



November 2, 2025

Re: Offer of Employment

Dear Jared,

We are very pleased to extend the following employment offer to join our team at TECHEAD. Your position of Software Engineer III will report directly to Dianna Wright, Account Manager.

Employment Status: You will be a full time employee of TECHEAD entitled to participate in its standard employee benefits program. All employees of TECHEAD are “employees at will,” and this Agreement is neither intended nor will it be construed to alter that relationship.

Client: Genworth

Position: Software Engineer III

Hourly Payrate: \$62.50

Anticipated Start Date: 11/10/2025

Anticipated First Paycheck 11/28/2025 (will cover all time worked between
11/03/2025-11/16/2025)

Please note that employment with TECHEAD is contingent upon successfully completing our standard background check and Non-Solicitation Agreement, in addition to any client specific requirements.

Congratulations and welcome to the TECHEAD Team!

A handwritten signature in blue ink, appearing to read "Dianna Wright".

CEO

APPROVED AND ACKNOWLEDGED:

The above offer is accepted by me on this 2nd day of November, 2025.

Jared Everist
Jared Everist



Department of Taxation and Finance

Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

IT-2104

First name and middle initial Jared I Everist	Last name	Your Social Security number 534-31-4744
Permanent home address (number and street or rural route) 8682 Middlewitch Ct	Apartment number	Single or Head of household <input checked="" type="checkbox"/> Married <input type="checkbox"/>
City, village, or post office Bristow, VA 20136-1162	State	Married, but withhold at higher single rate
Note: If married but legally separated, mark an X in the Single or Head of household box.		

Are you a resident of New York City (this includes the Bronx, Brooklyn, Manhattan, Queens, and Staten Island)? Yes No
Are you a resident of Yonkers? Yes No

Before making any entries, see the Note below, and if applicable, complete the worksheet in the instructions.

- 1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 19, if using worksheet) **1**
2 Total number of allowances for New York City (from line 31, if using worksheet) **2**

Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.

3 New York State amount	3
4 New York City amount	4
5 Yonkers amount	5

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee's signature <i>Jared Everist</i>	Date 11/02/2025
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Employee: Give this form to your employer and keep a copy for your records. Remember to review this form once a year and update it if needed.

Note: Single taxpayers with one job and zero dependents, enter **1** on lines 1 and 2 (if applicable). Married taxpayers with or without dependents, heads of household or taxpayers that expect to itemize deductions or claim tax credits, or both, complete the worksheet in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.

Employer: Keep this certificate with your records.

If any of the following apply, mark an **X** in each corresponding box, complete the additional information requested, and send an additional copy of this form to New York State. See **Employer** in the instructions. Visit www.tax.ny.gov (search: *IT-2104-I*) or scan the QR code below.

A Employee claimed more than 14 exemption allowances for New York State A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see Box B instructions):

You may report new hire information online instead of mailing the form to New York State. Visit www.nynewhire.com.

Note: Employers **must** report individuals under an **independent contractor arrangement** with contracts in excess of \$2,500 using the online reporting website above, **not** Form IT-2104.

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the New York State Tax Department.)	Employer identification number
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Scan here





2025 Pay Schedule 1		
In the Month of:	You get Paid on:	For hours worked for:
JANUARY	10th of 2025	DEC 16 – DEC 29
JANUARY	24th	DEC 30 – JAN 12
FEBRUARY	7th	JAN 13 – JAN 26
FEBRUARY	21st	JAN 27 – FEB 09
MARCH	7th	FEB 10 – FEB 23
MARCH	21st	FEB 24 – MAR 09
APRIL	4th	MAR 10 – MAR 23
APRIL	18th	MAR 24 – APR 06
MAY	2nd	APR 07 – APR 20
MAY	16th	APR 21 – MAY 04
MAY	30th	MAY 05 – MAY 18
JUNE	13th	MAY 19 – JUN 01
JUNE	27th	JUNE 02 – JUN 15
JULY	11th	JUN 16 – JUN 29
JULY	25th	JUN 30 – JUL 13
AUGUST	8th	JUL 14 – JUL 27
AUGUST	22nd	JUL 28 – AUG 10
SEPTEMBER	5th	AUG 11 – AUG 24
SEPTEMBER	19th	AUG 25 – SEPT 07
OCTOBER	3rd	SEPT 08 – SEPT 21
OCTOBER	17th	SEPT 22 – OCT 05
OCTOBER	31st	Oct 06 – OCT 19
NOVEMBER	14th	OCT 20 – NOV 02
NOVEMBER	28th	NOV 03 – NOV 16
DECEMBER	12th	NOV 17 – NOV 30
DECEMBER	26th	DEC 01 – DEC 14
JANUARY	9th of 2026	DEC 15 – DEC 28
JANUARY	23rd	DEC 29 – JAN 11
FEBRUARY	6th	JAN 12 – JAN 25
FEBRUARY	20th	JAN 26 – FEB 08
MARCH	6th	FEB 09 – FEB 22
MARCH	20th	FEB 23 – MAR 08