



Papenfuss Trucking **EMPLOYEE** APPLICATION

1271 Highway 10 West • Detroit Lakes, MN 56501



Please Print: **Application For Employment**

PERSONAL INFORMATION

Date: ____/____/____
 Name: (Last) _____ (First) _____ (Middle) _____
 Present Address: (must have 3 years of address listed) _____
 Previous Address: _____
 Previous Address: _____
 Phone Number: _____ Email Address: _____
 Are you legally authorized to work in the U.S. Yes No Are You Under The Age Of 18? Yes No
 If Hired, Can You Furnish Proof That You Are Legally Permitted To Work In The U.S.? Yes No
 Referred By: Advertisement Friend Walk-in Relative Employment

Case of Emergency notify: _____ Relationship: _____
 Home phone number: (____) _____ - _____ Work phone number: (____) _____ - _____

EMPLOYMENT DESIRED

Position: _____ Date You Can Start: _____ Salary Desired: _____
 Are You Employed Now? Yes No If So, May We Inquire Of Your Present Employer: Yes No
 Type Of Employment You Are Seeking: Regular Part-Time
 Temporary - From _____ To _____

EDUCATION

	Name And Location Of School	The Last Year Completed				Did You Graduate	Subjects Studied And Degree(s) Received
High School		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade, Business Or Correspondence School		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College		1	2	3	4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

What Business Machines Can You Operate:
 Calculator/Adding Machine Cash Register Computer Type WPM _____

Special Skills Or Experience?

What Foreign Languages Do You Speak Fluently?

Complete All Marked Areas

FORMER EMPLOYERS

List Below Last Three Employers, Starting With The Last One First

<i>Date: Month and Year</i>	<i>Name, Address and Telephone Number of Employer</i>	<i>Last Pay Rate</i>	<i>Position</i>	<i>Immediate Supervisor</i>	<i>Reason For Leaving</i>
<i>From:</i>					
<i>To:</i>					
<i>From:</i>					
<i>To:</i>					
<i>From:</i>					
<i>To:</i>					

REFERENCES

Give Below The Name Of Three Persons Not Related To You, Whom You Have Known At Least One Year

<i>Name</i>	<i>Address</i>	<i>Business</i>	<i>Telephone</i>

PHYSICAL RECORD

Are you able to perform the essential functions of the job? Yes No

What other qualifications should be considered? _____

This application was completed by me, all entries upon it and information in it are true and complete to the best of my knowledge. Any false or misleading information furnished by me on this application or other required documents or in connection with my application shall result in denial of employment or, if employed by PRO Resources Corporation, the termination of my employment. PRO Resources Corporation has my consent to make a thorough investigation on my background, including my past employment, references furnished, education and any other activities, and I release all persons, firms or entities supplying such information from any and all liability and damages on account of supplying such information. I further agree to indemnify PRO Resources Corporation against any and all liability that may result from making such an investigation.

I also acknowledge and understand that I am applying for employment with PRO Resources Corporation, that if hired I will be an employee of PRO Resources Corporation, and that I can be terminated at any time with or without cause. I understand and agree that if I am employed by PRO Resources Corporation, as a condition of my employment with PRO Resources Corporation, PRO Resources Corporation has the right to transfer my services to any available position, therefore, I agree to accept a position that I am qualified to perform. In the event that training may be needed, I agree to participate in any training that may be necessary to satisfy the position. I further agree that I will abide by all the rules, regulations and policies of PRO Resources Corporation and that failure to do so may be cause for termination. I further agree that in the event I am advanced any money by PRO Resources Corporation or any of its subscribers, and fail to make payment as agreed, PRO Resources Corporation may deduct the amount unpaid from any wage I may have coming.

Applicant Signature: _____ **Date:** _____

Interviewed By: _____ *Date:* _____

Applicant Should Be Sent To: _____



Stop here unless you have been hired!



INJURY REPORTING REQUIREMENTS
RETURN – TO – WORK
POLICY

It is our goal to maintain a safe workplace for our employees. When an injury does occur, proactive measures help speed recovery and minimize expenses. It is YOUR responsibility to report the injury to your supervisor AND to PRO Resources within 8 hours of the incident. At that time, effective claims management processes and loss prevention measures are initiated in order to provide the best service to the injured employee and your company.

PRO promotes a Return-To-Work Program within medical guidance as a component of the treatment plan. If the injury results in a prolonged absence from work, we will coordinate Return-To-Work options that are medically appropriate. The priority is always Return-To-Work with your company but if appropriate accommodations are not feasible, then transitional assignments may be offered within the community.

The success of this program is the responsibility of everyone in the company from top management to every employee. Again, it is the employee's responsibility to:

- 1) Report incidents and injuries to your supervisor within 8 hours of occurrence
- 2) Reports incidents and injuries to PRO Resources within 8 hours of occurrence
- 3) Participate in Return-To-Work options that are medically appropriate

Everyone should be alert for potential accidents and strive to eliminate them. If you are aware of an unsafe act or condition, it should be reported immediately to your supervisor to be addressed. This action may prevent an injury from occurring.

By my signature below, I acknowledge and agree to comply with this policy.

Employee Signature

Date



Direct Deposit Authorization

We must have all of the information below, before a direct deposit will be entered and processed.

<u>First and Last Name</u>	<u>E-mail Address</u>
<u>Address</u>	<u>City, State, Zip</u>
<u>Bank Name</u>	<u>Bank Telephone</u>
<u>Bank Address</u>	<u>Bank City, State, Zip</u>
<u>Bank Routing (ABA) Number</u>	<u>Account Number</u>

Please check the appropriate box:

Global Cash Card *(Must complete attached form.)*

Checking Account

Please attach a blank check or copy of a check with "Void" marked across the face. (Please note WE WILL NOT ACCEPT DEPOSIT SLIPS for checking accounts).

Additional Information:

Savings Account

You must call your bank and request the ABA routing number and your savings account number they use for direct deposit. (The numbers generally differ from the one on your deposit slip. Please note WE WILL NOT ACCEPT DEPOSIT SLIPS).
Have the bank fax the information to 218-847-2173.

Additional Information:

I authorize PRO Resources Corporation to initiate electronic credit entries each pay period, and if necessary, debit entries and adjustments for any credit entries in error to my above named account. If for any reason a final pay is given to me, and items are owed back to my assigned employer, it is at the discretion of PRO Resources Corporation to authorize my final pay to not be directly deposited, and a regular check be issued instead. I will pick up my final paycheck from my work site employer, while returning items still owed. I understand that this authorization will remain in effect until canceled by me in writing.

Paperless Pay Stubs

I understand that by participating in direct deposit, I will not receive my pay stubs in a paper form. My pay stubs will be available electronically via PRO Online (<http://www.peohrpro.com>). I will be able to access my pay stubs through my worksite employer's computer, public computer, or my personal computer by logging on to PRO's 24 hour, convenient, and secure website using my personalized log in and password.

Employee Signature:

Date:



Global Cash Card

Cash Card Enrollment / Cancellation Form

CARD NUMBER _____ -- _____ -- _____ -- _____

NEW REPLACEMENT CANCEL

Global Cash Card - Account Owner Information (Please Print Legibly)		
First Name:	Middle Initial:	Last Name:
Street:		Apartment #:
City:	State:	Zip Code
Home Telephone: ()	Date of Birth (MM/DD/YYYY): / /	
** Cell Number: (Optional) () For text messaging confirmations/balances	** Email Address (Optional): For e-mail notifications	
Social Security # : -- --	EMPLID #:	
Date: _____ Employee Signature: _____		

//////////////////////////////////// **FOR OFFICE USE ONLY** //////////////////////////////////////

BRANCH INFORMATION (All fields must be completed by a company representative)	
Branch Name:	Branch Dept #:
Form Completed by:	Telephone #:

*** FAX COMPLETED FORM TO YOUR PAYROLL CENTER:***

ATTACH COPY OF CARD



Payroll Processing Checklist

Client Company: _____

Employee Name: _____

Hire Date: ____/____/____

Date of First Paycheck: ____/____/____

Position: _____

- Full Time Full Time Regular Full Time Temp
 Part Time Part Time Regular Part Time Temp

FORMS:

Make sure the following employee forms are COMPLETED FULLY:

- 1. Employee Application.
 - 2. W-4 Form (Tax Withholding Form).
 - 3. Form I-9 (Employment Eligibility Verification Form)
 - 4. Return to Work Form
 - 5. Direct Deposit (if applicable)
-

PAYCHECK:

- Deliver to Client Company Location.
- Mail to Employee.
- Direct Deposit

Wage: _____ Per: Hour Week Biweekly Semimonthly Monthly

WC Code: _____ WC State: _____ Withholding State: _____ SUTA State: _____

Entered By: _____

Form MWR Instructions

Instructions for Employees

Minnesota has income tax reciprocity agreements with Michigan and North Dakota. These agreements only cover personal service income such as wages, bonuses, tips, and commissions.

Every year, fill out this form and give it to each Minnesota employer if all of the following apply:

- You are a resident of Michigan or North Dakota
- You return to your residence in that state at least once a month
- You do not want Minnesota income tax withheld from your wages

Give the completed form to your employer by the later of the following:

- February 28
- 30 days after you begin working or change your permanent residence

If you complete and submit Form MWR, you do not need to complete form W-4MN, *Minnesota Employee Withholding/Exemption Certificate*, to claim exemption from Minnesota withholding tax.

Fill Out the Form Completely

If you do not fill in every item on this form or do not give the form to your employer by the due date, your employer must withhold Minnesota income tax from your wages.

To Get a Refund of Tax Already Withheld for the Year

File Form M1, *Minnesota Individual Income Tax Return*, with the Minnesota Department of Revenue. See the M1 Instructions for details.

Penalties

If you make any statements on this form that you know are incorrect, you may be assessed a \$500 penalty.

Use of Information

All information on Form MWR is private by state law. It may only be given to your state of residence, the Internal Revenue Service, and to other state tax agencies as provided by law. The information may be compared with other information you gave to the Department of Revenue.

Your name, address and Social Security number are required for identification. Your address is also required to verify your state of residence. Your employer's name, federal tax ID number, address and phone number are required.

The only information not required is your phone number. However, we ask that you provide it so we can contact you if we have questions.

Instructions for Employers

Employees who reside in Michigan or North Dakota who ask you not to withhold Minnesota income tax from their wages must complete this form and give it to you each year by the later of February 28 or within 30 days after they begin working for you or change their residence. Employees who live in other states, including Minnesota, cannot use this form.

If an employee does not fill in every item of Form MWR or does not provide the form to you by the due date, you must withhold Minnesota income tax, using the same marital status and number of allowances claimed on the employee's federal Form W-4.

If the employee provides you with a properly completed Form MWR, the employee is not required to complete Form W-4MN to claim exemption from Minnesota income tax withholding.

Submit Completed Forms MWR to the Department

By March 31 of each year, send the completed Forms MWR to Minnesota Revenue, Mail Station 6501, St. Paul, MN 55146-6501. You must keep a copy of all forms for five years from the date received.

For new employees or employees who change their state of residence, send the form within 30 days after the employee gives it to you.

You may be assessed a \$50 penalty for each form you are required to send us but do not.

Information and Assistance

Additional forms and information, including fact sheets and frequently asked questions, are available on our website.

Website: www.revenue.state.mn.us

Email: withholding.tax@state.mn.us

Phone: 651-282 9999 or 1-800-657-3594.

This information is available in alternate formats.

Form W-4 (2017)

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 2017 expires February 15, 2018. See Pub. 505, Tax Withholding and Estimated Tax.

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

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

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

The exceptions don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A _____
B	Enter "1" if: { • You're single and have only one job; or • You're married, have only one job, and your spouse doesn't work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B _____
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C _____
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D _____
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E _____
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F _____
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$70,000 (\$100,000 if married), enter "2" for each eligible child; then less "1" if you have two to four eligible children or less "2" if you have five or more eligible children. • If your total income will be between \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G _____
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ▶	H _____
	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 are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
▶ 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.		2017			
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.		
City or town, state, and ZIP code			4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>		
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5		6 \$	
6 Additional amount, if any, you want withheld from each paycheck		6			
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ▶			Date ▶		
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet

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

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$ _____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$ _____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$ _____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note: If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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



NDW-R

Reciprocity exemption from withholding for qualifying Minnesota and Montana residents working in North Dakota

▶ Please print in black or blue ink. Enter one letter or number in each box. Fill in circles completely.

▶ See instructions on back before completing

For calendar year: **20**

Employee information

Employee's name (last, first, middle initial)

 - -

Employee's social security number

Employee's permanent address

City

State (fill in applicable circle)

- Minnesota
- Montana

 -

Zip code

Employee residency information

1. I have lived at the above address since (month/day/year): / /

Month Day Year

2. Will you return to the above address at least once a month? Yes No

If you are a resident of Minnesota and answer "No" to this question, you do not qualify for this exemption.

3. Were you ever a resident of North Dakota in the past three years? Yes No

If yes, fill in the dates you were a North Dakota resident (month/day/year):

 / / to / /

Month Day Year Month Day Year

4. Fill in the wages you earned in North Dakota during the previous calendar year: , , .

Employer information

Current employer's name

 -

Employer's federal ID

Employer's mailing address

 - -

Employer's phone number

City

 -

State

Zip code

Employee's signature

I declare under the penalties of North Dakota Century Code §12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this form has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

Employee's signature

Date signed

Employee's daytime phone number

Employee - Make a copy for your records. Give this completed form to your employer.

Employer - Verify that the Employer's Federal ID is correct. Make a copy for your records.

Mail this form to: Office of State Tax Commissioner, 600 E Boulevard Ave., Dept. 127, Bismarck, ND 58505-0599.

Form NDW-R instructions

Instructions for employee

North Dakota has income tax reciprocity agreements with Minnesota and Montana. If you are a resident of one of these states, the agreements provide that you do not have to pay North Dakota income tax on wages you earn for work in North Dakota. If you are a resident of Minnesota, this applies only if you return to your permanent residence in Minnesota at least once a month.

Note: The wages you earn for work in North Dakota are subject to income tax in your state of residence.

If you do not want North Dakota income tax withheld from your wages, you must complete this form and give it to your employer by February 28 of the calendar year for which you want it to apply, or within 30 days after you begin working or change your permanent residence. You must complete a new form and give it to your employer each year to continue the exemption from withholding.

If you do not complete this form and give it to your employer as explained above, your employer must withhold North Dakota income tax from your wages.

If North Dakota income tax was already withheld from your wages, you must complete and file a North Dakota income tax return at the end of the year to obtain a refund.

Fill out the form completely. If you do not fill in every item on this form, your employer must withhold North Dakota income tax from your wages. Sign and date the form. Your phone number is not required, but we ask for it so we can contact you if we have questions.

Your employer will be able to provide you with the correct federal ID number if you do not have this information.

Make a copy of this form for your records and give the original to your employer.

Use of information

All information on this form is confidential by state law. It may only be given to your state of residence, the Internal Revenue Service, other states that guarantee the same confidentiality, and to other state agencies as provided by law. The information may be compared with other information you furnished to the Office of State Tax Commissioner.

Your name, address and social security number are required for identification. Your address is also required to verify your state of residence. Your employer's name, address, federal ID number and phone number are required in case we have to contact your employer regarding withholding income tax from your wages. If you do not complete any of this information, your employer is required to withhold North Dakota income tax from your wages.

Instructions for employer

Employees who reside in Minnesota or Montana who ask you not to withhold North Dakota income tax from their wages must complete this form and give it to you by February 28 or within 30 days after they begin working for you or change their residence. Employees who live in other states, including North Dakota, cannot use this form.

For forms received by February 28, mail the original on or before March 31 to: Office of State Tax Commissioner
600 E. Boulevard Ave., Dept. 127
Bismarck, ND 58505-0599

For new employees or employees who change their permanent home address, mail the original to the above address within 30 days of receipt.

Please verify your federal ID number is correct. Make a copy of the completed form for your records.

If an employee does not fill in every item on this form and the employee does not correct the omission, you must withhold North Dakota income tax from the employee's wages.

An employee must complete this form and give it to you each year to continue the exemption from withholding.

Need forms or assistance?

Visit our Web site

You can download tax forms, ask us a question or send us a message via e-mail, and find other useful information on our Web site at: www.nd.gov/tax.

Call us

For additional NDW-R forms, you may call (701) 328-3017.

For questions about this form or about income tax withholding, please call (701) 328-3125.

The speech or hearing impaired may call us through Relay North Dakota at 1-800-366-6888.

Write to us

You may also write to: Office of State Tax Commissioner, 600 E. Boulevard Ave., Dept. 127, Bismarck, ND 58505-0599.



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

USCIS
Form I-9
 OMB No. 1615-0047
 Expires 08/31/2019

▶ **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





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

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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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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 PRO Resources Corporation	
Employer's Business or Organization Address (Street Number and Name) 1271 Highway 10 West		City or Town Detroit Lakes	State MN	ZIP Code 56501

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 Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.