



Name in Full/Nombre: _____
(Last Name/ Apellido) (First Name/Primer Nombre) (Middle Name/Segundo)

Street or Route/Dirección: _____

City & State/Ciudad: _____ Zip Code/Zona Postal: _____

HomePhone/Telefono: ____/____/____

Social Security Number ____/____/____ Driver's License Number ____
Seguro Social Licencia de Manejar

State Drivers License issued ____
Estado donde le dieron Licencia

Chauffeur's License Number _____ State Issued _____

Single/Soltero ___ Married/Casado ___ Resident State/Estado de Residencia _____

Birth Date/Fecha de Nacimiento ____/____/____

IN CASE OF EMERGENCY NOTIFY: En Caso de Emergencia a Quien Notificamos:

Name/Nombre _____ Telephone No./Telefono ____/____/____

Relationship/Relación _____

Address/Dirección _____

Boggs Group, Inc. is an equal opportunity employer. It is the policy of Boggs Group, Inc. to assure that employees are treated fairly regardless of race, age, religion, sex, color, national origin, disability, or veteran status. There will be equal opportunity for training, promotion and transfers.

Boggs Paving, Inc. es una compañía de igualdad de empleo sin prejuicios a color, raza, religion, sexo, y incapacidad. Habra igualdad de oportunidad para entrenamiento, promoción y transferencias.

I certify that I understand the company's Equal Opportunity Policy as state above.

Yo entiendo la Poliza de Igualdad de Empleo.

Signature/Firma _____ Date/Fecha _____

Classification _____ Pay rate _____ Supervisor _____ Position _____

DRUG FREE WORKSITE ACKNOWLEDGEMENT FORM
(Substance Abuse Policy & Drug Free Work Place Acknowledgement)

I, _____ hereby acknowledge that

The Boggs Paving, Inc. Substance Abuse Program has been reviewed and explained to me, and that I have received a copy of this company's Substance Abuse Policy.

I further acknowledge the following:

1 That I have been notified that the unlawful manufacture, distribution, dispensation, possession or use of alcohol, drugs or other controlled substances is prohibited in the company's workplace, and that violations of these prohibitions will subject me to referral to the company's EAP or termination;

2 That the company has presented its Drug Free Awareness Education program to me concerning the dangers of the drug abuse in the workplace, and the availability of the Drug Counseling, Rehabilitation and the company's EAP;

3 That as a condition of continued employment, I will abide by the Company's Substance Abuse Program, and if arrested for a violation of a criminal drug statute or DWI (Driving While Impaired), I will notify the company within 24 hours or 1 business day of the arrest.

I understand and agree to the terms and conditions for employment. I understand that the above in no way created an obligation or contract of employment and that I, as well as the company, have the right to end the employment relationship at any time.



Employee Name: _____

Social Security Number: _____

Date: _____

Signature: _____

Witness: _____

**BOGGS GROUP, INC.
URINALYSIS DRUG TESTING
CONSENT FORM**

As a condition of employment at Boggs Paving, I agree to abide by the drug-testing program, and I consent to the urine sample collection and controlled substance testing.

I understand that a positive result for a controlled substance will be cause for immediate termination. I FURTHER UNDERSTAND THAT IF I HAVE A POSITIVE TEST RESULT OR AM TERMINATED FOR ANY REASON OTHER THAN REDUCTION IN WORKFORCE, THE AMOUNT CHARGED FOR THIS TESTING WILL BE DEDUCTED FROM MY PAYCHECK.

The Medical Review Office will maintain the results of the Urinalysis test. Negative and positive results will be reported.

My written authorization is required before any results are released to other parties.

I have read and understand and agree to abide by all the conditions of the Substance Abuse Program.

Employee Name (print)

Employee Signature

Date

Witness Signature (company representative)

Date

Form W-4 (2009)

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 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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

Complete all worksheets that apply. However, you may claim fewer (or zero) 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 may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. 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. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or

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. 919 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. 919 for details.

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: B _____

- 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.

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 \$1,800 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. G _____

- If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children.
- If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) H _____

For accuracy, complete all worksheets that apply.

- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.
- If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 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.

----- Cut 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 <h1 style="font-size: 2em; margin:0;">2009</h1>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____
6 Additional amount, if any, you want withheld from each paycheck		6 \$ _____
7 I claim exemption from withholding for 2009, 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 (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)

Employee's Withholding Allowance Certificate

North Carolina Department of Revenue

PURPOSE. Complete Form NC-4 so that your employer can withhold the correct amount of State income tax from your pay.

BASIC INSTRUCTIONS. Complete the Personal Allowances Worksheet on Page 2. An additional worksheet is provided on Page 2 for employees to adjust their withholding allowances based on itemized deductions, adjustments to income, or tax credits. The worksheets will help you figure the number of withholding allowances you are entitled to claim. However, you may claim fewer allowances if you wish to increase the tax withheld during the year. If your withholding allowances decrease, you must file a new NC-4 with your employer within 10 days after the change occurs except that a new NC-4 is not required until the next year in the following cases:

- When a dependent dies during the year.
- When an individual ceases to be a dependent during the year and the support furnished will be the chief support for the year.
- When an individual ceases to be head of household after maintaining the household for the major portion of the year.

Note: Read line 3 of the certificate below to see if you can claim exempt status. If exempt, only complete the certificate; but do not complete lines 1 and 2. No State

income tax will be withheld from your pay. If claiming exempt, the statement is effective for one calendar year only and a new statement must be completed and given to your employer by next February 15.

HEAD OF HOUSEHOLD. Generally you may claim head of household 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. Note: "Head of Household" for State tax purposes is the same as for federal tax purposes.

QUALIFYING WIDOW(ER). You may claim qualifying widow(er) status only if your spouse died in either of the two preceding tax years and you meet the following requirements:

- Your home is maintained as the main household of a child or stepchild for whom you can claim an exemption; and
- You were entitled to file a joint return with your spouse in the year of your spouse's death.

Note: "Qualifying Widow(er)" for State tax purposes is the same as for federal tax purposes. Because the standard deduction used in the tax tables for married and qualifying widow(er) is \$3,000 and you are entitled to a standard deduction of \$6,000, you may elect to

claim an additional personal withholding allowance on line C of the Personal Allowances Worksheet to avoid having too much tax withheld.

MARRIED AND SPOUSE DOES NOT WORK OR HAS WAGE INCOME OF LESS THAN \$3,500. The withholding tax tables are based on both spouses earning wages during the year. If your spouse does not work or will earn wages of less than \$3,500 during the year, you may elect to complete line B of the Personal Allowances Worksheet to avoid having too much tax withheld.

TWO JOBS. If you have more than one job, figure the total number of allowances you are entitled to claim on all jobs using only one form NC-4. This total should be divided among all jobs. Your withholding will usually be most accurate when all allowances are claimed on the NC-4 filed for the higher paying job and zero allowances are claimed for the other.

NONWAGE INCOME. If you have a large amount of nonwage income, such as interest or dividends, you should consider making estimated tax payments using Form NC-40.

All NC-4 forms are subject to review by the North Carolina Department of Revenue. Your employer may be required to send this form to the North Carolina Department of Revenue.

Social Security Number _____

Marital Status

Single Head of Household Married or Qualifying Widow(er)

First Name (USE CAPITAL LETTERS FOR YOUR NAME AND ADDRESS) _____ M.I. _____ Last Name _____

Address _____ County (Enter first five letters) _____

City _____ State _____ Zip Code (5 Digit) _____ Country (If not U.S.) _____

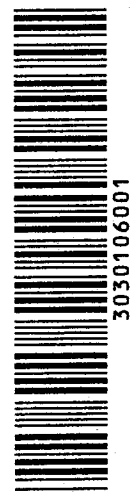
1. Total number of allowances you are claiming
(From Line F of the Personal Allowances Worksheet on Page 2) _____

2. Additional amount, if any, you want deducted from each pay period
(Enter whole dollars) _____ .00

3. I claim exemption from withholding and I certify that I meet ALL of the following conditions for exemption:

- Last year I was entitled to a refund of ALL State income tax withheld because I had NO tax liability; and
- This year I expect a refund of ALL State income tax withheld because I expect to have NO tax liability.

If you meet all of the above conditions, enter the year effective 20 and write "EXEMPT" here →



CAUTION: If you furnish an employer with an Employee's Withholding Allowance Certificate that contains information which has no reasonable basis and results in a lesser amount of tax being withheld than would have been withheld had you furnished reasonable information, you are subject to a penalty of 50% of the amount not properly withheld.

Signature _____ Date _____

I certify, under penalties provided by law, that the withholding allowances claimed on this certificate do not exceed the amount to which I am entitled.

(Employer: Complete below only if sending to the North Carolina Department of Revenue. Submit the original and keep a copy for your records.)

Employer's Name (USE CAPITAL LETTERS) _____ FEIN _____

Employer's Address _____ County (Enter first five letters) _____

City _____ State _____ Zip Code (5 Digit) _____ Country (If not U.S.) _____

