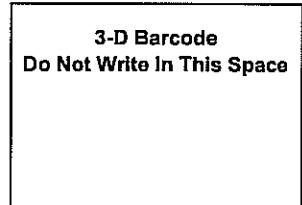
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____. Some aliens may write "N/A" in this field.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

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

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



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

Foreign Passport Number: _____

Country of Issuance: _____

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

Signature of Employee:	Date (mm/dd/yyyy):
------------------------	--------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

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

Signature of Preparer or Translator:		Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the Lists of Acceptable Documents, on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

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

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title:		Document Title:		Document Title:
Issuing Authority:		Issuing Authority:		Issuing Authority:
Document Number:		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:		<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: auto;"> <p>3-D Barcode Do Not Write In This Space</p> </div>		
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				

Certification

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

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions.)

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

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

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

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current employment authorization in the space provided below.

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

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

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

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

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to Section 2 of the instructions, titled "Employer or Authorized Representative Review and Verification," for more information about acceptable receipts.

Form W-4 (2016)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2016 expires February 15, 2017. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2016. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	
C	Enter "1" for your spouse. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	
(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 \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children.		
	• If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child	G	
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶ H	H	
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. 		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2016
1 Your first name and middle initial _____ Last name _____		2 Your social security number _____
Home address (number and street or rural route) _____		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code _____		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 _____ 6 \$ _____
7 I claim exemption from withholding for 2016, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ 7 _____		
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶ _____		Date ▶ _____
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

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

1 Enter an estimate of your 2016 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1952) of your income, and miscellaneous deductions. For 2016, you may have to reduce your itemized deductions if your income is over \$311,300 and you are married filing jointly or are a qualifying widow(er); \$285,350 if you are head of household; \$259,400 if you are single and not head of household or a qualifying widow(er); or \$155,650 if you are married filing separately. See Pub. 505 for details 1 \$ _____

2 Enter: { \$12,600 if married filing jointly or qualifying widow(er)
\$9,300 if head of household
\$6,300 if single or married filing separately } 2 \$ _____

3 Subtract line 2 from line 1. If zero or less, enter "-0-" 3 \$ _____

4 Enter an estimate of your 2016 adjustments to income and any additional standard deduction (see Pub. 505) 4 \$ _____

5 Add lines 3 and 4 and enter the total. (Include any amount for credits from the *Converting Credits to Withholding Allowances for 2016 Form W-4* worksheet in Pub. 505.) 5 \$ _____

6 Enter an estimate of your 2016 nonwage income (such as dividends or interest) 6 \$ _____

7 Subtract line 6 from line 5. If zero or less, enter "-0-" 7 \$ _____

8 Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction 8 _____

9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 9 _____

10 Add lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1 10 _____

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

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

1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) 1 _____

2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3" 2 _____

3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet 3 _____

Note: If line 1 is **less than** line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4 Enter the number from line 2 of this worksheet 4 _____

5 Enter the number from line 1 of this worksheet 5 _____

6 Subtract line 5 from line 4 6 _____

7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here 7 \$ _____

8 Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed 8 \$ _____

9 Divide line 8 by the number of pay periods remaining in 2016. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2016. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck 9 \$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$6,000	0	\$0 - \$9,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
6,001 - 14,000	1	9,001 - 17,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 25,000	2	17,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
25,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 75,000	5	405,001 and over	1,600		
44,001 - 55,000	6	75,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 100,000	10	140,001 and over	10				
100,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation; to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws; and to the Department of Health and Human Services for use in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



Resource.
HR solutions that fit...

Direct Deposit Authorization

Employee Name: _____

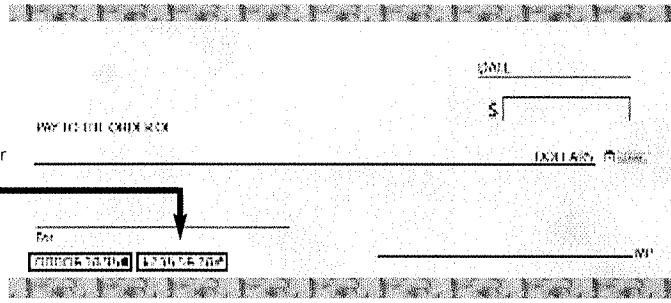
Last 4 Digits of SSN: _____ Date: _____

Employer: _____

- I choose to waive Direct Deposit Authorization (Otherwise complete Direct Deposit Authorization information below) Employees are allowed to set up a maximum of three direct deposit accounts. A maximum of three checking accounts and two saving accounts are allowed.

Account Number:
Your bank account number follows the transit number on the lower, left corner of the check (see diagram).

Transit Number:
A nine-digit number located in the lower, left corner of the check (see diagram).



Account Type	Transit/ABA Number	Account Number	Full Net Deposit	Partial Deposit (Check if partial deposit)	Amount
1. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

Send remainder as a live check.

Authorization Statement:

By signing the Direct Deposit Authorization form below you are agreeing to the following:

- I authorize my employer and the bank listed above to deposit my net pay or a portion thereof as indicated into my account each pay date.
- If funds to which I am not entitled are deposited to my account, I authorize my employer to direct the bank to return said funds to my employer.
- I understand that my deposit may not be credited to my account until midnight on the pay date indicated on the check voucher.
- I understand that it is my responsibility to ensure that my wages are being deposited correctly into my account each pay date.
- I understand that each new account will go through a pre-notification process that may take two payroll periods to complete.

Employee Signature: _____ Date: _____



LOCAL EARNED INCOME TAX RESIDENCY CERTIFICATION FORM

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change.

EMPLOYEE INFORMATION - RESIDENCE LOCATION			
NAME (Last, First, Middle Initial)			SOCIAL SECURITY NUMBER
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE		TOTAL RESIDENT EIT RATE

EMPLOYER INFORMATION - EMPLOYMENT LOCATION			
EMPLOYER NAME (Use Federal ID Name) MORTGAGE NETWORK SOLUTIONS LLC			EMPLOYER FEIN 84-1639152
FIRST LINE OF ADDRESS (If PO Box, please include actual street address)			
SECOND LINE OF ADDRESS			
CITY	STATE	ZIP CODE	PHONE NUMBER
MUNICIPALITY (City, Borough, Township)			
COUNTY	PSD CODE		MUNICIPAL NON-RESIDENT EIT RATE

CERTIFICATION	
SIGNATURE OF EMPLOYEE	DATE
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com
Select Get Local Gov Support, >Municipal Statistics



Loan Officers who are also Pennsylvania Licensed Realtors

Section 311. Fees.

(a) Certain fees prohibited.--No real estate broker or salesperson who has received a fee, commission or other valuable consideration in connection with the sale or transfer of real estate shall be paid or receive a fee or other compensation, directly or indirectly, for providing mortgage brokering services in connection with the origination of a mortgage loan relative to such sale or transfer of real estate, but such broker or salesperson may receive a fee in connection with such mortgage loan transaction which shall not exceed an amount as established by the commission pursuant to this section.

(b) Regulations.--The commission shall, within 180 days of the effective date of this subsection, promulgate rules and regulations establishing the maximum fees which a real estate broker or salesperson may charge for services rendered in connection with mortgage brokering services. Said fees shall:

- (1) Be for actual services rendered in connection with the origination of a mortgage loan.
- (2) Be expressed in terms of dollars or as a percentage of the mortgage loan being created.

(c) Formulation procedure.--Prior to the publication of any notice of proposed rulemaking under this section, the commission shall hold public hearings to afford any interested party, including the department, full opportunity to present testimony, comment thereon and make recommendations regarding the formulation of such rules and regulations. The department shall also have 30 days following the close of the hearings to submit further comments and recommendations to the commission. The procedure contained in this section shall be in addition to the requirements contained in the act of June 25, 1982 (P.L.633, No.181), known as the Regulatory Review Act, and shall not affect any right the department may have to participate in the rulemaking process following the commission's publication of proposed rules and regulations

as permitted by that act. In establishing the maximum fees allowable, the commission shall consider the nature of the services performed by the real estate broker or salesperson and the time required for the performance thereof.

(d) Licensing option.--A real estate broker or salesperson who is also a bona fide mortgage broker, mortgage banker or loan correspondent who holds himself out publicly as such shall have the option of being licensed and regulated by the department, in which case he shall not be subject to the fee limitations provided for in this section or the rules and regulations promulgated by the commission hereunder.

(e) Disclosure.--No real estate broker or salesperson shall receive a fee, commission or other valuable consideration pursuant to this section and the regulations promulgated hereunder unless he makes the following written disclosure to the buyer in at least ten-point boldface capital letters.

The real estate broker in this transaction who has offered to assist me in obtaining a mortgage loan has advised me of the following:

- (1) He does not represent any particular mortgage lender; or the name of the mortgage lender he represents is.....
- (2) I am not required to obtain the mortgage for the purchase of the real estate from the mortgage banker whom the broker represents.
- (3) The real estate broker has a fiduciary obligation to the seller, from whom he will receive a commission.
- (4) Should the real estate broker violate any of the provisions of the Real Estate Licensing and Registration Act or the Mortgage Bankers and Brokers Act I may file a complaint with the Pennsylvania Real Estate Commission

Section 316. Referral fees.

Nothing in this chapter shall permit a real estate broker or salesperson, who receives a fee, commission or other valuable consideration relating to the sale of residential real property, to be paid or receive a finder's fee or a referral fee for the referral of a mortgage loan to a lender in connection with that sale, whether or not the real estate broker or salesperson is licensed and regulated by the department.

Section 317. Real Estate Recovery Fund.

Any person injured by the wrongful act, default or misrepresentation of a person engaged in the activities of a mortgage broker who is exempt from licensure under this chapter by virtue of being licensed pursuant to the act of February 19, 1980 (P.L.15, No.9), known as the Real Estate Licensing and Registration Act, shall be entitled to seek recovery from the Real Estate Recovery Fund established by the Real Estate Licensing and Registration Act notwithstanding the fact that such wrongful act, default or misrepresentation occurred in conjunction with mortgage-brokering activities subject, however, to all other terms and conditions of the Real Estate Licensing and Registration Act regarding recovery from that fund.

The above paragraphs are taken directly from the “Mortgage Bankers and Brokers and Consumer Equity Protection Act”, Act of 1989, P.L. 687, No. 90.

I HAVE READ THE ABOVE REQUIREMENTS OF THE DEPARTMENT OF BANKING AND THE STATE REAL ESTATE COMMISSION AND WILL ADHERE TO ALL THE ABOVE.

NAME

DATE