



DCS Offer Package

Congratulations! We are pleased to extend the enclosed offer of employment to you.

We are certain you will be an asset to our team and we are eager to get you started. Should you decide to accept this offer, attached are documents needed to ensure your employee accounts are available on your first day of work.

The first step in the on-boarding process is to review, sign, and return your offer letter and any applicable addendums to your recruiter; contact information is included in your offer letter. You may return these documents by email or fax.

Should you require additional assistance, please contact your recruiter.

Thank you and welcome aboard!
Human Resources



6909 Metro Park Drive
Suite 500
Alexandria, VA 22310
tel: 571-227-6000
fax: 571-227-6001
www.dscorp.com

May 1, 2014

Shaun Stapleton
3316 Woodburn Village Drive Apt 23
Annandale, VA 22003

Dear Shaun:

We appreciate the time you spent with the DCS management team discussing your potential employment with DCS Corporation. Based on these discussions and a review of your qualifications, we are convinced that you would be a valuable addition to our team at our Alexandria, VA office. Accordingly, we are hereby offering the following:

Requisition Title: Intern
Classification: Intern I
Status: Full Time, Non Exempt
Supervisor: Scott Houck
Branch: 9024 in the Administrative Support Division
Salary: \$15.00 per hour, \$31,200.00 if annualized

This is a temporary, non-exempt position meaning you are eligible for overtime compensation in accordance with state labor laws. Your offer is contingent upon receipt of satisfactory results of all pre-employment screenings and verifications. Once all contingencies have been satisfied, you will receive written notification from DCS confirming your start date, anticipated to be May 12, 2014.

As a temporary employee, you are not eligible for company benefits, including holidays and paid time off.

We are certain you will find the opportunities at DCS both stimulating and rewarding and we look forward to you joining our team. We would appreciate a response to this offer by signing the original below and returning it and the accompanying forms via email to ccperry@dscorp.com or via fax to (571) 227-6006 by May 6, 2014.

Should you accept our offer of employment, please report to the DCS Alexandria, VA office at 9:00 am on your first day, and ask for Terri Weadon, our Facility Security Officer.

Since our company is required by law to certify authorization to work for all new employees, **please bring with you on your first day of employment proof of your right to work in the United States.** Such documentation may include one document from List A on the attached List of Acceptable Documents or one document each from both List B and List C. **Because your position requires a security clearance, you will also be required to verify proof of citizenship by presenting documentation listed on the attached Requirement for Verification of Citizenship document.**

If you have any questions or would like to explore further aspects of DCS Corporation or this offer, please do not hesitate to contact Crystal Perry at (571) 227-6290.

Sincerely,

David Tamayo
Vice President
Information Technology

Accepted: _____ Date: _____

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

OR

AND

1. U.S. Passport of 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. Social Security Account Number Card other than one that specifies on the face that the issuance of the card does not authorize employment in the United States
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa	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)
4. Employment Authorization Document that contains a photograph (Form I-766)	3. School ID card with a photograph	3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
	4. Voter's registration card	
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the 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	4. Original or certified copy of a birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
	6. Military dependent's ID card	
	7. U.S. Coast Guard Merchant Mariner Card	5. Native American tribal document
	8. Native American tribal document	6. U.S. Citizen ID Card (Form I-197)
	9. Driver's license issued by a Canadian government authority	
	For persons under age 18 who are unable to present a document listed above:	7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or From I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI	10. School record or report card	8. Employment authorization document issued by the Department of Homeland Security
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

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

Requirements for Verification of Citizenship

Verification of U.S. Citizenship is required for any individual applying or transferring a security clearance. DCS requires each employee who requires a security clearance to produce evidence of U.S. citizenship prior to having access to classified information or applying for a security clearance. To produce evidence of citizenship, please bring with you **on your first day of employment** at least one of the documents from the options listed below. Failure to do so will delay your clearance process.

1. For individuals born in the United States, a **birth certificate** is the primary and preferred means of citizenship verification. Acceptable certificates must show that the birth record was filed shortly after birth and it must be certified with the registrar's signature. It must bear the raised, impressed, or multicolored seal of the registrar's office. The **only** exception is if a State or other jurisdiction does not issue such seals as a matter of policy. Uncertified copies of birth certificates are not acceptable.

A delayed birth certificate is one created when a record was filed more than one year after the date of birth. Such a certificate is acceptable if it shows that the report of birth was supported by acceptable **secondary evidence** of birth. Secondary evidence may include: baptismal or circumcision certificates, hospital birth records, or affidavits of persons having personal knowledge about the facts of birth. Other documentary evidence can be early census, school, or family bible records, newspaper files, or insurance papers. All documents submitted as evidence of birth in the U.S. shall be original or certified documents. Note: Secondary evidence is not acceptable alone; it must be accompanied by a delayed Delay Birth Certificate.

2. If the individual claims citizenship by naturalization, a **Certificate of Naturalization** is acceptable proof of citizenship.
3. If citizenship was acquired by birth abroad to a U.S. citizen parent or parents, the following are acceptable evidence:
 - (1) **A Certificate of Citizenship** issued by the Department of Homeland Security, U.S. Citizenship and Immigration Services (USCIS) or its predecessor organization.
 - (2) **A Report of Birth Abroad of a Citizen of the United States of America**
 - (3) **A Certificate of Birth.**
4. **A U.S. Passport**, current or expired, is acceptable proof of citizenship.
5. **A Record of Military Processing-Armed Forces of the United States** (DD Form 1966) is acceptable proof of citizenship, provided it reflects U.S. citizenship.

New Hire Information Form

Part I to be completed by the New DCS Employee:

Name: _____

(Last, First, M.I.) *Please indicate your name according to your state issued ID*

Date of Birth: ____/____/____ (MM/DD/YYYY) Soc. Sec. Number: ____-____-____

Address: _____

Home Phone Number: ____-____-____ Cell Phone Number: ____-____-____

Home E-Mail: _____

Emergency Information:

Name: _____ Relationship: _____

Phone Number: H: ____-____-____ W: ____-____-____

Name: _____ Relationship: _____

Phone Number: H: ____-____-____ W: ____-____-____

Employee Self-Identification Information

See definitions on the next page

Gender <i>select one</i>	Male	Female
Marital Status <i>select one</i>	Married	Single
Ethnicity & Race <i>select one</i>	Hispanic or Latino/a American Indian/Alaskan Native Asian Black/African American	Native Hawaiian/Pacific Islander White Two or more races (not Hispanic or Latino/a)
Veteran Status <i>select one</i>	Not a veteran	Veteran
Veteran Categories <i>Select as many categories as applicable</i>	Disabled Veteran Vietnam Era Veteran Special Disabled Veteran	Recently Separated – (____/____) <i>Must be within 3 years</i> MM YYYY Active Duty Wartime or Campaign Badge Veteran
Military Status <i>select one</i>	Active Reserve	Inactive Reserve

Education Information:

Degree(s) (Type & Major): _____

University/College Name: _____

Year(s) Graduated/Received Degree: _____

Former / Additional Name(s) Used During Attendance: _____

The above information has been reviewed and is correct. I understand that nothing in my letter of offer or other documents reviewed by me constitute the terms of any employment contract. I understand that my employment is “at will” and terminable at any time either by myself or DCS Corporation, with or without cause.

Employee Signature _____

Date _____

Part II to be completed by DCS Human Resources Only:

Classification (Specialty-Level): _____

Employee Number: _____ Hire Date: _____

Salary / Rate: _____ Branch: _____

Office Location: _____ Worker Comp. Code: _____

Manager: _____ Manager Employee Number: _____

FSLA: <input type="checkbox"/> Exempt <input type="checkbox"/> Non-Exempt	Location: <input type="checkbox"/> FS <input type="checkbox"/> PS <input type="checkbox"/> RES
Status: <input type="checkbox"/> 40-hrs <input type="checkbox"/> CWS <input type="checkbox"/> CWS (Alt) <input type="checkbox"/> G-CWS <input type="checkbox"/> On-Call	Part Time: <input type="checkbox"/> 0-19 <input type="checkbox"/> 20-29 <input type="checkbox"/> 30-39

Employee Self-Identification Definitions

Ethnicity & Race Select One
Hispanic or Latino/a A person of Cuba, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.
American Indian or Alaska Native A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
Asian A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American A person having origins in any of the black racial groups of Africa.
Native Hawaiian or Other Pacific Islander A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White A person having origins in any of the original peoples of Europe, the middle East, or North Africa.
Two or More Races Not Hispanic or Latino/a.
Veteran Categories Select as many categories as applicable
Disabled Veteran A person who was discharged or released from active duty because of a service-connected disability.
Veteran of the Vietnam Era A person who served more than 180 days of active military service, if any part occurred in the Republic of Vietnam between February 28, 1961 and May 7, 1975, OR in all other cases, persons who served more than 180 days of active military service any part of which was during the period August 5, 1964, through May 7, 1975.
Recently Separated Veteran Any veteran during the three-year period beginning on the date of such veteran's discharge or release from active duty.
Active Duty Wartime or Campaign Badge Veteran Veterans who, while serving on active duty in the Armed Forces, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (62 Fed. Reg. 1209).
Special Disabled Veteran A veteran who (1) is entitled to compensation (or who but for the receipt of the military retired pay would be entitled to compensation) under laws administered by the Veterans Administration for a disability (a) rated at 30 percent or more, or (b) rated at 10 or 20 percent in the case of a veteran who had been determined under Section 1506 of Title 38, U.S.C., to have a serious employment disability or (2) a person who was discharged or released from active duty because of a service-connected disability.

Form W-4 (2014)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2014 expires February 17, 2015. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

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

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

The exceptions do not apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2014. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____				
B	Enter "1" if: <table><tr><td>• You are single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You are married, have only one job, and your spouse does not work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You are single and have only one job; or	}	• You are married, have only one job, and your spouse does not work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
• You are single and have only one job; or	}						
• You are married, have only one job, and your spouse does not work; or							
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.							
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____				
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	_____				
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ►	H	_____				
For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>				• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.							
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.							
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.							

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2014			
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2014, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

Deductions and Adjustments Worksheet**Note.** Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2014 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1950) of your income, and miscellaneous deductions. For 2014, you may have to reduce your itemized deductions if your income is over \$305,050 and you are married filing jointly or are a qualifying widow(er); \$279,650 if you are head of household; \$254,200 if you are single and not head of household or a qualifying widow(er); or \$152,525 if you are married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,400 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,100 \text{ if head of household} \\ \$6,200 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2014 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2014 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2014 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$3,950 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2014. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2014. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above
\$0 - \$6,000	0	\$0 - \$6,000	0
6,001 - 13,000	1	6,001 - 16,000	1
13,001 - 24,000	2	16,001 - 25,000	2
24,001 - 26,000	3	25,001 - 34,000	3
26,001 - 33,000	4	34,001 - 43,000	4
33,001 - 43,000	5	43,001 - 70,000	5
43,001 - 49,000	6	70,001 - 85,000	6
49,001 - 60,000	7	85,001 - 110,000	7
60,001 - 75,000	8	110,001 - 125,000	8
75,001 - 80,000	9	125,001 - 140,000	9
80,001 - 100,000	10	140,001 and over	10
100,001 - 115,000	11		
115,001 - 130,000	12		
130,001 - 140,000	13		
140,001 - 150,000	14		
150,001 and over	15		

Table 2

Married Filing Jointly		All Others	
If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$74,000	\$590	\$0 - \$37,000	\$590
74,001 - 130,000	990	37,001 - 80,000	990
130,001 - 200,000	1,110	80,001 - 175,000	1,110
200,001 - 355,000	1,300	175,001 - 385,000	1,300
355,001 - 400,000	1,380	385,001 and over	1,560
400,001 and over	1,560		

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

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

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

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

FORM VA-4

COMMONWEALTH OF VIRGINIA
DEPARTMENT OF TAXATION
PERSONAL EXEMPTION WORKSHEET
(See back for instructions)

1. If you wish to claim yourself, write "1"
2. If you are married and your spouse is not claimed
on his or her own certificate, write "1"
3. Write the number of dependents you will be allowed to claim
on your income tax return (do not include your spouse).....
4. Subtotal Personal Exemptions (add lines 1 through 3).....
5. Exemptions for age
 - (a) If you will be 65 or older on January 1, write "1"
 - (b) If you claimed an exemption on line 2 and your spouse
will be 65 or older on January 1, write "1"
6. Exemptions for blindness
 - (a) If you are legally blind, write "1"
 - (b) If you claimed an exemption on line 2 and your
spouse is legally blind, write "1"
7. Subtotal exemptions for age and blindness (add lines 5 through 6)
8. Total of Exemptions - add line 4 and line 7

Detach here and give the certificate to your employer. Keep the top portion for your records

FORM VA-4 EMPLOYEE'S VIRGINIA INCOME TAX WITHHOLDING EXEMPTION CERTIFICATE

Your Social Security Number	Name		
Street Address			
City		State	Zip Code

COMPLETE THE APPLICABLE LINES BELOW

1. If subject to withholding, enter the number of exemptions claimed on:
 - (a) Subtotal of Personal Exemptions - line 4 of the
Personal Exemption Worksheet.....
 - (b) Subtotal of Exemptions for Age and Blindness
line 7 of the Personal Exemption Worksheet
 - (c) Total Exemptions - line 8 of the Personal Exemption Worksheet.....
2. Enter the amount of additional withholding requested (see instructions).....
3. I certify that I am not subject to Virginia withholding. I meet the conditions
set forth in the instructions (check here) ☐

2601064 Rev. 11/07

Signature _____ Date _____
EMPLOYER: Keep exemption certificates with your records. If you believe the employee has claimed too many exemptions, notify the Department of
Taxation, P.O. Box 1115, Richmond, Virginia 23218-1115, telephone (804) 367-8037.

FORM VA-4 INSTRUCTIONS

Use this form to notify your employer whether you are subject to Virginia income tax withholding and how many exemptions you are allowed to claim. You must file this form with your employer when your employment begins. If you do not file this form, your employer must withhold Virginia income tax as if you had no exemptions.

PERSONAL EXEMPTION WORKSHEET

You may not claim more personal exemptions on form VA-4 than you are allowed to claim on your income tax return unless you have received written permission to do so from the Department of Taxation.

Line 1. You may claim an exemption for yourself.

Line 2. You may claim an exemption for your spouse if he or she is not already claimed on his or her own certificate.

Line 3. Enter the number of dependents you are allowed to claim on your income tax return.

NOTE: A spouse is not a dependent.

Line 5. If you will be age 65 or over by January 1, you may claim one exemption on Line 5(a). If you claim an exemption for your spouse on Line 2, and your spouse will also be age 65 or over by January 1, you may claim an additional exemption on Line 5(b).

Line 6. If you are legally blind, you may claim an exemption on Line 6(a). If you claimed an exemption for your spouse on Line 2, and your spouse is legally blind, you may claim an exemption on Line 6(b).

FORM VA-4

Be sure to enter your social security number, name and address in the spaces provided.

Line 1. If you are subject to withholding, enter the number of exemptions from:

- (a) Subtotal of Personal Exemptions - line 4 of the Personal Exemption Worksheet
- (b) Subtotal of Exemptions for Age and Blindness - line 7 of the Personal Exemption Worksheet
- (c) Total Exemptions - line 8 of the Personal Exemption Worksheet

Line 2. If you wish to have additional tax withheld, and your employer has agreed to do so, enter the amount of additional tax on this line.

Line 3. If you are not subject to Virginia withholding, check the box on this line. You are not subject to withholding if you meet any one of the conditions listed below. Form VA-4 must be filed with your employer for each calendar year for which you claim exemption from Virginia withholding.

- (a) You had no liability for Virginia income tax last year and you do not expect to have any liability for this year.
- (b) You expect your Virginia adjusted gross income to be less than the amount shown below for your filing status:

	Taxable Years 2005, 2006 and 2007	Taxable Years 2008 and 2009	Taxable Years 2010 and 2011	Taxable Years 2012 and Beyond
Single	\$7,000	\$11,250	\$11,650	\$11,950
Married	\$14,000	\$22,500	\$23,300	\$23,900
Married, filing a separate return	\$7,000	\$11,250	\$11,650	\$11,950

- (c) You live in Kentucky or the District of Columbia and commute on a daily basis to your place of employment in Virginia.
- (d) You are a domiciliary or legal resident of Maryland, Pennsylvania or West Virginia whose only Virginia source income is from salaries and wages and such salaries and wages are subject to income taxation by your state of domicile.

DCS CORPORATION
PAYROLL DIRECT DEPOSIT REQUEST FORM



EMPLOYEE NAME: _____

BANK	BANK ROUTING # (9- DIGIT)	BANK ACCOUNT #	SAVINGS	CHECKING	PERCENT or AMOUNT *

* ENTER "R" FOR THE ACCOUNT THAT IS TO RECEIVE THE REMAINING BALANCE

I hereby authorize DCS Corp to initiate credit entries, and to initiate, if necessary, debit entries and adjustments for credit entries in error to my account indicated above, and Wachovia Bank to credit and/or debit the same to such account.

Signature

Date

Place Voided Check Here

(MUST ATTACH A VOIDED CHECK/ or DEPOSIT SLIP FOR EACH ACCOUNT)

PLEASE NOTE: Your first paycheck is not **GUARANTEED** to be directly deposited into your account if your paperwork is not received at least 2 weeks before your start date. If your first pay check is not directly deposited into your account, you will receive a manual check which will be mailed to the address indicated on your **NEW HIRE INFORMATION FORM**. If you have any additional questions or concerns, please contact Payroll directly at payrollhelp@dcscorp.com.

TO BE COMPLETED BY DCS PERSONNEL:

EMPLOYEE ID: _____

☐ **NEW ENROLLMENT**



DCS Pay Schedule

As a new employee, acclimating to a new pay schedule can be a confusing. Below is information that is intended to help you understand DCS's pay schedule and, more importantly, provide an explanation as to how expenses and compensation are paid out. (Additional reference material is attached as applicable)

There are two pay periods within each month. The pay periods are the **1st – 15th** and the **16th – Last Day of the Month**. You will be paid on a semi-monthly basis; pay days are the **10th** and **25th** of each month.

PAY SCHEDULE:

DCS's payday reflects the previous pay period. If a payday falls on the weekend, you will be paid on the Friday prior to the normally scheduled pay date. A standard work day is 8 hours.

Example:

Pay period 1st – 15th: This pay period equates to an 80 hour pay period (8 hours x 10 days = 80)

Pay period 16th – Last Day of the Month: This pay period equates to an 88 hour pay period (8 hours x 11 days = 88)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2 Start Date	3	4	5	6	7
8	9	10 DCS Pay Day	11	12	13	14
15	16	17	18	Reflects Pay Period 1 st -15 th		21
22	23	24	25 DCS Pay Day	26	27	28
29	30					

NOTE: Non-Exempt: If you are a non-exempt (hourly) employee, your paychecks will reflect the total number of hours you worked in each pay period. **Exempt:** If you are an exempt (salaried) employee, your annualized salary will be divided equally by 24 (the number of pay periods in a given year) and your paychecks will reflect the same wages each pay period. If you do not start at the beginning of a pay period, your check will be pro-rated to reflect the days you work during your first pay period. Should you have any questions or concerns regarding this, please contact Payroll Help directly at payrollhelp@dcscorp.com.