

Estado Libre Asociado de Puerto Rico
Commonwealth of Puerto Rico
Departamento del Trabajo y Recursos Humanos
Department of Labor and Human Resources



Registro Estatal de Nuevos Empleados (as)
State New Hire Registry

* = Encasillados Requeridos / Required Fields

INFORMACIÓN DEL PATRONO

EMPLOYER INFORMATION

Número Patronal Estatal State Employer Account Number	<input type="text" value="3"/> <input type="text" value="7"/> <input type="text" value="2"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="8"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/>	Número Patronal Federal Federal Employer ID Number	<input type="text" value="6"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="7"/> <input type="text" value="9"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="9"/> <input type="text" value="9"/>
Nombre Negocio Business Name	<input type="text" value="T"/> <input type="text" value="h"/> <input type="text" value="e"/> <input type="text" value="S"/> <input type="text" value="t"/> <input type="text" value="r"/> <input type="text" value="a"/> <input type="text" value="t"/> <input type="text" value="e"/> <input type="text" value="g"/> <input type="text" value="i"/> <input type="text" value="c"/> <input type="text" value="G"/> <input type="text" value="r"/> <input type="text" value="o"/> <input type="text" value="u"/> <input type="text" value="p"/> <input type="text" value="P"/> <input type="text" value="R"/> <input type="text" value=","/> <input type="text" value="I"/> <input type="text" value="L"/> <input type="text" value="C"/>		
Dirección Postal Postal address	<input type="text" value="G"/> <input type="text" value="a"/> <input type="text" value="l"/> <input type="text" value="e"/> <input type="text" value="r"/> <input type="text" value="i"/> <input type="text" value="a"/> <input type="text" value="A"/> <input type="text" value="r"/> <input type="text" value="t"/> <input type="text" value="e"/> <input type="text" value="s"/> <input type="text" value="y"/> <input type="text" value="C"/> <input type="text" value="i"/> <input type="text" value="e"/> <input type="text" value="n"/> <input type="text" value="c"/> <input type="text" value="i"/> <input type="text" value="a"/> <input type="text" value="s"/>		
	<input type="text" value="S"/> <input type="text" value="t"/> <input type="text" value="e"/> <input type="text" value="."/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/>		
Ciudad City	<input type="text" value="D"/> <input type="text" value="O"/> <input type="text" value="R"/> <input type="text" value="A"/> <input type="text" value="D"/> <input type="text" value="O"/>	Estado State	<input type="text" value="P"/> <input type="text" value="R"/>
Código Postal Zip Code	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="6"/>		

INFORMACIÓN DEL EMPLEADO (A)

EMPLOYEE INFORMATION

Fecha de Nacimiento Date of Birth (mm/dd/yyyy)	<input type="text" value="0"/> <input type="text" value="2"/> <input type="text" value="-"/> <input type="text" value="2"/> <input type="text" value="4"/> <input type="text" value="-"/> <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="3"/>	Número de Seguro Social Social Security Number	<input type="text" value="5"/> <input type="text" value="1"/> <input type="text" value="3"/> <input type="text" value="-"/> <input type="text" value="9"/> <input type="text" value="7"/> <input type="text" value="-"/> <input type="text" value="1"/> <input type="text" value="6"/> <input type="text" value="0"/> <input type="text" value="1"/>
Apellido Paterno Last Name	<input type="text" value="L"/> <input type="text" value="I"/> <input type="text" value="N"/>		
Apellido Materno Mother's Maiden Name			
Nombre Name	<input type="text" value="J"/> <input type="text" value="U"/> <input type="text" value="N"/> <input type="text" value="R"/> <input type="text" value="U"/> <input type="text" value="I"/>	Inicial Initial	<input type="text"/>
Dirección Física Physical address	<input type="text" value="P"/> <input type="text" value="A"/> <input type="text" value="S"/> <input type="text" value="E"/> <input type="text" value="O"/> <input type="text" value="C"/> <input type="text" value="O"/> <input type="text" value="R"/> <input type="text" value="A"/> <input type="text" value="L"/> <input type="text" value="E"/> <input type="text" value="S"/> <input type="text" value="1"/>		
Ciudad City	<input type="text" value="D"/> <input type="text" value="O"/> <input type="text" value="R"/> <input type="text" value="A"/> <input type="text" value="D"/> <input type="text" value="O"/>	Estado State	<input type="text" value="P"/> <input type="text" value="R"/>
Código Postal Zip Code	<input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="6"/> <input type="text" value="4"/> <input type="text" value="6"/>	Fecha de Reclutamiento Date of Hire (mm/dd/yyyy)	<input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="-"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="8"/>
Primer día trabajado con paga The date the employee first performed services for pay	<input type="text" value="0"/> <input type="text" value="8"/> <input type="text" value="-"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="-"/> <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="8"/>		
¿Proveerá el Plan Médico para el empleado (a)? Is (will) medical insurance be available to employee?	Sí/Yes <input type="checkbox"/>	No/No <input checked="" type="checkbox"/>	Estado de Reclutamiento State of Hire <input type="text" value="P"/> <input type="text" value="R"/>



**La Ley General de Responsabilidad Personal y Oportunidad de Empleos de 1996 (PRWORA) y la Ley Local Núm. 5 de 1986, según enmendada requieren que el patrono informe todo nuevo empleado en o antes de 20 días calendario de ser contratado.
The General Law of Personal Responsibility and Work Opportunity of 1996 (PRWORA) and local Law Núm. 5 of 1986 require the employer to report all new employees hired in or before 20 calendar days.

Enviar a:
Departamento del Trabajo y Recursos Humanos
P.O. Box 190797 San Juan Puerto Rico 00919-0797
Tel. (787) 754-2360 (fax)
E-mail: PATRONOSNH@trabajo.pr.gov

Send To:
Department of Labor and Human Resources
P.O. Box 190797 San Juan Puerto Rico 00919-0797
Tel. (787) 754-2360 (fax)
E-mail: PATRONOSNH@trabajo.pr.gov



Commonwealth of Puerto Rico
Department of the Treasury

WITHHOLDING EXEMPTION CERTIFICATE

READ INSTRUCTIONS ON REVERSE SIDE BEFORE COMPLETING THIS WITHHOLDING EXEMPTION CERTIFICATE.

Complete this form and submit it to your employer. Otherwise, the employer is required to withhold your income taxes without taking into consideration your personal exemption, exemption for dependents and allowance based on deductions, pursuant the Puerto Rico Internal Revenue Code of 2011, as amended (Code).

ANY CHANGES IN THE PERSONAL EXEMPTION, THE NUMBER OF DEPENDENTS OR THE ALLOWANCE BASED ON DEDUCTIONS, REQUIRE THE FILING OF AN AMENDED CERTIFICATE.

FOR EMPLOYEE'S USE ONLY

Employee's name JUNRUI LIN	Employee's social security number 513-97-1601
Spouse's name	Spouse's social security number
Home address	Postal address

☐ Check here if you choose the optional computation of tax in the case of married individuals living together and filing a joint return. (See instructions)

☐ Check here if you choose the provisions of the Military Spouses Residency Relief Act. (See instructions)

Young individuals whose age fluctuates between 16 and 26 years (See instructions):

Indicate your date of birth: Day 24 Month 2 Year 1993 (If you choose to benefit from the exemption on the first \$40,000 from wages and your gross income for that concept does not exceed \$40,000 during the year, do not complete the rest of this form and sign it. On the other hand, if your gross income from wages exceeds \$40,000, complete the rest of this form).

☐ Check here if you choose that your employer do **NOT** consider the exemption on the first \$40,000 from wages, either because you had chosen to benefit from said exemption with another employer or because you want your employer to withhold taxes from your wages. Complete the rest of this form.

A. PERSONAL EXEMPTION	Complete (less withholding)	Half	None (more withholding)
1. Individual taxpayer.....	✓		
2. Married person			
3. Additional veterans personal exemption			

B. EXEMPTION FOR DEPENDENTS: Number of Dependents **Complete Exemption** **Joint Custody**

C. ALLOWANCE BASED ON DEDUCTIONS

1. ALLOWANCE BASED ON DEDUCTIONS (OPTIONAL):

(a) Home mortgage interests	00
(b) Charitable contributions	00
(c) Medical expenses	00
(d) Interests paid on student loans at university level	00
(e) Contributions to governmental pension or retirement systems *(See instructions)	00
(f) Contributions to individual retirement accounts	00
(g) Educational contributions account	00
(h) Contributions to health savings accounts	00
(i) Casualty loss on your principal residence	00
(j) Loss of personal property as a result of certain casualties	00
(k) Total deductions	00
2. Number of allowances based on deductions (Divide line 1(k) by \$500)	
3. Allowances that you want to claim (May be equal to or less than line 2)	

☐ *Check here if you are a governmental employee who participates in a Pension or Retirement System (See instructions)

D. ELECTION FOR ADDITIONAL WITHHOLDING

☐ I authorize my employer to withhold in each payroll period the amount of \$ _____ or _____ % from my wages, in **addition** to the tax required to be deducted and withheld according to the provisions of Section 1062.01 of the Code. (See instructions)

OATH

I declare under the penalty of perjury that I have examined this form, and to the best of my knowledge, the information contained herein is true, correct and complete. I also certify that the personal exemption, exemption for dependents and the allowance based on deductions claimed herein, for purposes of withholding of income tax on wages, do not exceed the amount that I am entitled to claim on the income tax return, according to the Code.

Junrui Lin
Employee's signature

08/07/2018
Date

INSTRUCTIONS

The Withholding Exemption Certificate (Form 499 R-4.1) is the document used by the employee to notify his/her employer of the personal exemption, exemption for dependents and the allowance based on deductions. These three factors are considered to determine the income tax to be withheld from the employee's wages.

Complete the upper part of the form, indicating your name, social security number, home and postal address. If you are married, include your spouse's name and social security number, and indicate if you choose the optional computation of tax in the case of married individuals living together and filing a joint return (**optional computation**), as provided by Section 1021.03 of the Puerto Rico Internal Revenue Code of 2011, as amended (Code).

Under the Military Spouses Residency Relief Act (MSRRS), if you are the spouse of an active service member that was transferred under military orders to a new military station in any of the states, possessions or territories of the United States or the District of Columbia, you can keep your original residence or domicile for tax purposes. Indicate if you elect this option so that the employer is not required to withhold income tax for Puerto Rico purposes. Nevertheless, you may be subject to the payment of federal estimated tax or from the state, possession or territory for which you elected to keep as your residence or the employer may withhold federal, local or state taxes, as applicable.

If you are a young individual resident of Puerto Rico whose age fluctuates between 16 and 26 years at the end of the taxable year, you are entitled to an exemption on the first \$40,000 of gross income from wages. To benefit from this exemption, indicate your date of birth. If your annual wage is more than \$40,000, the excess over the first \$40,000 will be taxed as ordinary income, to the extent that this amount is more than the withholding exemption to which you are entitled.

It is important to point out, that if the young employee has more than one job, the limit of \$40,000 shall be applied on the aggregate wages. That is, on the total of all wages even if they come from more than one employer.

Since the exemption cannot be applied to an amount larger than \$40,000, you must notify the employer (or employers) of your election, for them not to consider the exemption as you have chosen to benefit from it with another employer. Also, you may choose not to benefit from this exemption and elect that your employer withholds tax on your wages.

PART A - PERSONAL EXEMPTION

Indicate with an "X" your option regarding the personal exemption that your employer will consider to determine the income tax to be withheld.

Line 1 – An individual taxpayer (single person, married that granted prenuptial agreement of total separation of assets or married not living with spouse) may claim or not the personal exemption. If you want to claim the complete personal exemption, mark the column titled "Complete". On the other hand, if you choose to claim no exemption at all, you may do so by marking the column titled "None". An individual taxpayer cannot choose to consider "Half" of his/her personal exemption.

Line 2 - Married couples are entitled to only one personal exemption, therefore, each spouse cannot claim the complete personal exemption. If you are a married person, and both spouses receive wages subject to withholding, both of you should agree on how to claim the personal exemption and shall mark the corresponding column. If the married couple determines that only one of them will consider the complete personal exemption, such spouse shall mark the column titled "Complete". In such case, the other spouse shall mark the column titled "None". If you agreed with your spouse to divide the personal exemption in half, indicate so by marking the column titled "Half". If you do not want to claim the personal exemption, mark the column titled "None".

If you are married and choose the **optional computation**, the personal exemption will be considered on a 50% basis for each spouse. Therefore, each spouse may choose to consider the complete personal exemption or no personal exemption at all regarding this 50%.

Line 3 – Every veteran is entitled to claim an additional personal exemption. The veteran may claim the complete additional personal exemption or may choose to claim no additional personal exemption at all.

PART B - EXEMPTION FOR DEPENDENTS

Indicate the number of dependents that will be considered for the withholding computation. It shall be the same as the number that you will claim as dependents on your income tax return. Indicate separately in the corresponding box, the children for which you are entitled to joint custody and have not released the claim to exemption. In these cases, only 50% of the exemption will be considered.

If you are an employee who elected the **optional computation**, your exemption for dependents will be 50% of the total amount provided by Section 1033.18(b) of the Code, since in such cases each spouse is entitled to claim only half of the exemption for dependents, as provided in Section 1021.03 of the Code.

The Code provides that every employer, who receives an exemption certificate from an employee in which the **number of dependents claimed exceeds 8**, shall submit a copy of such certificate to the Secretary of the Treasury, as well as a copy of any written statement received from the employee to support the information contained in the certificate.

PART C - ALLOWANCE BASED ON DEDUCTIONS

You are entitled to certain allowances based on deductions which your employer shall consider in the determination of the amount of income tax to be withheld.

Line 1 – You have the **option** to consider in the withholding computation, the deductions that you will be able to claim on your income tax return. Such deductions will reduce the

amount of tax that the employer will withhold on your wages. If you do not wish to consider these deductions in the computation, do not complete this line.

Enter on lines 1(a) through 1(j), the amount of these deductions that you estimate you will be entitled to claim on your return. Such deductions are subject to the limitations and requirements provided in Section 1033.15 of the Code.

If you are married and choose the **optional computation**, the number of allowances shall be determined by dividing the deductions among the spouses. In the case of home mortgage interests, charitable contributions, medical expenses, and loss on your principal residence or personal property as a result of certain casualties, include 50% of each deduction. In the case of contributions to governmental pension or retirement systems, Individual Retirement Accounts, Educational Contribution Accounts, Health Savings Accounts and interests paid on student loans at university level, include the amount that corresponds individually.

Line 1(e) – If you are a governmental employee, you shall consider the contributions made to your pension or retirement system. This amount will be 10% of your annual wage or the amount established by the system to which you contribute. Indicate with an "X" in the box at the end of this Part C, if you are a governmental employee who participates in a pension or retirement system. **If you work for an agency which payroll is processed by the Department of the Treasury, do not consider your contributions to the pension or retirement system on this line. This deduction will automatically be considered in the withholding computation.**

Line 2 – Divide the amount figured on line 1(k) by \$500. Any fraction obtained as a result of the preceding division exceeding 50%, shall be considered as an additional allowance.

Line 3 – Indicate the allowances that you wish to claim, from the amount determined on line 2. If you file as a married person living with spouse and **do not** choose the **optional computation**, you and your spouse shall be allowed to divide the total allowances as you wish, but based on complete allowances. However, any allowance considered by one spouse cannot be claimed by the other spouse.

PART D – ELECTION FOR ADDITIONAL WITHHOLDING

Any employee may elect for his/her employer to withhold an amount in addition to the one required by Section 1062.01(e) of the Code. Under no circumstances, this option will be allowed for an amount less than the tax determined according to the withholding tables approved by the Secretary based on the tax rates provided by the Code.

OATH

You declare under penalty of perjury, that you have examined this form, and that to the best of your knowledge, the information contained therein is true, correct and complete.

SIGNATURE

This form must be signed and dated by the employee.

PENALTIES

Any employee required to submit a withholding exemption certificate to his/her employer, who willfully provides false or fraudulent information, or who willfully fails to provide information which would require an increase in the tax to be withheld, shall be guilty of a misdemeanor as provided in Section 6041.08 of the Code.

In the case of employees who elect to consider the allowance for deductions provided in Section 1062.01(c)(2)(A)(ii) of the Code, in addition to the criminal penalty mentioned in the above paragraph, if 70% of the tax attributable to income derived from wages subject to withholding exceeds the tax withheld at source on said income, there shall be added to the tax the smaller of: (1) an amount equal to such excess, or (2) an amount equal to 18% of the amount for which such tax so determined exceeds the tax withheld.

INSTRUCTIONS TO THE EMPLOYER

The employer shall consider the information provided by the employee on this Exemption Certificate with respect to the personal exemption, exemption for dependents and allowance based on deductions in order to make the withholding according to the Employer's Guide on the Withholding of Income Tax at Source on Wages (Withholding Guide) for the corresponding taxable year.

If the employee elects the provisions of the MSRRS, no withholding of tax at source on wages shall be made for Puerto Rico purposes. Nevertheless, such wages may be subject to withholding of federal taxes according to the provisions of the Internal Revenue Service.

If the number of dependents exceeds 8, submit copy of this Certificate to the Fiscal Audit Bureau, as well as copy of any written statement received from the employee to support the information contained on the certificate.

Employee whose age fluctuates between 16 and 26 years: In order for the employee to benefit from the exemption on the first \$40,000 from wages, he/she must complete the information required in the heading and provide the date of birth. If the annual wage is equal or less than \$40,000, the employee will not complete the rest of the form although he/she should sign it. If the annual wage is for a greater amount, the excess of the first \$40,000 over the withholding exemption amount (Appendix 1 of the Withholding Guide) will be subject to withholding of tax, as it corresponds. For that, the employee must complete the rest of the form.

The employee may choose for his/her employer **NOT** to consider this exemption, either because he had chosen to benefit from it with another employer or because he/she wants his/her employer to withhold tax from his/her wages. In that case, in addition to selecting the corresponding box, he/she will complete Parts A through D, as applicable.



PUERTO RICO ACCRUALS

The Strategic Group has different office locations and employment accruals will be based on each country's regulations.

PAID TIME OFF:

Paid Time Off (PTO) is an all-purpose time-off policy for eligible employees to use for vacation, illness or injury, and personal business. It combines traditional vacation, sick and personal leave plans into one flexible, paid time-off policy.

Upon being hired and after completing a 90 days of employment period, all employees will begin to earn PTO on a biweekly basis at the end of each pay period. The amount of PTO earned will depend on whether the employee is classified as a part-time or full-time employee as well as how long he/she has worked for the company:

- UNDER ACT NO. 180 the rate of one and one quarter (1 1/4) day per month, for a total of fifteen (15) days per year, provided that the employee works at least one hundred and fifteen (115) hours during the month during which the accrual takes place.
- Accrual of sick leave under Act No. 180 is at the rate of one (1) day per month, for a total of twelve (12) days per year, provided that the employee works at least one hundred and fifteen (115) hours during the month during which the accrual takes place.

HOLIDAYS:

Upon being hired, all employees will receive Holiday Pay for those company holidays, which are listed below. The number of hours paid as Holiday will depend on whether the employee is classified as a part-time or full-time employee.

- Part-time employees will be paid for 4 hours
- Full-time employees will be paid for 8 hours

Recognized Holidays

- | | |
|-------------------------------------|------------------------------|
| • New Year's Day | • Labor Day |
| • Martin Luther King Jr.'s Birthday | • Thanksgiving Day |
| • President's' Day | • Christmas Day |
| • Good Friday | • Epiphany - Three Kings Day |
| • Memorial Day | |
| • Independence Day | |

Signature Certificate



Document Reference: H6RZEDJMF I 7WD2HFR9KGGI

RightSignature
Easy Online Document Signing



Junrui Lin

Party ID: JKDSLIIJU5CCJ76UISYFAR

IP Address: 12.106.88.162

VERIFIED EMAIL: junrui@thestrategicgroup.org

Electronic Signature:

Junrui Lin

Multi-Factor
Digital Fingerprint Checksum

9d1eab9c063e64104d74d6a12e9f62b45e413862



Timestamp

2018-08-07 09:25:40 -0700

2018-08-07 09:25:39 -0700

2018-08-07 09:11:58 -0700

2018-08-07 08:12:23 -0700

Audit

All parties have signed document. Signed copies sent to: Junrui Lin and HR Department.

Document signed by Junrui Lin (junrui@thestrategicgroup.org) with drawn signature. - 12.106.88.162

Document viewed by Junrui Lin (junrui@thestrategicgroup.org). - 12.106.88.162

Document created by HR Department (hr@thestrategicgroup.org). - 173.243.83.82



This signature page provides a record of the online activity executing this contract.