

Form W-4 (2020)

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

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. You may claim exemption from withholding for 2020 if **both** of the following apply.

- For 2019 you had a right to a refund of **all** federal income tax withheld because you had no tax liability, **and**
- For 2020 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages. You can also use the calculator at www.irs.gov/W4App to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

Filers with multiple jobs or working spouses. If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

Nonwage income. If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at www.irs.gov/W4App to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at www.irs.gov/W4App to find out if you should adjust your withholding on Form W-4 or W-4P. **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

Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

Line C. Head of household please note:

Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status. **Line E. Child tax credit.**

When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

Line F. Credit for other dependents.

When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records.

Form W-4
Department of the
Treasury Internal
Revenue Service

Employee's Withholding Allowance Certificate

► Whether you're 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.

OMB No. 1545-0074
2019

1. Your first name and middle initial		Last name		2. Your social security number	
Richard		junior		6675777	
Home address (number and street or rural route)				3. <input checked="" type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate Note: If married filing separately, check "Married, but withhold at higher Single rate."	
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 800-772-1213 for a replacement card. <input checked="" type="checkbox"/>	
5. Total number of allowances you're claiming (from the applicable worksheet on the following pages).					
6. Additional amount, if any, you want withheld from each paycheck....					
7. claim exemption from withholding for 2019, and I certify that I meet both of the following conditions for exemption...				564	
<ul style="list-style-type: none">Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, andThis year I expect a refund of all federal income tax withheld because I expect to have no tax liability.				565.00	
				456.00	

If you meet both conditions, write "Exempt" here ...►

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 boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.) Testing Ashwa

9. First date of employment

10. Employer identification number (EIN) FLA00048



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) junior		First Name (Given Name) Richard		Middle Initial k	Other Last Names Used (if any)
Address (Street Number and Name) Test	Apt. Number 123	City or Town Jacksonville	State Florida	ZIP Code 34274	
Date of Birth (mm/dd/yyyy) 2/8/1990 12:00:00 AM	U.S. Social Security Number 3728652383		Employee's E-mail Address eTracTest8@gmail.com		Employee's Telephone Number 839247

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 (See instructions)	
<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. (See instructions) _____ 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. 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: Country of Issuance: _____ Country of Issuance: _____ _____	QR Code - Section 1 Do Not Write In This Space 

Signature of Employee _____	Today's Date (mm/dd/yyyy) 7/13/2020 12:00:00 AM
--------------------------------	--

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) 7/13/2020 12:00:00 AM	
Last Name (Family Name) junior		First Name (Given Name) Richard	
Address (Street Number and Name) Test	City or Town Jacksonville	State Florida	ZIP Code 34274

☐ Employer Completes Next Page ☐

☐

Employment Eligibility Verification
Department of Homeland Security

U.S. Citizenship and Immigration Services

USCIS
Form I-9

OMB No. 1615-0047
Expires 08/31/2020

► 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) junior	First Name (Given Name) Richard	M.I. k	Citizenship/Immigration Status US
------------------------------	-----------------------------------	------------------------------------	-----------	--------------------------------------

List A Identity and Employment Authorization OR Identity List B AND Employment Authorization List C

Document Title Testing	Document Title Testing	Document Title Testing
Issuing Authority Elite	Issuing Authority Elite	Issuing Authority Elite
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 _____
Issuing Authority _____
Document Number _____
Expiration Date (if any)(mm/dd/yyyy) _____
Document Title _____
Issuing Authority _____
Document Number _____
Expiration Date (if any)(mm/dd/yyyy) _____

Certification: I attest, under penalty of perjury, that (1) I have examined the document(s) presented by the above-named employee, (2) the above-listed document(s) appear to be genuine and to relate to the employee named, and (3) to the best of my knowledge the employee is authorized to work in the United States.

The employee's first day of employment (mm/dd/yyyy): _____ (See instructions for exemptions)

Signature of Employer or Authorized Representative _____	Today's Date(mm/dd/yyyy) _____	Title of Employer or Authorized Representative _____	
Last Name of Employer or Authorized Representative _____	First Name of Employer or Authorized Representative _____	Employer's Business or Organization Name _____	
Employer's Business or Organization Address (Street Number and Name) _____	City or Town _____	State _____	ZIP Code _____

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

A. New Name (if applicable)		B. Date of Rehire (if applicable)	
Last Name (Family Name) junior	First Name (Given Name) Richard	Middle Initial k	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) _____
-------------------------	--------------------------	--

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 _____
---	------------------------------------	--

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	LIST C Documents that Establish Employment Authorization AND
1. U.S. Passport or U.S. Passport Card		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	1. A Social Security Account Number card, unless the card includes one of the following restrictions: 1. NOT VALID FOR EMPLOYMENT 2. VALID FOR WORK ONLY WITH INS AUTHORIZATION 3. VALID FOR WORK ONLY WITH DHS AUTHORIZATION
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		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	2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
4. Employment Authorization Document that contains a photograph (Form I-766)		4. Voter's registration card	4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: 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.		5. U.S. Military card or draft record	5. Native American tribal document
		6. Military dependent's ID card	6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document	8. Employment authorization document issued by the Department of Homeland Security
		9. Driver's license issued by a Canadian government authority	
		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	
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			

Examples of many of these documents appear in Part 8 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.

ELITE PARKING SERVICES OF AMERICA, INC.

Background Check Authorization

Name:

Richard

k

junior

(first)

(middle)

(last)

Former Names(s) and Dates Used: Richard

Current Address Since:

st 12 near cafe gold

cafe gold

(Mo/Yr)

(Street)

(City)

(Zip/State)

Social Security Number: 4533584

Date of Birth:

Telephone Number: 17

Drivers License Number/State: A767H

The information contained in this application is correct to the best of my knowledge. I hereby authorize Elite Parking Services of America, Inc. and its designated agents and representatives to conduct a 10 year comprehensive review of my background causing a customer report and/or an investigative consumer report to be generated for employment and/or volunteer purposes. I understand that the scope of the consumer report/ investigative consumer report may include, but is not limited to the following areas: verification of social security number; current and previous residencies; employment history, education background, character references; drug testing, civil and criminal history records from any criminal justice agency in any or all federal, state, county jurisdictions; driving records, birth records, and any other public records.

I further authorize any individual, company, firm, corporation, or public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me, to Elite Parking Services of America, Inc. or its agents. I further authorize the complete release of any records or data pertaining to me which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources.

I here by release Elite Parking Services of America, Inc., the Social Security Administration, and its agents, officials, representatives, or assigned agencies, including officers, employees, or related personnel both individually and collectively, from any and all liability for damages of whatever kind, which may, at anytime, result to me, my heirs, family, or associates because of compliance with this authorization and request to release.

Signature: Add Signature

Date: 4

Additional Information

QR Code - Section 2 & 3 Do Not Write
In This Space

Emergency Contact Form

Employee ID	FLA00048	
First Name	Richard	
Middle Name	k	
Last Name	junior	
Nick Name	Rich	
Gender	Male	
Home Address	Testing Address	
Home Phone	3486524	*
Mobile Phone	23876286	
Home Email Address	eTracTest8@gmail.com	*
BirthDay	2/7/1990 12:00:00 AM	
Goverment ID or SSN	6675777	
Driver's License/State ID#	788	
Emergency Contact Information		
Emergency Contact's Name	Flintoff	*
RelationShip	Brother	
Address	Testing Address	
Phone Number(s)	Flintoff	

Direct Deposit Authorization

This authorizes Elite Parking Services of America, Inc. (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account No 1

Account Type (Checking or Savings)	Saving	
Employee Bank Name	Test	
Account	384795	*
Bank Routing (ABA)	Test	
Percentage Or Dollar Amount To Be Deposited To This Account	5000.00	

Account No2

Account Type (Checking or Savings)	Saving	
Employee Bank Name	Test	
Account	43657848	*
Bank Routing (ABA)	Test	

This authorization will be in effect until the Company receives a written termination notice from me and has a reasonable opportunity to act on it.

Signature

Signature

Richard k junior

Printed Name

FLA00048

Employee Id

1/1/0001 12:00:00 AM

Date

Important: Attach Voided Check (Not Deposit Slip) Below Or Acquire An Official Direct Deposit Form From Your Financial Institution.

Rate of Pay

Employee Name: Richard k junior

Employee Number: FLA00048

Manager Name: DanITAdmin

Operations: Operation

Location: Florida Airport

Job Title: Senior Web Developer

Rate of Pay: 20.00

Type of Pay Change: New Hire

☒ Exempt(Salary)

☐ FT (32+ Hrs)

☐ Non-Exempt(Hourly)

☐ PT (<32 Hrs)

Employee Signature

Date

Manager/Supervisor Signature

Date

Approved by:

Director of Culture

Date

*Do not present to Employee for signature without approval by Director of Culture

Confidentiality And Non-Competition Agreement

This Confidentiality and Non-Competition Agreement ("Agreement") is executed on 04-08-2020, by and between Richard junior ("Manager") and Elite Parking Services of America, Inc., on behalf of itself and any companies which it owns, controls, or is affiliated with, and its successors in business (collectively, the "Company").

RECITALS:

- A. The Company desires to engage or continue to engage Manager, as an employee, to perform services relating to parking operations within the United States and International markets.
- B. Manager will perform services for the Company in a position which will allow Manager access to Proprietary Information belonging to the Company or regarding the Company's business, and which will require the Manager to perform services of a unique and special nature.
- C. Manager's services for the Company may result in the generation and retention of Proprietary Information in relation to Manager's position with the Company, and the Company desires to obtain exclusive ownership of such Proprietary Information generated or retained by Manager during the course of his or her business relationship with the Company; and the parties hereto acknowledge that the Company will be at a substantial competitive disadvantage if it fails to acquire exclusive ownership of such Proprietary Information. Further, Manager agrees that such Proprietary

Information is a trade secret of Company, and shall be accorded such protection as entitled by law (the "Trade Secrets").

- D. The Company desires to receive from Manager covenants (a) not to disclose any Proprietary Information acquired during the course of the relationship with the Company, (b) not to engage in competitive activities against the Company within a reasonable geographic area for a reasonable time, (c) not to solicit any employee or independent contractor of the Company to terminate his or her business relationship with the Company, (d) not to solicit any former or existing employees or independent contractors to engage in competitive activities against the Company, and (e) not to solicit any former, existing or potential customers of the Company.
- E. The Company and Manager desire to set forth in writing the terms and conditions of their agreements and understanding with respect to these covenants against disclosure of Proprietary Information, solicitation of employees or independent contractors, solicitation of customers, and the Company's right to obtain and retain exclusive ownership of its Proprietary Information, which obligations shall survive after the date of termination of the parties' business relationship. This Agreement does not purport to set forth all the terms and conditions of the business relationship between Manager and the Company.
- F. For purposes of this Agreement, the term "Proprietary Information" shall mean any technical, business, financial or other information or data, regardless of form, which may have commercial value in the business in which the Company is engaged, and is applicable to the following:
1. the business of the Company, including but not limited to research, development, methods, operations systems, Information Systems, business plans or opportunities, business strategies, marketing plans or opportunities, trade secrets, costs, prices, vendors or customers;
 2. the business of any former, existing or potential client or customer of the Company;
 3. information that has been created, discovered, developed or otherwise become known to the Company; or
 4. information that has been created, discovered, developed, or made known by Manager during the period of, or arising out of the business relationship with the Company.
- Notwithstanding the foregoing, any Proprietary Information shall be the exclusive property of the Company, and any information obtained from a third party that either party treats as proprietary or confidential, and any information, regardless of form, exchanged by either party that is labeled as "Proprietary Information" shall be presumed to be Proprietary Information and shall be handled and treated in accordance with the terms of this Agreement.
- G. For purposes of this Agreement, "Intellectual Property" means all inventions, discoveries, developments, writings, computer programs and related documentation, designs, ideas, and any other work product made or conceived by Manager during the term of employment with Company which (1) relate to the present or reasonably anticipated business of the Company, or (2) were made or created with the use of Proprietary Information or any equipment, supplies, or facilities of the Company. Such property made or conceived by Manager (or for which Manager files a patent or copyright application) within one year after termination of employment with Company will be presumed to have been made or conceived during such employment.
- H. In consideration of the foregoing, of the mutual promises contained in this Agreement, and the compensation now and hereafter paid to Manager, Manager hereby acknowledges and agrees with the Company as follows:

AGREEMENT:

1. Recitals. The RECITALS set forth above are true and correct and are incorporated into this Agreement and are relied upon by Manager and the Company in the execution of this Agreement.
2. Ownership of Proprietary Information. All Proprietary Information belongs exclusively to the Company and shall remain the sole property of the Company. Nothing contained in this Agreement shall be deemed, by implication, estoppel or otherwise, to grant any right or license thereto to the Manager or to any other entity or person.
3. Confidentiality and Nondisclosure. Manager acknowledges that all Proprietary Information is the exclusive property of the Company, and Manager agrees to keep in strict secrecy and confidence all Proprietary Information and knowledge to which Manager has access or assimilates during or arising out of Manager's business relationship with the Company. Manager agrees that, unless it has obtained the Company's prior written permission:
 - a. Manager will not disclose any of the Company's Proprietary Information to any third party, nor will Manager use the Proprietary Information for the benefit of Manager or for the benefit of any other person, entity, or entities other than the Company;
 - b. Manager will copy (or utilize, as the case maybe) only such portions of the Company's Proprietary Information as may reasonably be required to carry out the Company's business purpose, provided that when copying each such copy, whether in whole or in part, includes a reproduction of all proprietary markings and legends contained on the original which pertain to the copied portions, and except as necessary for the conduct of the Company's business, no Proprietary Information in any form will be removed from the Company's offices or locations; with respect to the Proprietary Information has constitutes systems and/or electronic data, Manager shall comply with the Company's applicable IT and Security Policies;
 - c. Manager agrees to promptly disclose to Company and does hereby assign to Company all Intellectual Property, and Manager agrees to execute such other documents as Company may request in order to effectuate such assignment; and
 - d. Upon termination of Manager's business relationship with the Company, Manager will immediately return all property in his or her possession including Proprietary Information belonging to the Company, delete any software included in the Proprietary Information from any computer equipment on which it is then installed, and Manager will immediately cease to hold him or herself out as a representative of the Company.
4. Restrictions on Use of Proprietary Information. Manager may use the Company's Proprietary Information to evaluate, propose and/or interface with the Company and/or third parties, but only for the benefit of the Company in furtherance of the Company's business purpose. Manager will not use any of the Company's Proprietary Information, either directly or indirectly, for his or her own benefit nor for the benefit of any third party not related to the Company's business purpose, without first obtaining Company's prior written approval.
5. Inadvertent Disclosure. Manager will protect and handle the Company's Proprietary Information to prevent its unauthorized disclosure. If Manager fails to reasonably protect and safeguard the Company's Proprietary Information, Manager may be liable for accidental or inadvertent disclosure or use of Proprietary Information. If Manager becomes aware of accidental or inadvertently disclosed Proprietary Information, Manager will immediately notify the Company in writing, and Manager will take such additional measures as may be required under the circumstances to prevent any further unauthorized disclosure or use of the Company's Proprietary Information, including following directions from Manager's supervisor with respect to such disclosure.
6. Involuntary Disclosure. In the event Manager receives a subpoena or other validly issued administrative or judicial process demanding disclosure of the Company's Proprietary Information, Manager shall promptly notify the Company, and shall follow following directions from Manager's supervisor with respect to such request. If requested by the Company, Manager shall cooperate in the defense of a demand.
7. Non-solicitation and Non-competition.
 - a. During the term of Manager's business relationship with the Company, and for a period of twenty four (24) months after the date of termination of Manager's business relationship with the Company (the "Restricted Period"), Manager shall not directly or indirectly, within a radius of one-hundred and fifty (150) miles from any of the Company's offices or locations from which the Company provides parking services (the "Restricted Area"), enter into, be employed by, or consult with any person or entity in competition with the business of the Company as it is then carried on, either as an independent contractor, agent, employee, partner, joint venturer, officer, director, stockholder or otherwise.
 - b. During the Restricted Period, Manager will not directly or indirectly, as an individual, independent contractor, agent, employee, partner, joint venturer, officer, director, stockholder or otherwise:
 1. Solicit any of the employees or agents of the Company to terminate his or her business relationship with the Company;
 2. Solicit any former, existing or potential client or customer of the Company for the purpose of soliciting or enticing such clients or customers to transact business in competition with the Company; or
 3. Aid or assist any person or entity to solicit, divert or take away any client or customer of the Company.
 - c. The Restricted Period shall be extended by any length of time during which Manager is in breach of such covenants.
 - d. Manager acknowledges and agrees that this Agreement shall be construed as an agreement independent of any other agreement between Manager and the Company, and for which independent consideration has been given. The existence of any claim or cause of action of Manager against the Company, whether predicated on this Agreement or otherwise, shall not constitute a defense to the enforcement by the Company of the restrictive covenants set forth in this Agreement.
 - e. Manager acknowledges and agrees that this restriction on competition is reasonable as to time, scope and duration, and the restrictions serve a legitimate business interest of the Company in that Manager has received or will receive specialized knowledge, training and access to the Company's Proprietary Information and substantial relationships with the Company's clients and customers. Manager further agrees that the restrictive covenants are reasonably necessary to protect the legitimate business interests of the Company.
 - f. If any portion of the restrictive covenants set forth in this Section are held to be unreasonable, arbitrary or against public policy, then such portion shall be considered divisible as to both time and geographical area. The parties agree that if any court of competent jurisdiction determines the specified time period or geographical area applicable to this Section to be unreasonable, arbitrary, or against public policy, then a lesser time period or geographical area which is determined to be reasonable, non-arbitrary, and not against public policy may be enforced against Manager. The parties agree that the foregoing covenants are appropriate and reasonable when considered in light of the nature and extent of the business conducted by the Company.
 - g. With respect to the Proprietary Information, since it is a trade secret of Company, Manager shall be forever prohibited from disclosing such information to a third-party without Company's prior written consent.
8. Specific Performance. Manager agrees that damages at law will not be a sufficient remedy to the Company in the event Manager violates the terms of this Agreement, and that the Company shall be entitled, upon application to a court of competent jurisdiction, to obtain injunctive relief to enforce the provisions hereof, which injunctive relief shall be in addition to any other rights or remedies available to the Company. Manager agrees to pay all costs of the Company in enforcing the terms and conditions of this Agreement, including attorneys' fees, whether suit be brought or not. Manager agrees that the Company shall be entitled to temporary and permanent injunctive relief to enforce the provisions of this Agreement without the necessity of proving actual damages or of posting a bond.
9. Liquidated Damages. In addition to all other remedies available to the Company, in the event of a breach of this Agreement by Manager, Manager agrees to pay to the Company as liquidated damages an amount equal to the annual salary or wages paid to Manager by the Company, which amount Manager agrees is not a penalty, but is reasonably calculated to compensate the Company for the investment of time in hiring, employing and training Manager.
10. Not an Employment Agreement. This Agreement is not an employment agreement. The Manager is and shall remain an employee of the Company. This Agreement shall not constitute, create, give effect to or otherwise imply a joint venture, pooling arrangement, partnership or formal business organization of any kind, nor shall it constitute, create, give effect to, or otherwise imply an obligation or commitment on the part of either party to submit a proposal or perform a contract with the other party. Nothing herein shall be construed as providing for the sharing of profits or loss arising from the efforts of either or both parties. The terms and conditions of Manager's engagement with the Company, if any, are set forth in a separate agreement.
11. Contact Person. Each of the following contacts is deemed an individual and shall be authorized to accept Proprietary Information on behalf of the designating party. Until further notice, the parties so designate the following:

(Designating Party)	Elite Parking Services of America, Inc.
Name:	Dane E. Grey
Address:	76 South Laura Street, Suite 1702 Jacksonville, FL 32202
E-Mail:	danegrey@eliteparkingsoa.com
12. Miscellaneous.
 - a. Entire Agreement. This Agreement contains the entire understanding between the parties and supersedes all prior assignments and understandings, oral or written, with respect to the subject matter of this Agreement. Any modification must be made in a writing signed by both parties.
 - b. Governing Law. This Agreement shall be construed and enforced by the laws of the State of Florida, without regard to any rules of conflict and choice of laws that would require the application of laws of another jurisdiction. The parties hereto (i) agree that any suit, action or other legal proceeding arising out of or relating to this Agreement shall be brought and heard in a court of competent jurisdiction in Duval County, Florida, (ii) consent to the jurisdiction of any such court in any such suit, action or proceeding, and (iii) waive any objection to the laying of venue of any such suit, action or proceeding in any such court. The prevailing party in any dispute arising hereunder, whether or not suit is brought and including any appeals will be entitled to recover

from the other party costs and reasonable attorneys' and paralegals' fees. Manager waives any objection based on forum non conveniens and any objection to jurisdiction or venue in any action instituted hereunder and consents to personal jurisdiction in such forum for purposes of this Agreement.

- c. Assignment. This Agreement may not be assigned in whole or in part by Manager without the prior written consent of the Company, and any purported assignment by Manager shall be absolutely void.
- d. Multiple Copies. This Agreement may be executed in two or more counterparts, each of which shall be deemed an original, but all of which shall constitute one and the same instrument.
- e. Opportunity to Confer with Counsel. It is understood by and between the parties hereto that the restrictive covenants of Manager set forth in this Agreement are conditions to Manager's employment and the Company would not have employed or continued to employ Manager, but for Manager's agreement to comply with such covenants. The Company has provided Manager the opportunity to consult with counsel prior to executing this Agreement and Manager hereby acknowledges that he or she has been advised by counsel in all respects concerning the reasonableness and propriety of such covenants, with specific regard to the nature of the businesses conducted by the Company or has had the opportunity to so consult with counsel.
- f. Waiver of Jury Trial. MANAGER AND THE COMPANY HEREBY AGREE TO WAIVE TRIAL BY JURY IN ANY ACTION, PROCEEDING OR COUNTER-CLAIM BROUGHT BY EITHER PARTY AGAINST THE OTHER WITH RESPECT TO ANY CLAIM OR CONTROVERSY ARISING OUT OF THIS AGREEMENT OR BREACH THEREOF, OR IN CONNECTION WITH THIS AGREEMENT, THE BUSINESS RELATIONSHIP, THE SERVICES PROVIDED BY MANAGER TO THE COMPANY OR THE COMPENSATION PROVIDED BY THE COMPANY TO MANAGER BY THE COMPANY.

IN WITNESS WHEREOF, the parties hereto have executed this Agreement as of the day and year first above written.

Elite Parking Services of America, Inc.

(Authorized Signature)

(Name)

(Printed Name)

Dane E. Grey
(Printed Name)

Title:

Title: **President**

Photo/Video Release Form

I, **Richard junior** give Elite Parking Services of America, Inc. (Elite) the right to take photographic and/or video images of myself as I perform the duties assigned to me as an employee of Elite.

I understand these photographs/videos will be used for training and marketing purposes and do not object to the company's use.

(PRINT)

First Name Last Name

Add Signature

New Employee Self-Identification Form

Federal laws and regulations require us to report on our workforce by race, gender, and veteran status and to offer the opportunity for self-identification as to disabilities. Please assist us by completing this form. YOU ARE NOT REQUIRED TO PROVIDE THIS INFORMATION. Data which you provide shall be kept strictly confidential, except that (i) supervisors and managers may be informed regarding restrictions on the work or duties of disabled individuals and/or disabled veterans; (ii) first aid and safety personnel may be informed, to the extent appropriate, if the condition might require emergency treatment; and (iii) governmental officials reviewing the Company's compliance status shall be informed.

Last Name: First Name:

Middle Initial: (Optional) Social Security Number:

Gender: Please place a check next to the appropriate category.

MALE ☐ FEMALE ☐

Race/Ethnicity: Please check one.

☐ Hispanic or Latino ☐ White (Not Hispanic or Latino)

☐ Black or African American (Not Hispanic or Latino) ☐ Asian (Not Hispanic or Latino)

☐ Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) ☐ Two or More Races (Not Hispanic or Latino)

☐ American Indian or Alaska Native (Not Hispanic or Latino)

Veteran Status: Check all that apply.

☐ I am a disabled veteran.

☐ I am a recently separated veteran. Date of discharge (MM/DD/YY)

☐ I served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

☐ I participated in a United States military operation for which an Armed Forces Service Medal was awarded, while serving on active duty in the Armed Forces, pursuant to Executive Order No. 12985 (61 Fed. Reg. 1209).

Disability

☒ I am an individual with a disability.*

☐ I have received the form and decline to provide the requested information

* Categories consistent with 41 C.F.R. 4060-300 & Form VETS-100A

If you need a definition of these terms, please see below.

SELF-IDENTIFICATION FORM DEFINITIONS

1. The term "Disabled Veteran" means

- A. a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability; or
B. a person who was discharged or released from active duty because of a service-connected disability.

2. The term "Recently Separated Veteran" applies to any veteran during the three -year period beginning on the date of discharge or release from active duty.

3. An "individual with a disability" means any person who (i) has a physical or mental impairment which substantially limits one or more of such person's major life activities; (ii) has a record of such impairment; or (iii) is regarded as having such impairment.