

Employee's Withholding Certificate

▶ **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 _____	
	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.)	

▶ **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.

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) _____
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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 (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number □□□□ - □□ - □□□□		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 (mm/dd/yyyy)
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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 (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





Employment Eligibility Verification
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 U.S. Citizenship and Immigration Services

USCIS
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 Expires 10/31/2022

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; min-height: 150px;"> Additional Information </div>	
Issuing Authority		
Document Number		
Expiration Date (if any) (mm/dd/yyyy)		
Document Title	<div style="border: 1px solid black; padding: 5px; min-height: 100px;"> QR Code - Sections 2 & 3 Do Not Write In This Space </div>	
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 Office Manager	
Last Name of Employer or Authorized Representative		First Name of Employer or Authorized Representative	Employer's Business or Organization Name Pioneer Texas LLC	
Employer's Business or Organization Address (Street Number and Name) 2554 MacArthur View		City or Town San Antonio	State TX	ZIP Code 78217

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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CONFIDENTIAL

Background Check Authorization

Print Name: _____
(First) (Middle) (Last)

Former Name(s) and Dates Used: _____

Current Address Since: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Previous Address From: _____
(Mo/Yr) (Street) (City) (Zip/State)

Social Security Number: _____ DOB: _____

Telephone Number: _____

Drivers License Number/State: _____

The information contained in this application is correct to the best of my knowledge.

I hereby authorize Pioneer Texas LLC and its designated agents and representatives to conduct a comprehensive review of my background causing a consumer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; credit reports, current and previous residences; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency to divulge any and all information, verbal or written, pertaining to me, to Pioneer Texas LLC or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources, Pioneer Texas LLC and its designated agents and representatives shall maintain all information received from this authorization in a confidential manner in order to protect the applicants personal information, including, but not limited to, addresses, social security numbers, and dates of birth.

Signature: _____ Date: _____

Notice to California, Minnesota and Oklahoma Residents:

Please check the box below if you wish to receive a copy of a consumer report that is requested.

I wish to receive a copy of any Background Check Report on me that is requested.



Self-Certification of COVID-19 Vaccine Status

At Pioneer Texas, the health and well-being of our employees is of primary importance. The Company continues to strive to maintain a workplace that is free from recognized hazards and to promote the health and well-being of our employees, visitors, and the clients we serve. As part of this effort, the company has implemented certain safety protocols. Consistent with certain state, CDC, and OSHA guidance, those employees who have been fully vaccinated against COVID-19 will be excused from some of these protocols. For this reason, the Company is requesting that you provide us with your COVID-19 vaccination status.

The purpose of this inquiry is needed as some properties we currently service, or will provide service to in the future, may require that only those individuals who are "fully vaccinated" to enter the building and or suites and therefore we will need to provide them with such documentation.

When responding to this inquiry, please note that you are required to provide accurate information about your vaccination status, or you may decline to provide your vaccination status. If you decline to provide information about your vaccination status, we will assume you are unvaccinated for purposes of rules or requirements in the workplace that are different for fully vaccinated or unvaccinated persons.

Also, in response to this inquiry about whether you have been vaccinated, **provide no more information than what is contained on a COVID-19 Vaccination Record Card (i.e., if you have been vaccinated, the provider that administered your vaccine; which vaccine you received; and date(s) on which it was administered).** Please do not submit any additional medical or family history information in response to the Company's inquiry, including a reason for deciding to be vaccinated or not to be vaccinated.

All information provided will be maintained in compliance with all applicable law.

Declaration of COVID-19 Vaccine Status

Employee Name: _____

Vaccine Status:

Fully Vaccinated: Vaccine Manufacturer _____; Dates of Doses: _____

Partially Vaccinated: Vaccine Manufacturer _____; Date of Dose; _____

Not Yet Vaccinated, but COVID-19 Appointment is scheduled

Not yet Vaccinated

Decline to Answer

I understand I am required to provide accurate information in response to the questions above and that failure to do so may result in disciplinary action. By signing below, I certify that I have accurately and truthfully answered the questions above. I also understand that if I stated that I am fully vaccinated, Pioneer Texas may request documentation of my vaccination status (e.g., a copy of my vaccine card). I also understand that if I do not follow the required safety protocols with my vaccination status, I am subject to disciplinary action, up to and including termination.

Employee Signature

Date

Employee Direct Deposit Authorization

Instructions

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1

Account 1 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

Percentage or dollar amount to be deposited to this account: _____

Account 2 (remainder to be deposited to this account)

Account 2 type: Checking Savings

Bank routing number (ABA number): _____

Account number: _____

attach a voided check for each account here

Authorization (enter your company name in the blank space below) _____

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____ Employee ID #: _____

Print name: _____ Date: _____



Non-Disclosure Agreement

This agreement applies to the signed, _____, associated with Pioneer Texas, LLC. All data, materials, knowledge and information generated through, orientating from, or having to do with the company or persons associated is to be considered privileged and confidential and is not to be disclosed to any third party. This includes, but is not limited to, forms, information, policies, resources, contracts, contacts, conversations, procedures, staff information, is confidential and the sole property of Pioneer Texas, LLC.

In addition, this also includes, but is not limited to, any information of, or relating to, our staff, clients, operations and activities. This privilege extends to all forms and formats in which the information is maintained and stored, including, but not limited to, hardcopy, photocopy, microform, automated, and/or electronic form. Client information is not to be disclosed to any third party, under any circumstances, without written consent of Pioneer Texas, LLC.

Any disclosure, misuse, copying, or transmitting of any material, data, or information, whether intentional or unintentional, will be subject to disciplinary action, prosecution, monetary damages according to the procedures set by Pioneer Texas, LLC and any applicable laws. The signee below has read through with full understanding and acknowledges his/her agreement to the aforementioned terms.

Name (Print)

Signature

Date



CLOCKSHARK APP

Pioneer Texas uses the Clockshark App to track hours and process Payroll. Once you clock in or clock out, ClockShark will record your GPS location and that information will be available to your employer along with your timesheet. Please be aware that ClockShark will report any employees clocking in and out who are outside the designated GPS area assigned to each building location. If there are any discrepancies on your timesheet of where you clocked in or clocked out, your time will be adjusted to match with your actual GPS arrival time captured in ClockShark. **Please understand, that ClockShark does not track your location when you are off the clock or on a break.** It is important that you keep track of your hours and are clocking in & out for each of your shifts. If you forget to clock IN or OUT, please notify the Office Manager so you can be properly clocked IN or Out. Should you have any questions or issues with ClockShark please contact the Office Manager.

Your ClockShark Account will be set up once the Office Manager receives your email. The email address you provide will be your username. Your password will be: **Pioneer321!**

You may change the password once you are logged in. Please contact the Office Manager at (210)569-2156 if you need your password to be reset.

HELPFUL TIPS

To ensure the ClockShark App is tracking and recording your time correctly, please make sure you do the following:

- ❖ Allow ClockShark to access your location “always” – This is done under “settings” in your phone → Find and click on the ClockShark app → click on “Location” and select “always”
- ❖ Ensure that your “precise location” is toggled/switched on – Go to “settings” on your phone → Find and click on the ClockShark app → click on “Location” and ensure “precise location” is on
- ❖ Avoid using “low power” mode while using the app.

CLOCKSHARK APP ACKNOWLEDGEMENT



I, _____, acknowledge that I have received and read a copy of the ClockShark App Company policy and ClockShark App handbook. I understand that using this application is nonnegotiable and is a requirement of working with Pioneer Texas, LLC to properly track my working hours. I also agree to have my GPS tracking system always working on my phone during working hours so that I can be tracked for proper placement of my work duties. I agree to clock in and out every day at work and not at home, on my way to or from work or any other area that is outside the GPS area assigned to my work location. If there are any discrepancies on my time sheet of where I clocked in or out, I know that my time will be adjusted to match the actual arrival time captured in ClockShark. If I forget to clock in or out, I understand that I am to notify the Office Manager so I can be properly clocked in or out. I am aware that when I am clocked out or on a break in ClockShark that my location is not being tracked. Should I have any questions about this information or the ClockShark App and or handbook, I am encouraged to reach out to my supervisor or the Office Manager.

Employee Name (Print)

Office Manager Signature

Employee Signature

Date