

ELECTRONIC SIGNATURE AGREEMENT

Date: 20 nov.. 2025

1. Validity of Electronic Signature:

By continuing with this application, you acknowledge and agree that your electronic signature on this application is legally binding and holds the same validity as a handwritten signature on paper. This validity is ensured under the **Electronic Signatures in Global and National Commerce Act (E-SIGN Act)**, the **Uniform Electronic Transactions Act (UETA)**, and the **Maryland Electronic Signatures Act** (Md. Code Ann., Comm. Law § 21-101 et seq.).

2. Consent to Sign Electronically:

You consent to the use of electronic signatures in the application process. By doing so, you confirm that you have reviewed and understood all documents provided by the recruiter. You agree to proceed with the electronic signing of these documents, acknowledging that electronic signatures will be used in place of handwritten signatures.

3. Confirmation of Information Provided:

You declare that the information provided to the recruiter and recorded in this application is true and complete. You confirm that you have reviewed and approved all information before proceeding to sign electronically.

4. Authentication and Verification:

You acknowledge that this electronic signature process includes methods to authenticate and verify your identity, such as confirmation codes sent via SMS or email. The platform used for this electronic signing will record the time, date, and IP address of the device used for signing, ensuring a secure and verifiable signature process.

5. Acknowledgment of Technical Requirements:

You understand that to sign electronically, you must have an appropriate device (such as a computer, tablet, or smartphone) and access to the internet. You agree to receive all related communications in electronic format and are aware of the technical requirements needed to access, review, and store electronic documents.

6. Right to Receive a Paper Copy:

You have the right to request a paper copy of this document and any other documents signed electronically at no additional cost. You may request a paper copy within a reasonable time frame, and it will be provided in a format accessible to you.

7. Right to Withdraw Consent:

You have the right to withdraw your consent to use electronic signatures at any time before signing by notifying the recruiter in writing. If you withdraw your consent, you understand that the application process may be delayed and that documents will need to be signed in paper format to complete the process.

8. Record Keeping and Access:

The company will maintain a secure record of this agreement and the electronic signature, including all associated data such as authentication details and timestamps. This record will be accessible if needed for verification purposes.

Applicant's Signature: 
Jeremy Williams (20 nov.. 2025 16:15:03 EST)



Unique Staffing Professionals

EMPLOYEE AGREEMENT

I, Jeremy Williams understand that I am an employee of Unique Staffing Professionals and I understand that I am under contract obligation to adhere to Unique Staffing Professionals rules and regulations when I accept a position with USP Inc. I also understand that I must adhere to the rules that are governed by the client you send me to work for. In any event that the client is interested in hiring me or I want to work for them directly, I must wait a total of 180 days before changing over after my start date of hire. Be advised that the client must also adhere to any prior agreements. Any violations of these rules may be sent to Maryland Courts for dispute of any charges that may arise.

By signing the document, I understand that the rules explained above and agree to follow the rules and regulations when I accept a position with USP Inc.

Applicant's Signature

Jeremy Williams
Jeremy Williams (20 nov. 2025 16:15:03 EST)

APPLICANT QUESTIONNAIRE

Name: Jeremy Williams

1. Are you telephone accessible? Yes
2. Do you have reliable transportation? Yes
3. If the assignment you are applying for involves driving a motor vehicle: Will you be willing to release your driving record? Y
4. Do you have your own vehicle? Y
5. Do you have your I-9 information (valid document)? Y
6. What positions are you applying for? This is just a test
7. What areas are you willing to work? Na
8. For what pay rate? 250
9. Do you have current, valid credentials, licenses and permits necessary to fill the position for which you are applying for? Y
10. Will you authorize us to verify your credentials with the appropriate authorities?
Y
11. Are you willing to take a drug test according to our policy? Y
12. Will you release your background information inclusive of criminal records?
Y
13. Have you ever been convicted of a felony crime or theft-related misdemeanor?
N If yes, state details: Convictions
will not necessarily disqualify applicants; each case is considered individually.

Applicant's Signature Jeremy Williams Date: 20 nov.. 2025
Jeremy Williams (20 nov., 2025 16:15:03 EST)

APPLICATION DISCLOSURE STATEMENT

First Name: Jwremy Last Name: Williams

Address: 717 Marsha Drive

City: Neptune State: NJ Zip Code: 07753

Home: _____ Cell: 2153705332

Social Security: Na DOB: 02/01/1991

Work Experience: List your previous experience, beginning with your current or most recent position.

Employer: _____

Start Month/Year: _____ End Month/Year: _____

Address: _____

City: _____ State: _____

Zip: _____ Position: _____ Salary: _____

Supervisor's Name: _____

Reason for Leaving: _____

I hereby declare that all statements contained in this application are true and understand that any false or inaccurate information will be the basis for termination. I hereby authorize USP Inc. to investigate my background inclusive of criminal records and verify this information. I understand and agree that I may be expected to work on a variety of job assignments in the Greater Metropolitan Area and understand that if employed, my employment will not be for any fixed period of time and may be terminated by the company at any given time. I also authorize USP Inc. to release the information contained and submit a drug screen to other firms or persons upon request. I also understand failure to report to USP Inc. located on 702 Peterson Road Middle River Maryland 21220.

Applicant's Signature: Jeremy Williams Date: 20 nov.. 2025
Jeremy Williams (20 nov.. 2025 16:15:03 EST)



EDUCATION & TRAINING:

High School: ☒ Yes or No ☐

College: ☒ Yes or No ☐

Additional Training: _____

REFERRAL SOURCE:

Walk- In Applicant ☒ Newspaper Ad ☐ Employee Referral ☐

Other (Please List) _____

References. Individuals not related to you.

Name: _____ Jeremy Williams

Phone: _____ 1

How long have you known this person: _____

Name: _____

Phone: _____

How long have you known this person: _____

Name: _____

Phone: _____

How long have you known this person: _____

Applicant's Signature: Jeremy Williams Jeremy Williams (20 nov., 2025 16:15:03 EST) **Date:** 20 nov.. 2025



DRUG SCREEN AUTHORIZATION AND CONSENT

I hereby authorize and give full permission to have USP inc. and/or their medical company physician send a specimen of my urine and/or blood to a laboratory for screening test using Substance Abuse & Mental Health Services Administration standards for the presence of illegal drugs, alcohol, or prescription medication taken without a prescription.

I will hold all parties concerned harmless, meaning I will not sue nor hold responsible for alleged harm to me or interfering with my obtaining job or continuing employment due to not submitting to the tests or as a result of the report of the tests. This includes, but not limited to, possible clerical or laboratory error.

This policy and authorization has been explained to me in a language I understand and told if I have any questions they will be answered. I understand this is legal and binding document, which is binding because USP Inc. is sending me for the examinations and paying for it.

I UNDERSTAND USP INC. WILL REQUIRE A DRUG SCREEN TEST WHENEVER A JOB ACCIDENT OR INJURY IS REPORTED ACCORDING TO THIS STAFFING COMPANY POLICY AND THIS AUTHORIZATION AND CONSENT FORM.

MY REFUSAL TO SUBMIT TO A DRUG TEST WILL BE GROUNDS FOR TERMINATION.

INITIAL *JW*

I, the undersigned, do hereby authorize USP Inc. to examine any and all criminal records and arrests on file in the countries in the State of any other state. In doing so, I understand that I am waiving my right of confidentiality concerning my criminal history.

Date of Release: 11/20/25

Driver's License Number/ID: _____

Social Security Number: 1

Street Address: 717 Marsha Drive City: Neptune State: NJ

Zip Code: 07753

Print Name: Jeremy Williams

Signature: *Jeremy Williams* Date: 20 nov.. 2025

SUBSTANCE ABUSE POLICY

It is the sole purpose of USP Inc., to provide a drug-free and safe working environment for our clients and employees. USP Inc. has established the following policy for existing and future employees.

USP will not tolerate the use of any illegal drugs, possession, solicitation or sale of narcotics, alcohol, or prescription medication (without a prescription) on any of our premises. Being impaired or under the influence of any illegal drugs while working on our premises will subject to termination.

USP Inc. may drug test using three standard methods used by Substance Abuse & Mental Health Services Administration which are the following:

Pre- Employment: As may be required by Client.

Randomly: An unannounced test done randomly for some employees.

For Cause: A test will be required when it is the company's belief that a drug problem exists (such as evidence of drugs, accidents, injuries in the workplace, fights, negative performance patterns, excessive absences, tardiness or any other suspicious acts.

Employees of USP Inc. who refuses to take a drug test, test positive or admit to substance abuse will also be subject to termination. If tested positive USP Inc. can refer you to local public agency that provide rehabilitation and counseling services.

**Associated Catholic
Church 725 Falls Way
Baltimore, MD 21202
443-986-9000**

The result of all drug tests will be confidential, and for no purpose other than USP Inc. to make employment related decisions.

POLICIES AND PROCEDURES CHECKLIST

1. I understand USP Inc. takes their responsibility as my employer very seriously and that they have gone to great lengths to provide a safe work environment. If I am injured on the job, USP Inc. will promptly deal with legitimate claims and has worker's compensation insurance that will pay medical expenses and wages. I also understand that USP Inc. has extensive experience investigating claims and will fight fraudulent claims with all available resources.
2. If I sustain an injury on the job, I will inform the client and USP Inc. immediately to assist me with the proper procedures for treatment and accident reports.
3. USP Inc. has no tolerance for substance abuse and by signing a drug test consent form I authorized USP to do one anytime they feel it is necessary. I understand that failure to comply with this agreement will be grounds for my immediate termination.
4. I understand and will comply with USP Inc.'s safety rules and regulations program explained to me in the orientation.
5. I understand that I am an employee of USP Inc. and only this company can terminate my employment. I also understand that I am expected to complete any job assignment I accept. I understand that if I do not complete or promptly notify my inability to complete the assignment, USP will assume that I voluntarily quit.
6. I am to call USP Inc. and inform them, if I am going to be late, absent, have a doctor's appointment, or any other unexpected reason.
7. I understand USP Inc. will not recognize or pay for any hours worked by an employee without proper documentation verifying hours you worked.
8. I have fully read and agree to the above statements regarding USP Inc.'s policies and procedures. I understand that failure to comply with these rules could lead to my termination.

Applicant's Signature: Jeremy Williams Date: 20 nov.. 2025
Jeremy Williams (20 nov., 2025 16:15:03 EST)

GENERAL SAFETY RULE

USP Inc. has developed these safety rules patterned after the Federal OSHA requirements. Read and become familiar with these rules, and other safety rules that apply to your job.

1. Report an injury to your employer/ supervisor immediately.
2. Report any unsafe condition to your employer/supervisor.
3. Horseplay is prohibited at ALL times.
4. Being impaired or under the influence of alcohol or drugs will not be permitted under any circumstances.
5. If you do not have current First Aid Training, do not move or treat an injured person unless there is an immediate peril, such as profuse bleeding or stoppage of breathing.
6. Appropriate attire must be worn to work at all times.
7. Must wear your protection gear that is given to you at all times to avoid injuries.
8. You should not perform any task unless you are trained to do so and are aware of the hazards associated with that task.
9. You may be assigned certain personal protective safety equipment. This equipment should be available for use on the job, maintained in good condition and worn when required.
10. Learn safe work practices. If, in doubt about performing a task safely, contact your supervisor for instruction and training.
11. Never remove or bypass safety devices.
12. Do not approach operating machinery from the blind side; let the operator see you.
13. Learn where fire extinguishers and first- aid kits are located.
14. Maintain your area clean at all times.
15. If you are working as a driver, obey all traffic regulations while operating a vehicle.
16. Seatbelts are to be worn while operating any vehicle.
17. Always obey safety signs, tags and be alert to hazards that could affect you and your co-worker
18. Always perform your assigned task in a safe and proper manner; do not take any shortcuts.

I understand that taking shortcuts and ignoring safety rules is a leading cause of injury. I certify that I will abide by the safety rules listed above. I understand that failure to do so may be grounds for termination and may disqualify my insurance benefits.

Applicant's Signature: Jeremy Williams Date: 20 nov.. 2025
Jeremy Williams (20 nov., 2025 16:15:03 EST)



EMERGENCY CONTACT FORM

Employee Name: Jeremy Williams
D.O.B: _____ SSN: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Home Phone: _____ Cell Phone: _____
Email: jswilliamstu@gmail.com

IN CASE OF EMERGENCY

Name: 1
Home Phone: _____ Cell Phone: 1
Email: _____
Relationship to Employee: 1

Name: _____
Home Phone: _____ Cell Phone: _____
Email: _____
Relationship to Employee: _____

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.****2025****Step 1:
Enter
Personal
Information**

(a) First name and middle initial Jwremy	Last name Williams	(b) Social security number Na
Address 717 Marsha Drive		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 1		
(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <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.)		

TIP: Consider using the estimator at www.irs.gov/W4App to determine the most accurate withholding for the rest of the year if: you are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

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, and when to use the estimator at www.irs.gov/W4App.

**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 the most accurate withholding for this step (and Steps 3–4). If you or your spouse have self-employment income, use this option; **or**
- (b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **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 generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate ☐

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 Dependent and Other Credits	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 for qualifying children and other dependents. You may add to this the amount of any other credits. 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.

Jeremy Williams
Jeremy Williams | 20 nov. 2025 16:15:03 EST

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

20 nov.. 2025

Date

**Employers
Only**

Employer's name and address	First date of employment	Employer identification number (EIN)
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

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 2025 if you meet both of the following conditions: you had no federal income tax liability in 2024 **and** you expect to have no federal income tax liability in 2025. You had no federal income tax liability in 2024 if (1) your total tax on line 24 on your 2024 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), 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 2025 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 17, 2026.

Your privacy. Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

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

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

TIP: Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

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. Submit a separate Form W-4 for each job.

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

Instead, if you (and your spouse) have a total of only two jobs, you may 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 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 2025 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. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

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 2025 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:

{	• \$30,000 if you're married filing jointly or a qualifying surviving spouse
	• \$22,500 if you're head of household
	• \$15,000 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 territories 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 Surviving Spouse

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	\$0	\$700	\$850	\$910	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020
\$10,000 - 19,999	0	700	1,700	1,910	2,110	2,220	2,220	2,220	2,220	2,220	2,220	3,220
\$20,000 - 29,999	700	1,700	2,760	3,110	3,310	3,420	3,420	3,420	3,420	3,420	4,420	5,420
\$30,000 - 39,999	850	1,910	3,110	3,460	3,660	3,770	3,770	3,770	3,770	4,770	5,770	6,770
\$40,000 - 49,999	910	2,110	3,310	3,660	3,860	3,970	3,970	3,970	4,970	5,970	6,970	7,970
\$50,000 - 59,999	1,020	2,220	3,420	3,770	3,970	4,080	4,080	5,080	6,080	7,080	8,080	9,080
\$60,000 - 69,999	1,020	2,220	3,420	3,770	3,970	4,080	5,080	6,080	7,080	8,080	9,080	10,080
\$70,000 - 79,999	1,020	2,220	3,420	3,770	3,970	5,080	6,080	7,080	8,080	9,080	10,080	11,080
\$80,000 - 99,999	1,020	2,220	3,420	4,620	5,820	6,930	7,930	8,930	9,930	10,930	11,930	12,930
\$100,000 - 149,999	1,870	4,070	6,270	7,620	8,820	9,930	10,930	11,930	12,930	14,010	15,210	16,410
\$150,000 - 239,999	1,870	4,240	6,640	8,190	9,590	10,890	12,090	13,290	14,490	15,690	16,890	18,090
\$240,000 - 259,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$260,000 - 279,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$280,000 - 299,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,100	18,300
\$300,000 - 319,999	2,040	4,440	6,840	8,390	9,790	11,100	12,300	13,500	14,700	15,900	17,170	19,170
\$320,000 - 364,999	2,040	4,440	6,840	8,390	9,790	11,100	12,470	14,470	16,470	18,470	20,470	22,470
\$365,000 - 524,999	2,790	6,290	9,790	12,440	14,940	17,350	19,650	21,950	24,250	26,550	28,850	31,150
\$525,000 and over	3,140	6,840	10,540	13,390	16,090	18,700	21,200	23,700	26,200	28,700	31,200	33,700

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	\$200	\$850	\$1,020	\$1,020	\$1,020	\$1,370	\$1,870	\$1,870	\$1,870	\$1,870	\$1,870	\$2,040
\$10,000 - 19,999	850	1,700	1,870	1,870	2,220	3,220	3,720	3,720	3,720	3,720	3,890	4,090
\$20,000 - 29,999	1,020	1,870	2,040	2,390	3,390	4,390	4,890	4,890	4,890	5,060	5,260	5,460
\$30,000 - 39,999	1,020	1,870	2,390	3,390	4,390	5,390	5,890	5,890	6,060	6,260	6,460	6,660
\$40,000 - 59,999	1,220	3,070	4,240	5,240	6,240	7,240	7,880	8,080	8,280	8,480	8,680	8,880
\$60,000 - 79,999	1,870	3,720	4,890	5,890	7,030	8,230	8,930	9,130	9,330	9,530	9,730	9,930
\$80,000 - 99,999	1,870	3,720	5,030	6,230	7,430	8,630	9,330	9,530	9,730	9,930	10,130	10,580
\$100,000 - 124,999	2,040	4,090	5,460	6,660	7,860	9,060	9,760	9,960	10,160	10,950	11,950	12,950
\$125,000 - 149,999	2,040	4,090	5,460	6,660	7,860	9,060	9,950	10,950	11,950	12,950	13,950	14,950
\$150,000 - 174,999	2,040	4,090	5,460	6,660	8,450	10,450	11,950	12,950	13,950	15,080	16,380	17,680
\$175,000 - 199,999	2,040	4,290	6,450	8,450	10,450	12,450	13,950	15,230	16,530	17,830	19,130	20,430
\$200,000 - 249,999	2,720	5,570	7,900	10,200	12,500	14,800	16,600	17,900	19,200	20,500	21,800	23,100
\$250,000 - 399,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$400,000 - 449,999	2,970	6,120	8,590	10,890	13,190	15,490	17,290	18,590	19,890	21,190	22,490	23,790
\$450,000 and over	3,140	6,490	9,160	11,660	14,160	16,660	18,660	20,160	21,660	23,160	24,660	26,160

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	\$450	\$850	\$1,000	\$1,020	\$1,020	\$1,020	\$1,020	\$1,870	\$1,870	\$1,870	\$1,890
\$10,000 - 19,999	450	1,450	2,000	2,200	2,220	2,220	2,220	3,180	4,070	4,070	4,090	4,290
\$20,000 - 29,999	850	2,000	2,600	2,800	2,820	2,820	3,780	4,780	5,670	5,690	5,890	6,090
\$30,000 - 39,999	1,000	2,200	2,800	3,000	3,020	3,980	4,980	5,980	6,890	7,090	7,290	7,490
\$40,000 - 59,999	1,020	2,220	2,820	3,830	4,850	5,850	6,850	8,050	9,130	9,330	9,530	9,730
\$60,000 - 79,999	1,020	3,030	4,630	5,830	6,850	8,050	9,250	10,450	11,530	11,730	11,930	12,130
\$80,000 - 99,999	1,870	4,070	5,670	7,060	8,280	9,480	10,680	11,880	12,970	13,170	13,370	13,570
\$100,000 - 124,999	1,950	4,350	6,150	7,550	8,770	9,970	11,170	12,370	13,450	13,650	14,650	15,650
\$125,000 - 149,999	2,040	4,440	6,240	7,640	8,860	10,060	11,260	12,860	14,740	15,740	16,740	17,740
\$150,000 - 174,999	2,040	4,440	6,240	7,640	8,860	10,860	12,860	14,860	16,740	17,740	18,940	20,240
\$175,000 - 199,999	2,040	4,440	6,640	8,840	10,860	12,860	14,860	16,910	19,090	20,390	21,690	22,990
\$200,000 - 249,999	2,720	5,920	8,520	10,960	13,280	15,580	17,880	20,180	22,360	23,660	24,960	26,260
\$250,000 - 449,999	2,970	6,470	9,370	11,870	14,190	16,490	18,790	21,090	23,280	24,580	25,880	27,180
\$450,000 and over	3,140	6,840	9,940	12,640	15,160	17,660	20,160	22,660	25,050	26,550	28,050	29,550



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No.1615-0047

Expires 05/31/2027

START HERE: Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

ANTI-DISCRIMINATION NOTICE: All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

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) Williams		First Name (Given Name) Jwremy		Middle Initial (if any) S	Other Last Names Used (if any)				
Address (Street Number and Name) 717 Marsha Drive			Apt. Number (if any)	City or Town Neptune		State NJ	ZIP Code 07753		
Date of Birth (mm/dd/yyyy) 02/01/1991		U.S. Social Security Number Na		Employee's Email Address jswilliamstu@gmail.com		Employee's Telephone Number 2153705322			
I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.		Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.):							
		<input type="checkbox"/> 1. A citizen of the United States							
		<input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)							
		<input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)							
		<input type="checkbox"/> 4. An alien authorized to work until (exp. date, if any)							
		If you check Item Number 4. , enter one of these:							
		USCIS A-Number		OR	Form I-94 Admission Number		OR	Foreign Passport Number and Country of Issuance	
Signature of Employee <i>Jeremy Williams</i> <small>Jeremy Williams (20 nov., 2025 16:15:03 EST)</small>					Today's Date (mm/dd/yyyy) 20 nov., 2025				

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

Section 2. Employer Review and Verification: Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		Additional Information			
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.					
Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears 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.					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative Recruiter Name			Signature of Employer or Authorized Representative Recruiter Name		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name UNIQUE STAFFING PROFESSIONALS			Employer's Business or Organization Address, City or Town, State, ZIP Code 6200 Baltimore Ave, Riverdale, MD, 20737		

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

* Documents extended by the issuing authority are considered unexpired.

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

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

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
<div>1. U.S. Passport or U.S. Passport Card</div> <div>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</div> <div>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</div> <div>4. Employment Authorization Document that contains a photograph (Form I-766)</div> <div>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:<div>a. Foreign passport; and</div><div>b. Form I-94 or Form I-94A that has the following:<div>(1) The same name as the passport; and</div><div>(2) An endorsement of the individual's status or parole 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.</div></div></div> <div>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</div>		<div>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, sex, height, eye color, and address</div> <div>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, sex, height, eye color, and address</div> <div>3. School ID card with a photograph</div> <div>4. Voter's registration card</div> <div>5. U.S. Military card or draft record</div> <div>6. Military dependent's ID card</div> <div>7. U.S. Coast Guard Merchant Mariner Card</div> <div>8. Native American tribal document</div> <div>9. Driver's license issued by a Canadian government authority</div> <div>For persons under age 18 who are unable to present a document listed above:</div> <div>10. School record or report card</div> <div>11. Clinic, doctor, or hospital record</div> <div>12. Day-care or nursery school record</div>		<div>1. A Social Security Account Number card, unless the card includes one of the following restrictions:<div>(1) NOT VALID FOR EMPLOYMENT</div><div>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</div><div>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</div></div> <div>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</div> <div>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</div> <div>4. Native American tribal document</div> <div>5. U.S. Citizen ID Card (Form I-197)</div> <div>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</div> <div>7. Employment authorization document issued by the Department of Homeland Security</div> <div>For examples, see Section 7 and Section 13 of the M-274 on uscis.gov/i-9-central.</div> <div>The Form I-766, Employment Authorization Document, is a List A, Item Number 4. document, not a List C document.</div>
<div>Acceptable Receipts</div> <div>May be presented in lieu of a document listed above for a temporary period.</div> <div>For receipt validity dates, see the M-274.</div>				
<div>• Receipt for a replacement of a lost, stolen, or damaged List A document.</div> <div>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</div> <div>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</div>	OR	Receipt for a replacement of a lost, stolen, or damaged List B document.		Receipt for a replacement of a lost, stolen, or damaged List C document.

*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.

MARYLAND FORM MW507

Purpose. Complete Form MW507 so that your employer can withhold the correct Maryland income tax from your pay. Consider completing a new Form MW507 each year and when your personal or financial situation changes.

Basic Instructions. Enter on line 1 below, the number of personal exemptions you will claim on your tax return. However, if you wish to claim more exemptions, or if your adjusted gross income will be more than \$100,000 if you are filing single or married filing separately (\$150,000, if you are filing jointly or as head of household), you must complete the Personal Exemption Worksheet on page 2. Complete the Personal Exemption Worksheet on page 2 to further adjust your Maryland withholding based on itemized deductions, and certain other expenses that exceed your standard deduction and are not being claimed at another job or by your spouse. However, you may claim fewer (or zero) exemptions.

Additional withholding per pay period under agreement with employer. If you are not having enough tax withheld, you may ask your employer to withhold more by entering an additional amount on line 2.

Exemption from withholding. You may be entitled to claim an exemption from the withholding of Maryland income tax if:

- Last year you did not owe any Maryland Income tax and had a right to a full refund of any tax withheld; AND,
- This year you do not expect to owe any Maryland income tax and expect to have a right to a full refund of all income tax withheld.

If you are eligible to claim this exemption, complete Line 3 and your employer will not withhold Maryland income tax from your wages.

Students and Seasonal Employees whose annual income will be below the minimum filing requirements should claim exemption from withholding. This provides more income throughout the year and avoids the necessity of filing a Maryland income tax return.

Certification of nonresidence in the State of Maryland. Complete Line 4. This line is to be completed by residents of the District of Columbia, Virginia or West Virginia who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more.

Residents of Pennsylvania who are employed in Maryland and who do not maintain a place of abode in Maryland for 183 days or more, should complete line 5 to exempt themselves from the state portion of the withholding tax. These employees are still liable for withholding tax at the rate in effect for the Maryland county in which they are employed, unless they qualify for an exemption on either line 6 or line 7. Pennsylvania residents of York and Adams counties may claim an exemption from the local withholding tax by completing line 6. Pennsylvania residents living in other local jurisdictions which do not impose an earnings or income tax on Maryland residents may claim an exemption by completing line 7. Employees qualifying for exemption under 6 or 7, should also write "EXEMPT" on line 4.

Line 4 is **NOT** to be used by residents of other states who are working in Maryland, because such persons are liable for Maryland income tax and withholding from

their wages is required.

If you are domiciled in the District of Columbia, Pennsylvania or Virginia and maintain a place of abode in Maryland for 183 days or more, you become a statutory resident of Maryland and you are required to file a resident return with Maryland reporting your total income. You must apply to your domicile state for any tax credit to which you may be entitled under the reciprocal provisions of the law. If you are domiciled in West Virginia, you are not required to pay Maryland income tax on wage or salary income, regardless of the length of time you may have spent in Maryland.

Under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act, you may be exempt from Maryland income tax on your wages if (i) your spouse is a member of the armed forces present in Maryland in compliance with military orders; (ii) you are present in Maryland solely to be with your spouse; and (iii) you maintain your domicile in another state. If you claim exemption under the SCRA enter your state of domicile (legal residence) on Line 8; enter "EXEMPT" in the box to the right on Line 8; and attach a copy of your spousal military identification card to Form MW507. **In addition, you must also complete and attach Form MW507M.**

Duties and responsibilities of employer. Retain this certificate with your records. You are required to submit a copy of this certificate and accompanying attachments to the Compliance Division, Compliance Programs Section, 301 West Preston Street, Baltimore, MD 21201, when received if:

- You have any reason to believe this certificate is incorrect;
- The employee claims more than 10 exemptions;
- The employee claims an exemption from withholding because he/she had no tax liability for the preceding tax year, expects to incur no tax liability this year and the wages are expected to exceed \$200 a week;
- The employee claims an exemption from withholding on the basis of nonresidence; or
- The employee claims an exemption from withholding under the Military Spouses Residency Relief Act.

Upon receipt of any exemption certificate (Form MW507), the Compliance Division will make a determination and notify you if a change is required.

Once a certificate is revoked by the Comptroller, the employer must send any new certificate from the employee to the Comptroller for approval before implementing the new certificate.

If an employee claims exemption under 3 above, a new exemption certificate must be filed by February 15th of the following year.

Duties and responsibilities of employee. If, on any day during the calendar year, the number of withholding exemptions that the employee is entitled to claim is less than the number of exemptions claimed on the withholding exemption certificate in effect, the employee must file a new withholding exemption certificate with the employer within 10 days after the change occurs.

FORM MW507

Employee's Maryland Withholding Exemption Certificate

Print full name Jeremy Williams	Social Security Number Na
Street Address, City, State, ZIP 717 Marsha Drive Nentune NJ 07753	County of residence (Nonresidents enter Maryland county (or Baltimore City) where you are employed.) Monmouth
<input type="checkbox"/> Single <input checked="" type="checkbox"/> Married (surviving spouse or unmarried Head of Household) Rate <input type="checkbox"/> Married, but withhold at Single rate	

- Total number of exemptions you are claiming not to exceed line f in Personal Exemption Worksheet on page 2. 1. **1**
- Additional withholding per pay period under agreement with employer. 2. _____
- I claim exemption from withholding because I do not expect to owe Maryland tax. See instructions above and check boxes that apply.
☐ a. Last year I did not owe any Maryland income tax and had a right to a full refund of all income tax withheld and
☐ b. This year I do not expect to owe any Maryland income tax and expect to have the right to a full refund of all income tax withheld.
(This includes seasonal and student employees whose annual income will be below the minimum filing requirements).
If both a and b apply, enter year applicable _____ (year effective) Enter "EXEMPT" here 3. _____
- I claim exemption from withholding because I am domiciled in one of the following states. Check state that applies.
☐ District of Columbia ☐ Virginia ☐ West Virginia
I further certify that I do not maintain a place of abode in Maryland as described in the instructions above. Enter "EXEMPT" here. 4. _____
- I claim exemption from Maryland **state** withholding because I am domiciled in the Commonwealth of Pennsylvania and I do not maintain a place of abode in Maryland as described in the instructions on Form MW507. Enter "EXEMPT" here. 5. _____
- I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction within York or Adams counties.
Enter "EXEMPT" here and on line 4 of Form MW507. 6. _____
- I claim exemption from Maryland **local** tax because I live in a local Pennsylvania jurisdiction that does not impose an earnings or income tax on Maryland residents. Enter "EXEMPT" here and on line 4 of Form MW507. 7. _____
- I certify that I am a legal resident of the state of _____ and am not subject to Maryland withholding because I meet the requirements set forth under the Servicemembers Civil Relief Act, as amended by the Military Spouses Residency Relief Act. Enter "EXEMPT" here... 8. _____

Under the penalty of perjury, I further certify that I am entitled to the number of withholding allowances claimed on line 1 above, or if claiming exemption from withholding, that I am entitled to claim the exempt status on whichever line(s) I completed.

Employee's signature <u>Jeremy Williams</u> <small>Jeremy Williams (20 nov., 2025 16:15:03 EST)</small>	Date 20 nov.. 2025
Employer's name and address including ZIP code (For employer use only)	Federal Employer Identification Number



Awesome!

You have an upcoming appointment at
Cavity Detective Pediatric Dentistry

Saturday, November 22, 2025 at 10:30 am

[Privacy Policy](#)



Awesome!

You have an upcoming appointment at
Cavity Detective Pediatric Dentistry

Saturday, November 22, 2025 at 10:30 am

[Privacy Policy](#)



Jeremy Williams
Jeremy Williams (20 nov., 2025 16:15:03 EST)

20 nov.. 2025

Benefits:

MarylandSaves is a simple, convenient, and voluntary way to save for retirement.

Your employer has registered with the MarylandSaves program. You can set up your account or opt out at this time.

Save for retirement automatically through payroll deductions at work with the MarylandSaves program. Your account is in your control and goes with you from job to job. Every little bit you save now can potentially make a difference in retirement.

30 days to decide:

Start saving

Set up your online account now

- Update your savings choices.

Set up your account later

- Your savings will start automatically based on the standard savings choices.

OR

Opt out

Opt out of MarylandSaves

- Prevent contributing money from your paycheck.

Decide online at www.MarylandSaves.com, by phone at 1-833-811-7438, or by filling out this form.

Standard savings choices:

30 days after receiving the invitation, you will be enrolled in the program automatically and start saving part of each paycheck into your own Roth Individual Retirement Account (IRA) (unless you opt out within the 30 day window).

- 5% of your gross pay (wages before taxes and other deductions) will be contributed to your Roth IRA.
- When you enroll, the first \$1,000 of your funds will be invested in our Emergency Savings Fund. All contributions after the initial \$1,000 will be invested in a default Target Retirement Date fund based on your date of birth.
- Your account will be a Roth IRA. Contributions into a Roth IRA are made after-tax and are not taxable when you remove them from your account. Any earnings on those contributions could be tax free if you meet certain IRS criteria. You may withdraw your funds at any time.
- The only administrative charges for MarylandSaves are in the form of an annual asset-based fee of approximately 0.18%. There is also a \$30 annual account fee (that is charged quarterly at \$7.50 each quarter). You will not get a bill. This cost is taken out of your MarylandSaves balance automatically on a regular basis to help pay for the administration of the program.

Set up your account and take charge of your savings:

- Verify your contact information.
- Accept the account documents.
- Add beneficiaries (who will inherit your Roth IRA in the event of your death).
- Change your contribution rate:
 - **minimum = 1%, maximum = 100% up to IRS limits for Roth IRAs**
- Change your investment choices. Available options include:
 - **Emergency Savings Fund:** Our emergency savings feature is 100% invested in Lincoln Financial Guaranteed Investment Contract Products (Ticker: Z455X, CUSIP: 53423K160)
 - **Target Date Retirement option:** 100% invested in BlackRock Retirement Funds, these move to more conservative investments automatically as you approach and move past your targeted year of retirement.
 - **Bond Index option:** 100% invested in the State Street Aggregate Bond Index Fund (SSFEX).
 - **Global Growth Stock option:** 100% invested in the T Rowe Price Global Growth Stock Fund (RPGEX).

Learn more about MarylandSaves at www.MarylandSaves.com:

The benefits of saving for retirement

Roth IRA eligibility and contribution guidelines

Financial wellness resources

Your eligibility for the Saver's Credit offered by the IRS

MarylandSaves is governed by the Maryland Small Business Retirement Savings Program ("MSBRSP"), an instrumentality of the State of Maryland. Vestwell State Savings, LLC, dba Sumday Administration ("Sumday"), is the program administrator. Sumday and The Bank of New York Mellon are responsible for day-to-day program operations. Participants who use MarylandSaves beneficially own and have control over their Roth Individual Retirement Accounts ("IRA"), as provided in the program offering set out at MarylandSaves.com.

MarylandSaves' investment options are selected by the MSBRSP. For more information on MarylandSaves' investment options, go to MarylandSaves.com. Account balances in MarylandSaves will vary with market conditions and are not guaranteed or insured by the MSBRSP, the State of Maryland, the Federal Deposit Insurance Corporation ("FDIC") or any other organization.

MarylandSaves is a completely voluntary retirement program. Saving through a Roth IRA will not be appropriate for all individuals. Employer facilitation of MarylandSaves should not be considered an endorsement or recommendation by your employer of MarylandSaves, Roth IRAs, or the investment options in the program. Roth IRAs are not exclusive to MarylandSaves and can be obtained outside of the program and contributed to outside of payroll deduction. Contributing to a MarylandSaves Roth IRA through payroll deduction offers some tax benefits and consequences. You should consult appropriate professional advice or consultation if you have questions related to taxes or investments.

The MarylandSaves name and the MarylandSaves logo are trademarks of the MSBRSP and may not be used without permission.

MarylandSaves is a completely voluntary program. You can opt out at any time online, by phone, or by completing this form. If you do not opt out your employer will send payroll contributions to your MarylandSaves account. Amounts you save in this account are always your money. Your account is in your control and goes with you from job to job in accordance with the MarylandSaves Program terms. Every little bit you save now can potentially make a difference in retirement. To opt out of payroll contributions to MarylandSaves for more than one employer you must submit a separate form for each employer.

Contact us:

9 am to 6 pm Eastern Time, M-F

Employer assistance:

1-833-811-7435

Employee assistance:

1-833-811-7436

Mail the form to:

MarylandSaves
PO Box 534486
Pittsburgh, PA 15253- 4486

Overnight address:

MarylandSaves
Attention: 534486
500 Ross Street, 154-0520
Pittsburgh, PA 15262

Fax:

(844) 756-9547

www.MarylandSaves.com**1 Employee information** (All fields required)

To verify your information, please provide either the last four digits of your Social Security number/taxpayer identification number, or your Access Code and date of birth. The Access Code can be found in the email or letter you received from MarylandSaves.

Jeremy

Legal name (First)

(M.I.)

Legal name (Last)

Address

City

State

ZIP code

Telephone number (In case we have a question)

Last four digits of the Social Security or
taxpayer identification number

Access Code

Birth date (mm/dd/yyyy)

2 Opt-out reason

- | | |
|---|--|
| <input type="radio"/> I don't qualify for a Roth IRA due to my income | <input type="radio"/> I don't trust the financial markets |
| <input type="radio"/> I would prefer a Traditional IRA | <input type="radio"/> I'm not satisfied with the investment options |
| <input type="radio"/> I have my own retirement plan | <input type="radio"/> I'm not interested in contributing through this employer |
| <input type="radio"/> I can't afford to save at this time | <input type="radio"/> Other _____ |

3 Employer information

Unique Staffing Professionals INC

Employer name

4 Signature

I do not wish to participate in the MarylandSaves Program at this time. I understand that I can change my mind at any time and begin participating in MarylandSaves at a later date, subject to and in accordance with the terms of the MarylandSaves Program. If I decide to opt back in I can contact MarylandSaves.

Jeremy Williams
Jeremy Williams (20 nov., 2025 16:15:03 EST)

Signature of employee

20 nov., 2025

Date (mm/dd/yyyy)

AVISO PARA EMPLEADOS

Información sobre la Licencia Familiar Pagada en el Distrito de Columbia

Su empleador está sujeto a la ley de la Licencia Familiar Pagada del Distrito de Columbia, que permite a los empleados cubiertos a recibir tiempo libre pagado para eventos médicos, familiares, parentales y prenatales que califiquen. Para más información sobre la Licencia Familiar Pagada, por favor visite la siguiente página web dcpaidfamilyleave.dc.gov o es.does.dc.gov.

Empleados cubiertos

Para recibir beneficios bajo el programa de la Licencia Familiar Pagada, usted debe haber trabajado para un empleador en el Distrito de Columbia. Para saber si usted es un empleado cubierto, puede preguntarle a su empleador o comunicarse con la Oficina de la Licencia Familiar Pagada usando la información al inferior de esta página. Su empleador está obligado a informarle si usted está cubierto por el programa de la Licencia Familiar Pagada. Además, su empleador debe proporcionarle información sobre el programa de la Licencia Familiar Pagada en estas tres (3) ocasiones:

1. En el momento en que fue contratado;
2. Al menos una vez al año; y
3. Si alguna vez le pidió a su empleador una licencia que pudiera calificar para recibir beneficios bajo el programa de la Licencia Familiar Pagada.

Eventos cubiertos

Hay tres (4) tipos de eventos para los cuales usted puede calificar para los beneficios de la Licencia Familiar Pagada.

1. Licencia Parental – puede recibir hasta 12 semanas en un año de beneficios para establecer un vínculo con un niño.
2. Licencia Familiar – puede recibir hasta 12 semanas en un año de beneficios para cuidar un familiar en un estado grave de salud;
3. Licencia Médica - puede recibir hasta 12 semanas en un año de beneficios para cuidar su propia condición de salud; y
4. Licencia Prenatal – puede recibir beneficios de atención médica prenatal hasta por 2 semanas en un año.

Licencia máxima

Cada tipo de licencia tiene sus propias reglas para poder calificar y su propio límite en el tiempo que puede recibir beneficios en un año. La cantidad máxima de licencia para cualquier combinación de licencia parental, familiar y médica es de 12 semanas. Sin embargo, existe una excepción para las mujeres embarazadas que toman licencia prenatal. Las mujeres embarazadas tienen derecho a 2 semanas de licencia prenatal durante el embarazo y 12 semanas de licencia parental después del parto, por un máximo de 14 semanas.

Para más información sobre la Licencia Familiar Pagada, por favor visite la siguiente página web dcpaidfamilyleave.dc.gov o es.does.dc.gov, llame al 202-899-3700, o envíe un correo electrónico a does.opfl@dc.gov.

Cómo solicitar los beneficios

Si ha experimentado un evento que puede calificar para los beneficios, asegúrese de presentar su solicitud no más de 30 días después de su evento. Puede obtener más información sobre cómo solicitar beneficios con la Oficina de Licencia Familiar Pagada en dcpaidfamilyleave.dc.gov.

Cantidad de beneficios

Los beneficios de la Licencia Familiar Pagada se basan en los salarios que su empleador le ha pagado y que fueron reportados al Departamento de Servicios de Empleo. Si cree que su salario fue reportado incorrectamente, tiene derecho a proporcionar prueba de su salario correcto. La cantidad máxima de beneficios semanal es de \$1,153.

Protección de los empleados

El programa de la Licencia Familiar Pagada no administra ninguna protección laboral para los trabajadores del Distrito que se ausentan del trabajo. Sin embargo, algunas protecciones laborales pueden estar disponibles bajo las leyes y reglamentos administrados por la Oficina de Derechos Humanos del Distrito (OHR, por sus siglas en inglés).

De acuerdo con la Ley de Licencia Universal Pagada, la Oficina de Licencia Familiar Pagada debe notificar lo siguiente:

1. Que se prohíben las represalias por parte de un empleador cubierto contra un empleado cubierto por solicitar, o usar los beneficios de licencia pagada; Que un empleado que trabaje para un empleador cubierto con menos de 20 empleados no tendrá derecho a la protección de su puesto de trabajo si decide solicitar una licencia pagada en virtud de esta ley; y
2. Que los empleados tienen derecho a presentar una queja ante la Oficina de Derechos Humanos (OHR) si sienten que han sido objeto de represalias por solicitar, o utilizar una licencia pagada.

Para obtener más información sobre la Oficina de Derechos Humanos (OHR) y las protecciones laborales, visite la siguiente página web: ohr.dc.gov.

NOTICE TO EMPLOYEES

Information on Paid Family Leave in the District of Columbia

Your employer is subject to the District of Columbia's Paid Family Leave law, which provides covered employees paid time off from work for qualifying parental, family, medical, and prenatal events. For more information about the Paid Family Leave program, please visit the Office of Paid Family Leave's website at dcpaidfamilyleave.dc.gov.

Covered Workers

To receive benefits under the Paid Family Leave program, you must work for a covered employer in DC. To find out if you are a covered worker, you can ask your employer or contact the Office of Paid Family Leave using the contact information below. Your employer is required to tell you if you are covered by the Paid Family Leave program. Additionally, your employer is required to provide you information about the Paid Family Leave program at these three (3) times:

1. At the time you were hired;
2. At least once a year; and
3. If you ask your employer for leave that could qualify for benefits under the Paid Family Leave program.

Covered Events

There are four (4) kinds of Paid Family Leave benefits:

1. Parental leave - receive benefits to bond with a new child for up to 12 weeks in a year;
2. Family leave - receive benefits to care for a family member for up to 12 weeks in a year;
3. Medical leave - receive benefits for your own serious health condition for up to 12 weeks in a year; and
4. Prenatal leave - receive benefits for prenatal medical care for up to 2 weeks in a year.

Maximum Leave Entitlement

Each kind of leave has its own eligibility rules and its own limit on the length of time you can receive benefits in a year. The maximum amount of leave for any combination of parental, family, and medical leave is 12 weeks. However, there is an exception for pregnant women who take prenatal leave. Pregnant women are eligible for 2 weeks of prenatal leave while pregnant and 12 weeks of parental leave after giving birth, for a maximum of 14 weeks.

Applying for Benefits

If you have experienced an event that may qualify for benefits, be sure to apply no more than 30 days after your event. You can learn more about applying for benefits with the Office of Paid Family Leave at dcpaidfamilyleave.dc.gov.

Benefit Amounts

Paid Family Leave benefits are based on the wages your employer paid to you and reported to the Department of Employment Services. If you believe your wages were reported incorrectly, you have the right to provide proof of your correct wages. The current maximum weekly benefit amount is \$1,153.

Employee Protection

The Office of Paid Family Leave does not administer any job protections for District workers who take leave from work. However, some job protections may be available under laws and regulations administered by the District's Office of Human Rights (OHR).

Under the Universal Paid Leave Act, the Office of Paid Family Leave is required to provide notice of the following:

1. That retaliation by a covered employer against a covered employee for requesting, applying for, or using paid-leave benefits is prohibited;
2. That an employee who works for a covered employer with under 20 employees shall not be entitled to job protection if he or she decides to take paid leave pursuant to this act; and
3. That employees have a right to file a complaint with OHR if they feel they have been retaliated against for requesting, applying for, or using paid leave.

For more information on OHR and job protections, please visit the following web address: ohr.dc.gov.

For more information about Paid Family Leave, please visit the Office of Paid Family Leave's website at dcpaidfamilyleave.dc.gov, call 202-899-3700, or email does.opfl@dc.gov.

Signature DC Family leave

Jeremy Williams

Jeremy Williams
Jeremy Williams (20 nov.. 2025 16:15:03 EST)

20 nov.. 2025

Seguro Medico, health insurance

Hereby acknowledge that I have been offered coverage under Unique Staffing Professional health insurance plan

Por la presente reconozco que me han ofrecido cobertura según Unique Staffing Plan de seguro médico profesional

Acepto la cobertura; Accept the coverage

☐

Rechazó la cobertura; Decline coverage

☐

Jeremy Williams
Jeremy Williams (20 nov.. 2025 16:15:03 EST)

20 nov.. 2025