

Red River Construction Co.



Supervisors Use Only

Starting Date: _____

Rate of Pay: _____

Classifications / Circle One:

Carpenter Cement Finisher Crane Operator Equipment Operator

Finisher Foreman Form Setter Labor Common Pipe Layer

Utility Labor Welder

Workers Comp Code / Circle One:

3724 - Millwright 5102 - Steel Erection 5183 - Plumbing

5200 - Concrete 5403 - Carpentry 6219 - Excavation

7380 - Driver

Has Employee Completed:

- Red River Construction Co. Application
- I-9 Form (Please send ID's with application)
- W-4
- Red River Construction Co. Safety Instructions
- Workers Comp. Acknowledgement
- Payroll Deduction
- Arbitration Acknowledgement
- Hepatitis B Waiver
- Authorization to Conduct Background Investigation
- Drug-Free Workplace Policy
- Employee Handbook



Employment Eligibility Verification
Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 10/31/2022

▶ **START HERE: Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.**

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

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

Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>		Middle Initial	Other Last Names Used <i>(if any)</i>	
Address <i>(Street Number and Name)</i>			Apt. Number	City or Town		State ZIP Code
Date of Birth <i>(mm/dd/yyyy)</i>	U.S. Social Security Number [] [] [] - [] [] - [] [] []		Employee's E-mail Address		Employee's Telephone Number	

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

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

<input type="checkbox"/> 1. A citizen of the United States	
<input type="checkbox"/> 2. A noncitizen national of the United States <i>(See instructions)</i>	
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____	
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. <i>(See instructions)</i>	
<p><i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i></p> <p>1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____</p>	
QR Code - Section 1 Do Not Write In This Space	

Signature of Employee	Today's Date <i>(mm/dd/yyyy)</i>
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Preparer and/or Translator Certification (check one):

I did not use a preparer or translator. A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Today's Date <i>(mm/dd/yyyy)</i>	
Last Name <i>(Family Name)</i>		First Name <i>(Given Name)</i>	
Address <i>(Street Number and Name)</i>		City or Town	State ZIP Code

STOP *Employer Completes Next Page* **STOP**



Employment Eligibility Verification
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 OMB No. 1615-0047
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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 a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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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: 5px;"> Additional Information </div>		<div style="border: 1px solid black; padding: 5px; text-align: center;"> QR Code - Sections 2 & 3 Do Not Write In This Space </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		Today's Date (mm/dd/yyyy)	Title of Employer or Authorized Representative	
Last Name of Employer or Authorized Representative	First Name of Employer or Authorized Representative		Employer's Business or Organization Name	
Employer's Business or Organization Address (Street Number and Name)		City or Town	State	ZIP Code

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

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

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

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	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 report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

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

Refer to the instructions for more information about acceptable receipts.

Employee's Withholding Certificate

OMB No. 1545-0074

▶ **Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.**
 ▶ **Give Form W-4 to your employer.**
 ▶ **Your withholding is subject to review by the IRS.**

2022

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		▶ Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying widow(er) <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2–4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, when to use the estimator at www.irs.gov/W4App, and privacy.

Step 2:
Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Use the estimator at www.irs.gov/W4App for most accurate withholding for this step (and Steps 3–4); or

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below for roughly accurate withholding; or

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld . . . ▶

TIP: To be accurate, submit a 2022 Form W-4 for all other jobs. If you (or your spouse) have self-employment income, including as an independent contractor, use the estimator.

Complete Steps 3–4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3–4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependents	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 ▶ \$		
	Multiply the number of other dependents by \$500 . . . ▶ \$		
Add the amounts above and enter the total here			3 \$
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income		4(a) \$
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here		4(b) \$
	(c) Extra withholding. Enter any additional tax you want withheld each pay period . . .		4(c) \$

Step 5:
Sign Here

Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

▶ **Employee's signature** (This form is not valid unless you sign it.) ▶ **Date**

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

General Instructions

Section references are to the Internal Revenue Code.

Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to www.irs.gov/FormW4.

Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

Exemption from withholding. You may claim exemption from withholding for 2022 if you meet both of the following conditions: you had no federal income tax liability in 2021 and you expect to have no federal income tax liability in 2022. You had no federal income tax liability in 2021 if (1) your total tax on line 24 on your 2021 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2022 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2023.

Your privacy. If you prefer to limit information provided in Steps 2 through 4, use the online estimator, which will also increase accuracy.

As an alternative to the estimator: if you have concerns with Step 2(c), you may choose Step 2(b); if you have concerns with Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c). If this is the only job in your household, you may instead check the box in Step 2(c), which will increase your withholding and significantly reduce your paycheck (often by thousands of dollars over the year).

When to use the estimator. Consider using the estimator at www.irs.gov/W4App if you:

1. Expect to work only part of the year;
2. Have dividend or capital gain income, or are subject to additional taxes, such as Additional Medicare Tax;
3. Have self-employment income (see below); or
4. Prefer the most accurate withholding for multiple job situations.

Self-employment. Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at www.irs.gov/W4App to figure the amount to have withheld.

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

Specific Instructions

Step 1(c). Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

Step 2. Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

If you (and your spouse) have a total of only two jobs, you may instead check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is roughly accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount will be larger the greater the difference in pay is between the two jobs.



Multiple jobs. Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

Step 3. This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include **other tax credits** for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

Step 4 (optional).

Step 4(a). Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

Step 4(b). Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2022 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

Step 4(c). Enter in this step any additional tax you want withheld from your pay **each pay period**, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 Two jobs. If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 4. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3. 1 \$
2 Three jobs. If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
a Find the amount from the appropriate table on page 4 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a. 2a \$
b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 4 and enter this amount on line 2b. 2b \$
c Add the amounts from lines 2a and 2b and enter the result on line 2c. 2c \$
3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. 3
4 Divide the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in Step 4(c) of Form W-4 for the highest paying job (along with any other additional amount you want withheld). 4 \$

Step 4(b) – Deductions Worksheet (Keep for your records.)



- 1 Enter an estimate of your 2022 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income. 1 \$
2 Enter: { • \$25,900 if you're married filing jointly or qualifying widow(er) • \$19,400 if you're head of household • \$12,950 if you're single or married filing separately } 2 \$
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-" 3 \$
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information. 4 \$
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4. 5 \$

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 with no other entries on the form; 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.

Married Filing Jointly or Qualifying Widow(er)

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$110	\$850	\$860	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,770	\$1,870
\$10,000 - 19,999	110	1,110	1,860	2,060	2,220	2,220	2,220	2,220	2,220	2,970	3,970	4,070
\$20,000 - 29,999	850	1,860	2,800	3,000	3,160	3,160	3,160	3,160	3,910	4,910	5,910	6,010
\$30,000 - 39,999	860	2,060	3,000	3,200	3,360	3,360	3,360	4,110	5,110	6,110	7,110	7,210
\$40,000 - 49,999	1,020	2,220	3,160	3,360	3,520	3,520	4,270	5,270	6,270	7,270	8,270	8,370
\$50,000 - 59,999	1,020	2,220	3,160	3,360	3,520	4,270	5,270	6,270	7,270	8,270	9,270	9,370
\$60,000 - 69,999	1,020	2,220	3,160	3,360	4,270	5,270	6,270	7,270	8,270	9,270	10,270	10,370
\$70,000 - 79,999	1,020	2,220	3,160	4,110	5,270	6,270	7,270	8,270	9,270	10,270	11,270	11,370
\$80,000 - 99,999	1,020	2,820	4,760	5,960	7,120	8,120	9,120	10,120	11,120	12,120	13,150	13,450
\$100,000 - 149,999	1,870	4,070	6,010	7,210	8,370	9,370	10,510	11,710	12,910	14,110	15,310	15,600
\$150,000 - 239,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	16,830
\$240,000 - 259,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	15,340	16,540	17,590
\$260,000 - 279,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	12,940	14,140	16,100	18,100	19,190
\$280,000 - 299,999	2,040	4,440	6,580	7,980	9,340	10,540	11,740	13,700	15,700	17,700	19,700	20,790
\$300,000 - 319,999	2,040	4,440	6,580	7,980	9,340	11,300	13,300	15,300	17,300	19,300	21,300	22,390
\$320,000 - 364,999	2,100	5,300	8,240	10,440	12,600	14,600	16,600	18,600	20,600	22,600	24,870	26,260
\$365,000 - 524,999	2,970	6,470	9,710	12,210	14,670	16,970	19,270	21,570	23,870	26,170	28,470	29,870
\$525,000 and over	3,140	6,840	10,280	12,980	15,640	18,140	20,640	23,140	25,640	28,140	30,640	32,240

Single or Married Filing Separately

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$400	\$930	\$1,020	\$1,020	\$1,250	\$1,870	\$1,870	\$1,870	\$1,870	\$1,970	\$2,040	\$2,040
\$10,000 - 19,999	930	1,570	1,660	1,890	2,890	3,510	3,510	3,510	3,610	3,810	3,880	3,880
\$20,000 - 29,999	1,020	1,660	1,990	2,990	3,990	4,610	4,610	4,710	4,910	5,110	5,180	5,180
\$30,000 - 39,999	1,020	1,890	2,990	3,990	4,990	5,610	5,710	5,910	6,110	6,310	6,380	6,380
\$40,000 - 59,999	1,870	3,510	4,610	5,610	6,680	7,500	7,700	7,900	8,100	8,300	8,370	8,370
\$60,000 - 79,999	1,870	3,510	4,680	5,880	7,080	7,900	8,100	8,300	8,500	8,700	8,970	9,770
\$80,000 - 99,999	1,940	3,780	5,080	6,280	7,480	8,300	8,500	8,700	9,100	10,100	10,970	11,770
\$100,000 - 124,999	2,040	3,880	5,180	6,380	7,580	8,400	9,140	10,140	11,140	12,140	13,040	14,140
\$125,000 - 149,999	2,040	3,880	5,180	6,520	8,520	10,140	11,140	12,140	13,320	14,620	15,790	16,890
\$150,000 - 174,999	2,040	4,420	6,520	8,520	10,520	12,170	13,470	14,770	16,070	17,370	18,540	19,640
\$175,000 - 199,999	2,720	5,360	7,460	9,630	11,930	13,860	15,160	16,460	17,760	19,060	20,230	21,330
\$200,000 - 249,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$250,000 - 399,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,310
\$400,000 - 449,999	2,970	5,920	8,310	10,610	12,910	14,840	16,140	17,440	18,740	20,040	21,210	22,470
\$450,000 and over	3,140	6,290	8,880	11,380	13,880	16,010	17,510	19,010	20,510	22,010	23,380	24,680

Head of Household

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$760	\$910	\$1,020	\$1,020	\$1,020	\$1,190	\$1,870	\$1,870	\$1,870	\$2,040	\$2,040
\$10,000 - 19,999	760	1,820	2,110	2,220	2,220	2,390	3,390	4,070	4,070	4,240	4,440	4,440
\$20,000 - 29,999	910	2,110	2,400	2,510	2,680	3,680	4,680	5,360	5,530	5,730	5,930	5,930
\$30,000 - 39,999	1,020	2,220	2,510	2,790	3,790	4,790	5,790	6,640	6,840	7,040	7,240	7,240
\$40,000 - 59,999	1,020	2,240	3,530	4,640	5,640	6,780	7,980	8,860	9,060	9,260	9,460	9,460
\$60,000 - 79,999	1,870	4,070	5,360	6,610	7,810	9,010	10,210	11,090	11,290	11,490	11,690	12,170
\$80,000 - 99,999	1,870	4,210	5,700	7,010	8,210	9,410	10,610	11,490	11,690	12,380	13,370	14,170
\$100,000 - 124,999	2,040	4,440	5,930	7,240	8,440	9,640	10,860	12,540	13,540	14,540	15,540	16,480
\$125,000 - 149,999	2,040	4,440	5,930	7,240	8,860	10,860	12,860	14,540	15,540	16,830	18,130	19,230
\$150,000 - 174,999	2,040	4,460	6,750	8,860	10,860	12,860	15,000	16,980	18,280	19,580	20,880	21,980
\$175,000 - 199,999	2,720	5,920	8,210	10,320	12,600	14,900	17,200	19,180	20,480	21,780	23,080	24,180
\$200,000 - 449,999	2,970	6,470	9,060	11,480	13,780	16,080	18,380	20,360	21,660	22,960	24,250	25,360
\$450,000 and over	3,140	6,840	9,630	12,250	14,750	17,250	19,750	21,930	23,430	24,930	26,420	27,730

SAFETY INSTRUCTIONS FOR RED RIVER CONSTRUCTION

It is the policy of Red River Construction and its management to provide a safe working place for its employees. These rules have been designed for the welfare and safety of all employees. It is your finger, limb, eye and life that we are concerned about. These are irreplaceable. Your means of livelihood is diminished or, worse, destroyed, when you are disabled. These safety rules are to help protect you.

The following safety rules are to be adhered to while employed by Red River Construction:

1. Accidents or injuries, no matter how minor, must be reported to the foreman or superintendent for immediate treatment or first aid to prevent serious infection or complication.
2. Hard hats are to be worn by all personnel and visitors at all times.
3. Safety goggles shall be worn when hammering, sawing on metal or concrete, chipping, welding, grinding, working in dusty places, handling of acids, peening, and other operations where eye injuries may result.
4. Ear protection in the form of ear muffs or approved ear plugs will be worn on all high noise level jobs as directed. Cotton or waste will not be used as ear plugs.
5. Approved respirators are to be used when conditions warrant.
6. Foot protection (shoes) must be work wise and in serviceable conditions for the work to which the employee is assigned.
7. Gloves with leather palms shall be worn when handling rough edge or abrasive material when the work subjects hands to lacerations, puncturing, or burns. Other hand protection may be designated by the job superintendent or foreman.
8. Employees working around moving equipment shall be required to wear safe clothing. Employees are cautioned about the danger of loose clothing, rings, bracelets, and jewelry around moving equipment. All employees shall wear a shirt on the job.
9. The use of gasoline is prohibited for the cleaning of equipment or tools or for starting fires. Small quantities of gasoline must be transported only in approved safety containers. Gasoline engines must be shut off when refueling.
10. NO SMOKING rules must be observed in posted areas.
11. Tampering with or unauthorized removal of fire extinguishers from assigned locations, is prohibited.
12. Compressed gas or air is not to be used for dusting off clothes or cleaning equipment. Compressed gas cylinders, whether empty or full, shall not be allowed to accumulate in the work area. They shall be stored in an upright position and will either be tied off or in racks. Compressed gas cylinders shall have caps in place, except when in use and shall not be handled by slings or magnets.
13. Seat belts shall be worn in all moving vehicles when they leave the jobsite.
14. No employee other than the operator shall ride on any trucks, loaders, shovels, or other moving equipment unless specifically authorized to do so. No employee shall operate any machinery, equipment, or tool, unless he has been properly instructed in its use, and is thoroughly familiar with all details of its operation. The operation of any company equipment, without proper authorization, is prohibited.
15. All switches and/or drives on machinery shall be shut down before cleaning, greasing, oiling, or making adjustments and repairs.
16. All machine guards shall be kept in place while machinery is in operation. Tampering with machine guards is prohibited, and any removal requires the prior approval of a responsible supervisor. All guards are to be promptly replaced after the repair work that necessitated their removal has been completed.

17. Hand tools shall not be used for any other purpose than that intended. Tools, equipment, machinery, and areas are to be maintained in a clean and safe manner. Defects and unsafe conditions shall be reported to your foreman.
18. No employee shall remove a cover or guard rail from any floor opening without specific authority from his supervisor. Barricades or proper flagging shall be used when removed.
19. Employees are not permitted to use or possess any intoxicants on company property or to be under the influence of any intoxicants or drugs.
20. Nails are to be removed or bent down from disassembled lumber as soon as possible.
21. Horseplay, including reckless driving of vehicles or equipment, will not be tolerated.
22. Common sense, health and sanitation rules must be observed for the welfare and consideration of other employees.
23. Proper lifting procedures (back as straight as possible and with knees bent) shall be practiced. If the load is too heavy to lift safely, GET HELP!
24. Electric power operated tools shall be properly grounded before being put into operation.
25. Unstable objects, such as barrels, boxes, loose bricks or concrete blocks, shall not be used to support scaffolding or planks.
26. Any employee observing an unsafe condition shall report the said condition to his/her immediate foreman or supervisor.
27. Any questions regarding safety shall be directed to supervision.
28. All posted safety rules shall be obeyed and shall not be defaced or removed except by management's authorization.
29. While in the workplace during work hours, workers are expected to focus on work and may not use any device on the workplace for engaging in personal conversations, playing games, surfing the internet, checking email and sending or receiving text messages.
30. While operating a company owned vehicle, workers may not answer a communication device unless and until they pull over in a safe spot (or let a passenger answer the call).

I have read and agree to the above safety instructions and rules set forth by Red River Construction. I have been instructed in the proper use of ladders and stairways. Deliberate violations of these rules are sufficient cause for disciplinary action and dismissal.

Employee _____

Date _____

Employee Acknowledgment of Workers' Compensation Network

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859-5995 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

Signature

Date

Printed Name

I live at:

Street Address

City

State

Zip Code

Name of Employer: _____

Name of Network: *Texas Star Network*®

Network service areas are subject to change. Call (800) 381-8067 if you need a network treating provider.

Please indicate whether this is the:

- Initial Employee Notification
- Injury Notification (Date of Injury: ____/____/____)

DO NOT RETURN THIS FORM TO TEXAS MUTUAL INSURANCE COMPANY UNLESS REQUESTED

PAYROLL DEDUCTION AUTHORIZATION

TO: MANAGEMENT OF RED RIVER CONSTRUCTION CO.

Please accept this as your authorization to deduct from my payroll check any amount for misplaced, damaged or stolen tools, equipment, company issued cell phones or computers, material, and supplies that were assigned to me. This agreement will remain in full force and effect until termination either by my written request or upon termination of my employment.

Dated: _____

(Signature)

(Printed or Typed Name)

Arbitration Acknowledgement

As a condition of my employment with the Red River Construction Co., I agree to submit any controversy or claim arising out of or relating to my employment or termination of employment with Red River Construction Co. to Red River Construction Co. Alternative Dispute Resolution Program which includes , if necessary, settlement by arbitration in accordance with the American Arbitration Association Rules regarding resolution of employment disputes, and judgment upon the award rendered by the arbitrator (s) may be entered by any court having jurisdiction thereof. I understand and agree that the Red River Construction Alternative Dispute Resolution Program will be my sole and exclusive remedy for resolving all work-related controversies or claims with Red River Construction Co.

Signature

Date

HEPATITIS B WAIVER

To: RED RIVERCONSTRUCTION CO.

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time.

_____ I have had previous vaccination

_____ I have not had vaccination

I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name:

Signature:

Witnessed by:

AUTHORIZATION TO CONDUCT BACKGROUND INVESTIGATION

It may become necessary for Red River Construction Co. to conduct a background investigation of an Applicant/Employee. There are situations in which the Company's insurers and owners require such an investigation to be conducted, and employment situations may arise in which the Company deems it advisable to conduct such an investigation.

The Applicant/Employee recognizes that as part of the employment application, he/she authorized the Company to investigate any and all statements contained in the application and granted consent to the Company to conduct any checks regarding his/her background which are deemed necessary, advisable, or helpful by the Company. Furthermore, a background investigation may be necessary after an Applicant/Employee has been hired by the Company. The Applicant/Employee acknowledges that in conducting the background investigation, the Company may seek information from outside sources. To facilitate the release of information to the Company in the event of a background check, the Applicant/Employee hereby authorizes any governmental or reporting agency to release any information to the Company. The background check may include, but is not limited to, driving history, police and/or criminal records, or credit reports. The Applicant/Employee specifically gives his/her authorization to the Company to perform a credit background check pursuant to the Fair Credit Reporting Act, 15 U.S.C. § 1681b, et seq.

The Applicant/Employee hereby completely releases and forever discharges the Company and any person or entity that the Company might contact in its performance of the background check from any and all possible liability as a result of its having conducted a background check of Applicant/Employee, including, but not limited to, claims of a refusal to hire, defamation, or tortious use of information that might be obtained in such background check.

The Applicant/Employee understands that if he/she refuses to execute this Authorization, the Company is under no obligation to consider the employment application further. By executing this document, the Applicant/Employee hereby consents to the release of any information obtained in the background investigation to Charter, its agents, insurance agent, and insurance companies.

The Applicant/Employee hereby certifies that he/she has read the above and foregoing, and that he/she is signing this Authorization form voluntarily.

Applicant/Employee

Date

Printed Name of Applicant/Employee

Drug-Free Workplace Policy

INTRODUCTION

In response to federal requirements for drug-free workplaces, and in keeping with Red River Construction Co.'s concern for the health and safety of its workforce, the following Drug-Free Workplace Policy has been instituted.

This Policy certifies the companies intent to maintain a drug-free workplace. The first section describes the prohibitions of this policy such as the manufacture, distribution, sale, possession or use of controlled substance in the workplace.

In addition, this policy creates a Drug Awareness Program that provides information on the dangers of workplace drug use to all employees as well as information about available private and community treatment facilities. The last section of this policy lists the disciplinary actions that employees will face for any violation of Red River Construction Co.'s Drug-Free Workplace Policy. Finally, an employee acknowledgement must be signed and dated by each employee who receives a copy of this policy.

The Drug-Free Workplace Act specifically requires Red River Construction Co. to notify each employee that, as a condition of employment, each employee must:

- Comply with the company's Drug-Free Workplace Policy; and
- Notify Red River Construction Co. of any conviction for a drug related offense committed in the workplace within five (5) days of the conviction.

Any employee who violates this company policy will be subject to disciplinary action up to and including termination of employment.

PROHIBITIONS

Red River Construction Co.'s Drug-Free Workplace Policy prohibits employees from engaging in any of the following activities:

1. Use, possession, manufacture, distribution, dispensation or sale of illegal drugs on company premises or company business, in company supplied vehicles, or during working hours.
2. Unauthorized use or possession, or any manufacture, distribution, dispensation or sale of a controlled substance on company premises or while on company business or while in company supplied vehicles.
3. Storing in a locker, desk, automobile or other repository on company premises any controlled substance whose use is unauthorized.
4. Being under the influence of a controlled substance on company premises or while on company business, or while in company supplied vehicles.
5. Any possession, use, manufacture, distribution, dispensation or sale of illegal drugs off company premises that adversely affects the individuals work performance, their own or the safety of others at work, or the company's regard or reputation in the community.

6. Failure to adhere to the requirements of any drug treatment or counseling program in which the employee is enrolled.
7. Failure to notify Red River Construction Co. of any conviction under criminal drug statutes for a workplace offense within five (5) days of the conviction.
8. Refusal to sign a statement to abide by Red River Construction Co.'s Drug-Free Workplace Policy.

AUTHORIZED USE OF PRESCRIBED MEDICINE

An employee undergoing prescribed medical treatment with any drug which may alter their physical or mental ability must report this treatment to his/her Supervisor who will determine whether temporary change in the employee's job assignment is warranted during the period of treatment.

DRUG AWARENESS PROGRAM

To assist employees and their families to understand and avoid the perils of drug abuse, Red River Construction Co. has developed a comprehensive Drug Awareness Program. The company uses this program in an educational effort to prevent and eliminate drug abuse that may affect the workplace.

The Drug Awareness Program will inform employees about:

- Dangers of drug abuse in the workplace,
- Red River Construction Co.'s Drug-Free Workplace Policy,
- Availability of treatment and counseling for employees who voluntarily seek such assistance, and
- Disciplinary actions for violations of Red River Construction Co.'s Drug-Free Workplace Policy.

Employees of Red River Construction Co. are our most valuable resource and, for that reason, their health and well being of our employees or threatens our business will not be tolerated. The use of illegal drugs and abuse of other controlled substances on or off duty tend to be less productive, less reliable, and prone to greater absenteeism. This, in turn, can result in increased costs, delays and risks to Red River Construction Co.'s business.

Drug use in the workplace puts the health and safety of the abuser and all other workers around the at increased risk. Employees have the right to work in drug-free environment. In addition, drug abuse inflicts a terrible toll on the nations productive resources and the health and well- being of American workers.

Early recognition and treatment of drug abuse is important for successful rehabilitation. Whenever feasible, Red River Construction Co. will assist employees in overcoming drug abuse by providing information on treatment opportunities and programs. However, the decision to seek diagnosis and accept treatment for drug abuse is primarily the individual employee's responsibility.

Employees with drug abuse problems should request assistance from management. Red River Construction Co. will treat all such requests confidentially and will refer the employee to the appropriate treatment and counseling services. Employees who voluntarily request Red River Construction Co.'s assistance in dealing with a drug abuse problem may do so without jeopardizing their continued

employment, provided they strictly adhere to the terms of their treatment and counseling program. At a minimum, these terms include the immediate cessation of any use of drugs, and participation, where required by a program, in periodic unannounced testing for a twenty-four (24) month period following enrollment in the program.

Voluntary requests for assistance from employees will not, however, prevent disciplinary action for violation of Red River Construction Co.'s Drug Free Workplace Policy.

Red River Construction Co. has instituted a zero-tolerance level program. Red River Construction Co. is committed to maintaining a safe workplace free from the influence of drugs. All employees are hereby notified that Red River Construction Co. will comply with the requirements of the Drug-Free Workplace Act of 1988, and all applicable regulations issued thereunder, as well as, when applicable, any more stringent rules created by other federal agencies.

Red River Construction Co.'s Drug Awareness Program does not create an employment contract between the employer and employee. Furthermore, Red River Construction Co. has the sole right to modify the policy and program at any time.

DRUG SCREENING PROCEDURES

Red River Construction Co. will use drug testing in the following circumstances:

- **Pre-employment** – Upon applying for employment with Red River Construction Co., an applicant will be required to sign a pre-employment consent form authorizing a drug screening test by Red River Construction Co. The refusal of the applicant to submit to the drug screening test will constitute voluntary withdrawal of the application for employment. The Applicant may begin work prior to receipt of the test results by Red River Construction Co.; however, if a positive test result indicating drugs is received, the applicant will be put on automatic suspension until a second screening is performed. If the result of the second screening is positive, the applicant will be determined.
- **Post Accident** – Drug testing will be performed after each accident that meets the following criteria:
 - a. The accident involves a lost time injury; or
 - b. The accident is recordable per OSHA standards; or
 - c. In the view of the Supervisor or management, the accident was caused by drug or alcohol related circumstances.
- **Reasonable Suspicion** – If a Supervisor or management has reasonable suspicion that an employee may be abusing drugs or alcohol, he may request the employee to submit to a drug test. Refusal to submit to the test will result in disciplinary action, up to and including discharge, at the company's sole discretion.

DISCIPLINARY ACTIONS

1. A violation of Red River Construction Co.'s Drug Free Workplace Policy is subject to disciplinary action, up to and including termination of employment, at the company's sole discretion.
2. In addition to any disciplinary action, the company may, in its sole discretion, refer the employee to a treatment and counseling program for drug abuse. Employees referred to such a program by the company must immediately cease any drug use., may be subject to periodic unannounced testing for a period of twenty-four (24) months, and must comply with all other conditions of the treatment and counseling program. Red River Construction Co. shall determine whether an employee it has referred for drug treatment and counseling should be temporarily reassigned to another position for safety reasons.
3. Red River Construction Co. will promptly terminate any employee who tests positive for drugs while undergoing treatment and counseling for drug abuse.

NOTICE TO ALL PERSONNEL OF DISCIPLINARY POLICY

This is a formal notice of Red River Construction Co.'s intent to take disciplinary action, up to and including termination of employment, against any employee who violates Red River Construction Co.'s Drug -Free Workplace Policy.

Red River Construction Co.'s Drug-Free Workplace Policy prohibits the use, sale, distribution, manufacture or possession of all controlled substances as listed in Schedules I through V Section 202 of the Controlled Substance Act (21 U.S.C. 812).

Company policy also prohibits the performance of work or presence at any company building, facility, equipment or work area/site while under the influence of a controlled substance.

DISCIPLINARY ACTION

- 1st Offense** Suspension for five (5) working days without pay to immediate termination.
- 2nd Offense** Immediate termination

**Red River Construction Co.
Drug-Free Workplace Policy Employee Acknowledgment**

Read and Sign Immediately

I acknowledge, understand, and/or agree that:

- I have received a copy of the Drug-Free Workplace Policy for Employees of Red River Construction Co.
- I have carefully and thoroughly read the Drug-Free Workplace Policy for Employees of Red River Construction Co.
- I understand the requirements of the Drug-Free Workplace Policy for Employees of Red River Construction Co. and agree, without reservation, to follow this policy.
- I authorize Red River Construction Co. to conduct a drug screening test as a requirement of employment.
- I understand that refusal to submit to the drug screening test will constitute voluntary withdrawal of my application for employment.

Employees' Name Printed _____

Location/Department _____

Employee's Signature _____

Date Signed _____

Authorized Witness _____

Red River Construction Co.
Acknowledgment of Receipt and Understanding

Read and Sign Immediately

I understand and/or agree that:

- The statements contained in the Information Handbook for Employees of Red River Construction Co. are intended to serve as general information concerning Red River Construction Co. and its existing policies, procedures, practices of employment and employee benefits.
- Nothing contained in the Information Handbook for Employees of Red River Construction Co. is intended to create (nor shall be construed as creating) a contract of employment (express or implied) or guarantee employment for a definite or indefinite term.
- From time to time Red River Construction Co. may need to clarify, amend and/or supplement the information contained in the Information Handbook for Employees of Red River Construction Co. and that the company will inform me when changes occur.
- I have received and reviewed a copy of the Information Handbook for Employees of Red River Construction Co., have read and understand the information outlined in the handbook, have asked any questions I may have concerning its contents and will comply with all policies and procedures to the best of my ability.

Employee's
Signature _____

Date _____

Location _____

Authorized Witness _____