

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

Marzieh ADAB, et al.,

Plaintiffs,

v.

UNITED STATES CITIZENSHIP
AND IMMIGRATION SERVICES,
et al.,

Defendants.

Case No. 2:14-cv-4597

SETTLEMENT AGREEMENT

SETTLEMENT AGREEMENT

This Settlement Agreement (hereinafter “Agreement”) is entered into by and between the Plaintiff Marzieh ADAB and Defendants, UNITED STATES CITIZENSHIP & IMMIGRATION SERVICES, (“USCIS”), et al., with reference to the facts recited herein.

WHEREAS: The Plaintiff in this lawsuit is an immigrant investor who has petitioned the government for classification as alien entrepreneur by filing a Form I-526 petition with Defendant USCIS. The Plaintiff sought such classification based on his investment in Riverside One Limited Partnership (“Riverside One”).

WHEREAS: Riverside One was established to purchase, renovate, and lease properties in Riverside County to commercial tenants for the purpose of generating a return on capital and creating jobs for United States workers.

WHEREAS: On May 1, 2014, the Defendants denied Plaintiff Marzieh Adab’s Form I-526 petition.

WHEREAS: Plaintiff Marzieh Adab, along with five other investors in Riverside One, filed the above-captioned lawsuit on June 16, 2014. The lawsuit seeks reversal of Defendants' denial of his Form I-526 petition.

WHEREAS: Plaintiff filed the Complaint as a putative class action, alleging that as of the date the Complaint was filed, "a total of 38 foreign nationals seek an opportunity to immigrate to the United States based on an investment in Riverside One Limited Partnership." The Complaint further alleged that "the Riverside One partnership intended to accept a total of up to 62 immigrant investors as limited partners." *See* Compl. ¶ 79.

WHEREAS: Every investor but Plaintiff Marzieh Adab has withdrawn his or her investment capital from Riverside One Limited Partnership.

WHEREAS: Plaintiffs filed a stipulation of dismissal of all Plaintiffs except Plaintiff Marzieh Adab. The only remaining investor Plaintiff in this civil action is Marzieh Adab.

WHEREAS: Defendants contend that the evidence submitted to the agency to date does not establish Plaintiff Marzieh Adab's eligibility for the benefit sought.

TERMS AND SCOPE OF THE AGREEMENT

NOW THEREFORE, in recognition that the Parties and the interests of justice are best served by concluding this civil action, Adab v. USCIS, 2:14-cv-04597 (D.D.C.) (the "Action"), it is hereby stipulated and agreed by and between the Parties as follows:

1. Effective Date of Agreement. This Agreement will become effective upon execution of the Agreement by all Parties.

2. Adjudication of Plaintiff's I-526 Petition.

(a) Within forty five (45) days of this Agreement's effective date, Plaintiff Marzieh Adab will submit to Defendants, with the Cover Sheet in the Exhibit A and pursuant to its instructions, the following evidence:

- i. Documentation establishing that Riverside One has invested at least \$500,000 in capital contributed by Plaintiff Marzieh Adab for the purpose of generating a return on capital and creating jobs for United States workers in the form of a signed affidavit or declaration from the regional center or the new commercial enterprise stating that Plaintiff Marzieh Adab's capital contribution of at least \$500,000 is being used as an at-risk investment; and
- ii. At least ten (10) Forms I-9 along with evidence of wages paid in order to show that the tenant at the renovated property has hired at least ten (10) or more United States workers subsequent to Plaintiff Marzieh Adab's investment in the new commercial enterprise, thereby establishing that the investment has created employment for at least ten (10) qualifying United States workers.

(b) Within ten (10) days of Defendants' receipt of the materials in paragraph 2(a), Defendants shall reopen Plaintiff Marzieh Adab's I-526 petition. Absent fraud or source-of-funds issues, Defendants agree to approve Plaintiff Marzieh Adab's I-526 petition in accordance with the timeframe under Paragraph 2(c).

(c) After Defendants reopen Plaintiff Marzieh Adab's I-526 petition, Defendants shall have thirty (30) days to issue a Request for Evidence ("RFE") identifying any fraud or source-of-funds issues in connection with the petition. If Defendants do not issue an RFE within thirty (30) days, Defendants agree that Plaintiff Marzieh Adab's I-526 petition shall be deemed approved and Defendants will issue an appropriate approval notice to Plaintiff Marzieh Adab within fourteen (14) days after the expiration of the thirty-day timeframe for issuing RFEs under this Paragraph 2(c).

(d) ~~In the event Defendants issue an RFE to Plaintiff Marzieh Adab, as provided under Paragraph 2(c), Plaintiff Marzieh Adab shall have sixty (60) days to respond to the RFE. Defendants shall have sixty (60) days from the date of receiving Plaintiff Marzieh Adab's response to the RFE to issue a final decision on the I-526 petition. Plaintiff agrees that any RFE response will be filed with the cover sheet attached as **Exhibit A**, and that Plaintiff will comply with the instructions listed on the cover sheet attached as **Exhibit A**.~~

3. Plaintiff's Agreement to Comply with the I-829 Petition Requirements. Plaintiff agrees that any proposed or projected job creation under this Agreement concerns only the adjudication of her I-526 petition. Plaintiff further agrees that nothing in this Agreement shall relieve, excuse, or exempt him from any statutory or regulatory requirement for maintaining qualifying at-risk investments and for establishing the required job creation, among other requirements, for removing the conditions on his permanent residence at the I-829 petition stage.

4. Agreement to Sustain Invested Capital. Plaintiff agrees that during the two-year conditional residence time frame, as provided under 8 U.S.C. § 1186b, Plaintiff shall not receive back any portion of the capital he invested in the new commercial enterprise, otherwise known as "Riverside One." Defendants acknowledge that if Plaintiff sustains his capital investment at risk in the new commercial enterprise for the purpose of generating a return on his investment throughout the entire conditional residence time frame, then Defendants will consider Plaintiff's redeployment of capital through the new commercial enterprise to an alternative project a permissible change in investment, provided Plaintiff otherwise satisfies the job creation requirements at the I-829 petition stage based on the redeployed funds in the new project. Plaintiff further agrees that in order to substantially meet the capital investment requirement under the statute, and to continuously sustain in good faith the capital investment over the two years of conditional residence time frame, any capital that is redeployed through the new commercial enterprise to an alternative project must be redeployed in that alternative project in an expeditious manner after redeployment of funds in the new commercial enterprise.

5. Compliance and Jurisdiction to Review Violations. Either Party may apply to the Court for enforcement of this Agreement, provided: (i) the party seeking relief has informed the other party of the specific grounds for the alleged violation of the Agreement; and (ii) the dispute cannot be resolved informally within thirty (30) days from the date the party alleged to have violated the agreement receives written notice from the aggrieved party.

6. Joint Stipulation for Abeyance. Upon execution of the Agreement, the Parties agree to stipulate to hold this action in abeyance until such time as the action is dismissed, or a party applies to the Court for enforcement of the Agreement pursuant to paragraph 5 of the Agreement.

7. Dismissal With Prejudice. Unless a Party has applied to the Court for enforcement of this Agreement pursuant to paragraph 5, the Parties agree to stipulate to dismiss this action with prejudice within sixty (60) days after USCIS issues a final decision on Plaintiff's I-526 petition. If a Party has invoked enforcement of this Agreement pursuant to paragraph 5, the Parties agree to stipulate to dismiss the Action with prejudice within fourteen (14) days of the Court's resolution of the application for enforcement and the exhaustion of any appeals thereto. Neither this Agreement nor a dismissal of this Action with prejudice precludes Plaintiff from challenging in a subsequent civil action USCIS's denial of his I-526 petition.

8. Expiration of Agreement. This Agreement terminates or otherwise expires on the date the Court dismisses this action with prejudice.

9. Waiver of Attorneys' Fees and Costs. Both Parties shall bear their own costs in this action. In addition, Plaintiff agrees to waive all attorneys' fees incurred in this action, except Plaintiff's counsel reserves the right to petition the court for the award of any fees and costs associated with efforts to enforce compliance with the terms of this Agreement.

10. No Acknowledgement of Wrongdoing. The Parties enter into this Agreement for the sole purpose of settling and disposing of this action. This

Agreement does not constitute an admission of guilt or wrongdoing by any of the Parties.

11. Entire Agreement. This Agreement, including Exhibit A, constitutes the entire agreement between the parties with respect to this action and supersedes all prior discussions, agreements, and understandings, both written and oral, among the parties in connection with this Agreement. Further, each Party is precluded from using this Agreement for any purpose other than enforcement of the terms of this Agreement as stated herein.

12. Applicable Law. This Agreement shall be interpreted in accordance with the laws of the United States without respect to the law of any particular State or territory.

13. Headings. The Parties agree that the captions and underlined paragraph headings in this Agreement are included solely for the convenience of the Parties, are not part of the terms and conditions of the Agreement, and do not limit, alter, or otherwise affect the provisions of, and the Parties' rights and obligations under, this Agreement.

IN WITNESS WHEREOF, the Parties have executed this Agreement, and the undersigned represent that they are authorized to execute and deliver this Agreement on behalf of the respective Parties.

[signature block on next page]

Consented and agreed to by:



IRA J. KURZBAN

Dated: 6/4, 2015

KURZBAN KURZBAN WEINGER
TETZELI & PRATT, P.A.
2650 SW 27th Avenue, 2nd Floor
Miami, Florida 33133
305-444-0060

Attorney for Plaintiffs

BENJAMIN C. MIZER
Principal Deputy Assistant Attorney General

LEON FRESCO
Deputy Assistant Attorney General



GEOFFREY FORNEY
Senior Litigation Counsel
United States Department of Justice
Office of Immigration Litigation
450 5th Street, NW
Washington, DC 20001
202-532-4329

Dated: 6/4, 2015

Attorneys for Defendants

Adab v. USCIS

Settlement Cover Sheet

EXPEDITED ADJUDICATION REQUESTED

The attached documentation is being filed pursuant to the *Adab v. USCIS* settlement agreement. By the terms of this agreement, further action based on this submission will be expeditiously processed.

Instructions:

A. Submit All Responsive Documents to the Following:

Attn: Lori Melton, Division Chief, Adjudications
USCIS - Immigrant Investor Program Office
131 M Street, NE
Mailstop 2235
Washington, DC 20529

B. To ensure expedited processing, upon submitting the Documentation or RFE Response, Petitioner must also e-mail the receipt number for this petition to the USCIS Immigrant Investor Program mailbox:

USCIS.ImmigrantInvestorProgram@uscis.dhs.gov with a carbon copy to Division Chief Lori Melton at Lori.Melton@uscis.dhs.gov.

LAW OFFICES OF

KURZBAN KURZBAN WEINGER TETZELI AND PRATT, P.A.

PLAZA 2650
2650 S.W. 27TH AVENUE
SECOND FLOOR
MIAMI, FLORIDA 33133

TELEPHONE (305) 444-0060

TELECOPIER
(305) 444-3503

June 10, 2015

Ms. Lori Melton
Division Chief, Adjudications
USCIS-Immigrant Investor Program Office
131 M Street, NE
Mailstop 2235
Washington, DC 20529

Re: Documents Pursuant to Settlement in *Adab v. USCIS*, Case No. 2:14-cv-4597

Dear Ms. Melton:

Pursuant to paragraph 2 of the Settlement Agreement in the above referenced case enclosed please find the following documents:

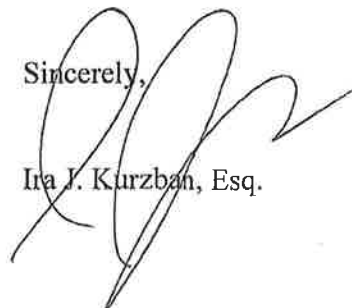
1. Affidavit of Henry Liebman attesting to Mr. Adab's \$500,000 investment and that the funds remain at risk in Riverside One LP.
2. I-9 forms for at least 10 employees with their W-2s and other evidence of wages paid. We have actually include 15 I-9 forms with evidence of paid wages in case there were any issues or concerns.

I have also included a copy of the settlement agreement for your review.

If Mr. Adab's case is approved, I kindly request that you send me a copy of the approval notice in my capacity as counsel of record in the case. If it is convenient for you, please e-mail me the approval notice at ira@kkwtlaw.com

If there are any questions, I may be reached at the above telephone number and address. Thank you for your cooperation in this matter.

Sincerely,



Ira J. Kurzban, Esq.

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF COLUMBIA

MARZIEH ADAB, et al.,

Plaintiffs,

v.

UNITED STATES IMMIGRATION
AND CITIZEN SHIP SERVICES, et
al.,

Defendants.

Case No.: 15-248-JEB

**AFFIDAVIT OF HENRY
LIEBMAN**

Before me, the undersigned authority, appeared HENRY LIEBMAN, who being duly sworn, deposes and states the following:

I am the President of American Life, Inc. and the managing general partner of the Riverside One Limited Partnership ("Riverside One LP"), the new commercial enterprise, in which Marzieh Adab is a principal investor. I hereby affirm that Marzieh Adab invested \$500,000 in Riverside One LP, which was and still is being used as an at risk investment in Riverside One LP.


Henry Liebman

The foregoing was sworn to or affirmed before me on this 20th day of May, 2015 by Henry Liebman.


Notary Public

Personally known to me

OR

Produced Identification _____

Type of Identification Produced _____

KARYNE L. PESHO
NOTARY PUBLIC
STATE OF WASHINGTON
COMMISSION EXPIRES
NOVEMBER 1, 2016

Employee Name	Start Date
WESTERMAN LECIA	4/2/2014
CERVANTES ENRIQUE	4/14/2014
GONZALEZ JOSE	5/5/2014
LEDFORD ANDREW	5/9/2014
COMPTON ROBIN	5/19/2014
JOHNSON ROBERT	5/30/2014
SANTOS DAVID	6/5/2014
NUNEZ- AVALOS GIOVANNI	6/17/2014
LORA RAUL	6/19/2014
GOMEZ LLUVIA	7/18/2014
AGUILAR SALVADOR	7/25/2014
LEYVA-ESCOBAR MARIA. ESTHER	8/13/2014
PEREZ B RAFAEL	8/19/2014
RESENDEZ RAMONA. ARACELI	8/26/2014
SANCHEZ-HERMOSILLO BERENICE	9/2/2014
VENTURA SILVIA	9/15/2014
MARTINEZ ALBERTO	9/18/2014
CORONA SUSANA	9/19/2014
LOPEZ DE NAVA ELIZABETH	10/8/2014
RAMIREZ DANIEL	10/8/2014
TORRES GENOVEVA	10/8/2014
TORRES ALBERTO	10/10/2014
MARTINEZ OFELIA	10/14/2014
FLORES SILVIA	10/20/2014
ROMERO R. OLGA	10/20/2014
RUIZ RENE	11/11/2014
JUAREZ LOURDES	11/19/2014
Added Employees as of 1/1/14	79



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) <u>Cervantes</u>		First Name (Given Name) <u>Enrique</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>26017 Bayline st.</u>			Apt. Number	City or Town <u>San Bernardino</u>	State <u>Ca.</u>	Zip Code <u>92410</u>
Date of Birth (mm/dd/yyyy) <u>01/15/1984</u>	U.S. Social Security Number <u>612-22-1013</u>	E-mail Address <u>gonzalez_2283@hotmail.com</u>			Telephone Number <u>909.5835.213</u>	

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number) 092-812-046
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ . Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

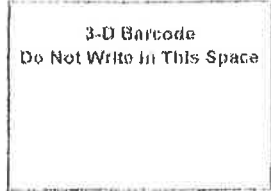
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee <u>Enrique Cervantes</u>	Date (mm/dd/yyyy) <u>04/19/2014</u>
---	--

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

STOP Employer Completes Next Page **STOP**

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 last day of employment. You must physically examine one document from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: CERVANTES, ENRIQUE

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

Document Title: <u>Prem Res</u>	Document Title: <u>Social Sec CARD</u>	Document Title:
Issuing Authority: <u>USA.</u>	Issuing Authority: <u>SSA.</u>	Issuing Authority:
Document Number: <u>092-812-046</u>	Document Number: <u>012-72-1013</u>	Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>01/17/2018</u>	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):		

3-D Barcode
Do Not Write In This Space

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 <u>Donna S. Montante</u>	Date (mm/dd/yyyy) <u>04/14/2014</u>	Title of Employer or Authorized Representative <u>Accounting / Payroll</u>
Last Name (Family Name) <u>Montante</u>	First Name (Given Name) <u>Donna</u>	Employer's Business or Organization Name <u>Auction Shutters</u>
Employer's Business or Organization Address (Street Number and Name) <u>3407 W. PERRIS BLVD.</u>	City or Town <u>PERRIS</u>	State <u>CA.</u>
		Zip Code <u>92571</u>

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

A. New Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative
--	--------------------	---

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Cervantes, Enrique

Help 

Employee Search R36169 [Go](#)

Earnings Detail for Cervantes, Enrique 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	32.00	9.0000	288.00	500	1
Overtime	3.00	13.5000	40.50	500	1

Deductions Detail

Description	Amount
-------------	--------

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	5.35
FICA - MEDICARE	4.76
FICA - OASDI	20.37
CA INCOME TAX	0.00
CA DISABILITY	2.96

[Reprint Check Stub](#) [Print Details](#)

[Close Detail](#)

Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503



1oz - 157074 - 157074
 ENRIQUE CERVANTES
 26017 BASE LINE ST
 SAN BERNARDINO CA 92410-7041



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			2014	OMB No. 1545-0008
a Employee's soc. sec. no. 612-22-1013	1 Wages, tips, other comp. 13352.63	2 Federal income tax withheld 386.59		
b Employer ID number (EIN) 52-0812977	3 Social security wages 13352.63	4 Social security tax withheld 827.86		
	5 Medicare wages and tips 13352.63	6 Medicare tax withheld 193.61		
c Employer's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 084650				
e Employee's first name and initial Last name Suf.				
ENRIQUE CERVANTES 26017 BASE LINE ST SAN BERNARDINO CA 92410-7041				
f Employee's address and ZIP code				
7 Social security tips 8 Allocated tips 9				
10 Dependent care benefits 11 Reimbursement plans 12a Code				
13 Statutory employee 14 Other CADI 133.56 12b Code				
Retirement plan 12c Code				
Third-party catch pay 12d Code				
CA 34723841 13352.63 5.38				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax				
18 Local wages, tips, etc. 19 Local income tax 20 Locality name				

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			2014	OMB No. 1545-0008
a Employee's soc. sec. no. 612-22-1013	1 Wages, tips, other comp. 13352.63	2 Federal income tax withheld 386.59		
b Employer ID number (EIN) 52-0812977	3 Social security wages 13352.63	4 Social security tax withheld 827.86		
	5 Medicare wages and tips 13352.63	6 Medicare tax withheld 193.61		
c Employer's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 084650				
e Employee's first name and initial Last name Suf.				
ENRIQUE CERVANTES 26017 BASE LINE ST SAN BERNARDINO CA 92410-7041				
f Employee's address and ZIP code				
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13 Statutory employee 14 Other CADI 133.56 12b Code				
Retirement plan 12c Code				
Third-party catch pay 12d Code				
CA 34723841 13352.63 5.38				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax				
18 Local wages, tips, etc. 19 Local income tax 20 Locality name				

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return			2014	OMB No. 1545-0008
a Employee's soc. sec. no. 612-22-1013	1 Wages, tips, other comp. 13352.63	2 Federal income tax withheld 386.59		
b Employer ID number (EIN) 52-0812977	3 Social security wages 13352.63	4 Social security tax withheld 827.86		
	5 Medicare wages and tips 13352.63	6 Medicare tax withheld 193.61		
c Employer's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 084650				
e Employee's first name and initial Last name Suf.				
ENRIQUE CERVANTES 26017 BASE LINE ST SAN BERNARDINO CA 92410-7041				
f Employee's address and ZIP code				
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Retirement plan 12c Code				
Third-party catch pay 12d Code				
CA 34723841 13352.63 5.38				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax				
18 Local wages, tips, etc. 19 Local income tax 20 Locality name				

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return			2014	OMB No. 1545-0008
a Employee's soc. sec. no. 612-22-1013	1 Wages, tips, other comp. 13352.63	2 Federal income tax withheld 386.59		
b Employer ID number (EIN) 52-0812977	3 Social security wages 13352.63	4 Social security tax withheld 827.86		
	5 Medicare wages and tips 13352.63	6 Medicare tax withheld 193.61		
c Employer's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 084650				
e Employee's first name and initial Last name Suf.				
ENRIQUE CERVANTES 26017 BASE LINE ST SAN BERNARDINO CA 92410-7041				
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Third-party catch pay 12d Code				
CA 34723841 13352.63 5.38				
15 State Employer's state ID number 16 State wages, tips, etc. 17 State income tax				
18 Local wages, tips, etc. 19 Local income tax 20 Locality name				

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▼ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) <u>Santos</u>		First Name (Given Name) <u>David</u>		Middle Initial <u>A</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>3934 N. Lugo Ave</u>			Apt. Number <u>2</u>	City or Town <u>San Bernardino</u>		State <u>CA</u>
Date of Birth (mm/dd/yyyy) <u>4/20/90</u>		U.S. Social Security Number <u>609-19-1784</u>		E-mail Address		Telephone Number <u>909-246-2639</u>

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number) 069-498-644
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 06/20/21. Some aliens may write "N/A" in this field. (See instructions)

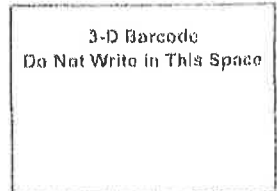
For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- Alien Registration Number/USCIS Number: _____
OR
- Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____
Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee: <u>DAVID ANTONIO SANTOS</u>	Date (mm/dd/yyyy): <u>6/5/14</u>
---	-------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
		Zip Code	



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Santos, David Antonio

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Prem Res CARD</u>		Document Title: <u>Social Sec CARD</u>		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority: <u>SSA</u>		Issuing Authority:
Document Number: <u>069-498-644</u>		Document Number: <u>609-19-1784</u>		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>08/20/2021</u>		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):				

3-D Barcode
Do Not Write in This Space

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): 06/05/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Donna Montante</u>		Date (mm/dd/yyyy) <u>06/05/2014</u>	Title of Employer or Authorized Representative <u>Payroll Agent</u>	
Last Name (Family Name) <u>Montante</u>		First Name (Given Name) <u>Donna</u>	Employer's Business or Organization Name <u>Avatar Shuttles Inc</u>	
Employer's Business or Organization Address (Street Number and Name) <u>3407 N. PERRIS AVE.</u>		City or Town <u>PERRIS</u>	State <u>CA.</u>	Zip Code <u>92571</u>

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy)
--	--

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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	Date (mm/dd/yyyy)	Print Name of Employer or Authorized Representative
--	-------------------	---

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Santos, David

Help 

Employee Search S46178 Go

Earnings Detail for Santos, David 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	40.00	9.0000	360.00	500	1
Overtime	3.00	13.5000	40.50	500	1

Deductions Detail

Description	Amount
-------------	--------

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	0.00
FICA - MEDICARE	5.81
FICA - OASDI	24.83
CA INCOME TAX	0.00
CA DISABILITY	3.60

Reprint Check Stub Print Details

Close Detail

Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503

1oz - 157291 - 157291
 DAVID SANTOS
 3934 N LUGO AVE APT 2
 SAN BERNARDINO CA 92404-1638



Copy C—For EMPLOYER'S RECORDS (See Instructions to Employer on the back of Copy B.)		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 609-19-1784	1 Wages, tips, other comp. 11378.25	2 Federal income tax withheld 55.15	
b Employer ID number (EIN) 52-0812977	3 Social security wages 11378.25	4 Social security tax withheld 705.45	
	5 Medicare wages and tips 11378.25	6 Medicare tax withheld 164.98	
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 090781			
e Employee's first name and initial Last name DAVID SANTOS 3934 N LUGO AVE APT 2 SAN BERNARDINO CA 92404-1638			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Temporary disability	12a Code	
13 Statutory employee	14 Other CADI 113.84	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	11378.25	5.24	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filled With Employee's FEDERAL Tax Return.		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 609-19-1784	1 Wages, tips, other comp. 11378.25	2 Federal income tax withheld 55.15	
b Employer ID number (EIN) 52-0812977	3 Social security wages 11378.25	4 Social security tax withheld 705.45	
	5 Medicare wages and tips 11378.25	6 Medicare tax withheld 164.98	
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 090781			
e Employee's first name and initial Last name DAVID SANTOS 3934 N LUGO AVE APT 2 SAN BERNARDINO CA 92404-1638			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Temporary disability	12a Code	
13 Statutory employee	14 Other CADI 113.84	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	11378.25	5.24	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 609-19-1784	1 Wages, tips, other comp. 11378.25	2 Federal income tax withheld 55.15	
b Employer ID number (EIN) 52-0812977	3 Social security wages 11378.25	4 Social security tax withheld 705.45	
	5 Medicare wages and tips 11378.25	6 Medicare tax withheld 164.98	
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 090781			
e Employee's first name and initial Last name DAVID SANTOS 3934 N LUGO AVE APT 2 SAN BERNARDINO CA 92404-1638			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Temporary disability	12a Code	
13 Statutory employee	14 Other CADI 113.84	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	11378.25	5.24	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 609-19-1784	1 Wages, tips, other comp. 11378.25	2 Federal income tax withheld 55.15	
b Employer ID number (EIN) 52-0812977	3 Social security wages 11378.25	4 Social security tax withheld 705.45	
	5 Medicare wages and tips 11378.25	6 Medicare tax withheld 164.98	
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 090781			
e Employee's first name and initial Last name DAVID SANTOS 3934 N LUGO AVE APT 2 SAN BERNARDINO CA 92404-1638			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Temporary disability	12a Code	
13 Statutory employee	14 Other CADI 113.84	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	11378.25	5.24	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) Nunez - Aguilar		First Name (Given Name) Giovanni		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 556 W. 21st St			Apt. Number	City or Town San Bernardino	State CA	Zip Code 92405
Date of Birth (mm/dd/yyyy) 77-24-92	U.S. Social Security Number 675-60-9837	E-mail Address			Telephone Number	

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):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

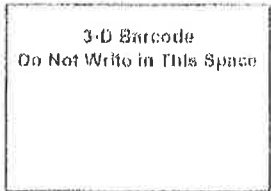
- Alien Registration Number/USCIS Number _____
- OR**
- Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*



Signature of Employee:	Date (mm/dd/yyyy): 6-17-2014
------------------------	------------------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code



Employer Completes Next Page



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 the documents from List A OR examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: NUNUE-ARVALOS, Giovanni

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>CA DRIVER'S LIC</u>		Document Title: <u>DMV</u>		Document Title: <u>SOCIAL SEC. CARD</u>
Issuing Authority: <u>DMV</u>		Issuing Authority: <u>DMV</u>		Issuing Authority: <u>SSA</u>
Document Number: <u>F7356432</u>		Document Number: <u>F7356432</u>		Document Number: <u>615-60-9837</u>
Expiration Date (if any)(mm/dd/yyyy): <u>11/20/2019</u>		Expiration Date (if any)(mm/dd/yyyy): <u>11/20/2019</u>		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):				

3-D Barcode
Do Not Write in This Space

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): 06/17/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Donna Montante</u>		Date (mm/dd/yyyy) <u>06/17/2014</u>	Title of Employer or Authorized Representative <u>Payroll/Rec.</u>	
Last Name (Family Name) <u>Montante</u>	First Name (Given Name) <u>Donna</u>	Employer's Business or Organization Name <u>Huntlon Shatters</u>		
Employer's Business or Organization Address (Street Number and Name) <u>3407 N. PERMIS BLVD</u>		City or Town <u>PERMIS</u>	State <u>CA</u>	Zip Code <u>92570</u>

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

A. New Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
--	--------------------	--

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Nunez- Avalos, Giovanni

Help 

Employee Search P48888

55

Earnings Detail for Nunez- Avalos, Giovanni 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	39.75	9.0000	357.75	500	1

Deductions Detail

Description	Amount
-------------	--------

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	0.00
FICA - MEDICARE	5.18
FICA - OASDI	22.18
CA INCOME TAX	0.00
CA DISABILITY	3.22

Reprint Check Stub Print Details

Close Detail

Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503



1oz - 167050 - 167050
 GIOVANNI NUNEZ- AVALOS
 556 W 21ST ST
 SAN BERNARDINO CA 92405-3803



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		2014	OMB No. 1845-0008
a Employee's soc. sec. no. 615-60-9837	1 Wages, tips, other comp. 9549.27	2 Federal income tax withheld 4.39	
b Employer ID number (EIN) 52-0812977	3 Social security wages 9549.27	4 Social security tax withheld 592.05	
	5 Medicare wages and tips 9549.27	6 Medicare tax withheld 138.46	
d Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
f Control number 079988			
e Employee's first name and initial Last name Suffix			
GIOVANNI NUNEZ- AVALOS 556 W 21ST ST SAN BERNARDINO CA 92405-3803			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Dependent care expenses	12a Code	
13 Statutory employee	14 Other CADI 95.52	15a Code	
Retirement plan		15c Code	
Third-party sick pay		15d Code	
CA 34723841	9549.27		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local signature	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filed With Employee's FEDERAL Tax Returns.		2014	OMB No. 1845-0008
a Employee's soc. sec. no. 615-60-9837	1 Wages, tips, other comp. 9549.27	2 Federal income tax withheld 4.39	
b Employer ID number (EIN) 52-0812977	3 Social security wages 9549.27	4 Social security tax withheld 592.05	
	5 Medicare wages and tips 9549.27	6 Medicare tax withheld 138.46	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 079988			
e Employee's first name and initial Last name Suffix			
GIOVANNI NUNEZ- AVALOS 556 W 21ST ST SAN BERNARDINO CA 92405-3803			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Dependent care expenses	12a Code	
13 Statutory employee	14 Other CADI 95.52	15a Code	
Retirement plan		15c Code	
Third-party sick pay		15d Code	
CA 34723841	9549.27		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local signature	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1845-0008
a Employee's soc. sec. no. 615-60-9837	1 Wages, tips, other comp. 9549.27	2 Federal income tax withheld 4.39	
b Employer ID number (EIN) 52-0812977	3 Social security wages 9549.27	4 Social security tax withheld 592.05	
	5 Medicare wages and tips 9549.27	6 Medicare tax withheld 138.46	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 079988			
e Employee's first name and initial Last name Suffix			
GIOVANNI NUNEZ- AVALOS 556 W 21ST ST SAN BERNARDINO CA 92405-3803			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Dependent care expenses	12a Code	
13 Statutory employee	14 Other CADI 95.52	15a Code	
Retirement plan		15c Code	
Third-party sick pay		15d Code	
CA 34723841	9549.27		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local signature	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1845-0008
a Employee's soc. sec. no. 615-60-9837	1 Wages, tips, other comp. 9549.27	2 Federal income tax withheld 4.39	
b Employer ID number (EIN) 52-0812977	3 Social security wages 9549.27	4 Social security tax withheld 592.05	
	5 Medicare wages and tips 9549.27	6 Medicare tax withheld 138.46	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 079988			
e Employee's first name and initial Last name Suffix			
GIOVANNI NUNEZ- AVALOS 556 W 21ST ST SAN BERNARDINO CA 92405-3803			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Dependent care expenses	12a Code	
13 Statutory employee	14 Other CADI 95.52	15a Code	
Retirement plan		15c Code	
Third-party sick pay		15d Code	
CA 34723841	9549.27		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local signature	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire 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) <u>Lora</u>		First Name (Given Name) <u>Paul</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>4458 Hella St</u>			Apt. Number	City or Town <u>Riverside</u>	State <u>CA</u>	Zip Code <u>92501</u>
Date of Birth (mm/dd/yyyy) <u>03/16/1987</u>	U.S. Social Security Number <u>622-26-9272</u>	E-mail Address			Telephone Number <u>951-347-1011</u>	

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):

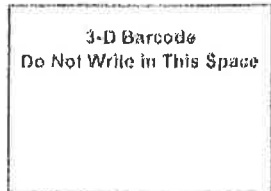
- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): _____
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) _____ Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

1. Alien Registration Number/USCIS Number: _____

OR

2. Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: Paul Lora Date (mm/dd/yyyy): 06-19-2014

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mm/dd/yyyy)			
Last Name (Family Name)			First Name (Given Name)			
Address (Street Number and Name)			City or Town		State	Zip Code

STOP Employer Completes Next Page STOP

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Loza, Raul

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title: <u>IDENTIFICATION CARD</u>		Document Title: <u>Job-SEC CARD</u>
Issuing Authority		Issuing Authority: <u>Idaho</u>		Issuing Authority: <u>SSA</u>
Document Number		Document Number: <u>EA1365710</u>		Document Number: <u>022-26-3772</u>
Expiration Date (if any) (mm/dd/yyyy)		Expiration Date (if any) (mm/dd/yyyy): <u>03/16/2015</u>		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):				

3-D Barcode
Do Not Write in This Space

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): 06/19/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Donna Montante</u>		Date (mm/dd/yyyy) <u>06/20/2014</u>	Title of Employer or Authorized Representative <u>Payroll / Acct.</u>	
Last Name (Family Name) <u>MONTANTE</u>	First Name (Given Name) <u>DONNA</u>	Employer's Business or Organization Name <u>AVALON SHUTTERS</u>		
Employer's Business or Organization Address (Street Number and Name) <u>3407 N. PERKINS BLVD.</u>		City or Town <u>PERKINS</u>	State <u>CA.</u>	Zip Code <u>92571</u>

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

A. New Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy)
--	--

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Lora, Raul

Help 

Employee Search K49748

Go

Earnings Detail for Lora, Raul 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	40.00	9.0000	360.00	999	I

Deductions Detail

Description	Amount
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Taxes Detail

Description	Amount
FEDERAL INCOME TAX	26.96
FICA - MEDICARE	5.22
FICA - OASDI	22.32
CA INCOME TAX	2.31
CA DISABILITY	3.24

Reprint Check Stub Print Details

Close Detail

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BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503



102 - 157184 - 157184
 RAUL LORA
 4458 HALE ST
 RIVERSIDE CA 92501-1765



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			2014	OMB No. 1545-0008
a Employee's soc. sec. no. 622-26-3272	1 Wages, tips, other comp. 9002.00	2 Federal income tax withheld 640.43		
b Employer ID number (EIN) 52-0812977	3 Social security wages 9002.00	4 Social security tax withheld 558.12		
	5 Medicare wages and tips 9002.00	6 Medicare tax withheld 130.53		
c Employee's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 057920				
e Employee's first name and initial Last name Suffix				
RAUL LORA 4458 HALE ST RIVERSIDE CA 92501-1765				
f Employee's address and ZIP code				
7 Social security type	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	14 Other CADI 90.03	15b Code		
Retirement plan		15c Code		
Third-party sick pay		15d Code		
CA 34723841	9002.00	61.95		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filled With Employee's FEDERAL Tax Return.			2014	OMB No. 1545-0008
a Employee's soc. sec. no. 622-26-3272	1 Wages, tips, other comp. 9002.00	2 Federal income tax withheld 640.43		
b Employer ID number (EIN) 52-0812977	3 Social security wages 9002.00	4 Social security tax withheld 558.12		
	5 Medicare wages and tips 9002.00	6 Medicare tax withheld 130.53		
c Employee's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 057920				
e Employee's first name and initial Last name Suffix				
RAUL LORA 4458 HALE ST RIVERSIDE CA 92501-1765				
f Employee's address and ZIP code				
7 Social security type	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	14 Other CADI 90.03	15b Code		
Retirement plan		15c Code		
Third-party sick pay		15d Code		
CA 34723841	9002.00	61.95		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return			2014	OMB No. 1545-0008
a Employee's soc. sec. no. 622-26-3272	1 Wages, tips, other comp. 9002.00	2 Federal income tax withheld 640.43		
b Employer ID number (EIN) 52-0812977	3 Social security wages 9002.00	4 Social security tax withheld 558.12		
	5 Medicare wages and tips 9002.00	6 Medicare tax withheld 130.53		
c Employee's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 057920				
e Employee's first name and initial Last name Suffix				
RAUL LORA 4458 HALE ST RIVERSIDE CA 92501-1765				
f Employee's address and ZIP code				
7 Social security type	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	14 Other CADI 90.03	15b Code		
Retirement plan		15c Code		
Third-party sick pay		15d Code		
CA 34723841	9002.00	61.95		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return			2014	OMB No. 1545-0008
a Employee's soc. sec. no. 622-26-3272	1 Wages, tips, other comp. 9002.00	2 Federal income tax withheld 640.43		
b Employer ID number (EIN) 52-0812977	3 Social security wages 9002.00	4 Social security tax withheld 558.12		
	5 Medicare wages and tips 9002.00	6 Medicare tax withheld 130.53		
c Employee's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 057920				
e Employee's first name and initial Last name Suffix				
RAUL LORA 4458 HALE ST RIVERSIDE CA 92501-1765				
f Employee's address and ZIP code				
7 Social security type	8 Allocated tips	9		
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	14 Other CADI 90.03	15b Code		
Retirement plan		15c Code		
Third-party sick pay		15d Code		
CA 34723841	9002.00	61.95		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) Gómez		First Name (Given Name) Livia		Middle Initial D.	Other Names Used (if any)	
Address (Street Number and Name) 2669 Tangsten Ct			Apt. Number 2	City or Town San Bernardino		State CA
Date of Birth (mm/dd/yyyy) 2-2-76		U.S. Social Security Number 609-15-5742		E-mail Address		Telephone Number (904) 929-11-26

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number) 096-258-137
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 12/18/22. Some aliens may write "N/A" in this field (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number.

- Alien Registration Number/USCIS Number: _____
- OR
- Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following.

Foreign Passport Number: _____
Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee <i>[Signature]</i>	Date (mm/dd/yyyy) 7-18-14
---	------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
		Zip Code	



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Gomez - JEDA, LLUVIA

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Prem Res CARD</u>		Document Title: <u>Social Sec.</u>		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority: <u>(SSA)</u>		Issuing Authority:
Document Number: <u>096-258-137</u>		Document Number: <u>1009-15-5742</u>		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>12/18/2022</u>		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):				

3-D Barcode
Do Not Write in This Space

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): 07/18/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: <u>Donna Montante</u>		Date (mm/dd/yyyy): <u>07/19/2014</u>	Title of Employer or Authorized Representative: <u>HR Rep</u>	
Last Name (Family Name): <u>Montante</u>	First Name (Given Name): <u>Donna</u>	Employer's Business or Organization Name: <u>Avalon Shutters</u>		
Employer's Business or Organization Address (Street Number and Name): <u>3407 N. PERRIS BLVD</u>		City or Town: <u>PERRIS</u>	State: <u>CA</u>	Zip Code: <u>92571</u>

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

A. New Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Gomez, Lluvia

Help 

Employee Search Z56073 [Go](#)

Earnings Detail for Gomez, Lluvia 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	40.00	9.0000	360.00	400	1
Overtime	3.00	13.5000	40.50	400	1

Deductions Detail

Description	Amount
-------------	--------

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	4.86
FICA - MEDICARE	5.81
FICA - OASDI	24.83
CA INCOME TAX	0.00
CA DISABILITY	3.60

[Reprint Check Stub](#) [Print Details](#)

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BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503



102 - 157131 - 157131
 LLUVIA GOMEZ
 2669 TUNGSTEN CT APT 2
 SAN BERNARDINO CA 92408-3869



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			2014	OMB No. 1546-0008
a Employee's soc. sec. no. 609-15-5742	1 Wages, tips, other comp. 9547.63	2 Federal income tax withheld 244.43		
b Employer ID number (EIN) 52-0812977	3 Social security wages 9547.63	4 Social security tax withheld 591.95		
		5 Medicare wages and tips 9547.63	6 Medicare tax withheld 138.44	
c Employer's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 129840				
e Employee's first name and initial Last name Suffix				
LLUVIA GOMEZ 2669 TUNGSTEN CT APT 2 SAN BERNARDINO CA 92408-3869				
f Employee's address and ZIP code				
7 Social security tips			8 Allocated tips	9
10 Dependent care benefits			11 Dependent care plans	12a Code
13 Statutory employee		14 Other CADI 95.53	12b Code	
Retirement plan		12c Code		
Third-party sick pay		12d Code		
CA 34723841		9547.63	15.39	
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.		19 Local income tax	20 Locally named	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filed With Employee's FEDERAL Tax Return.			2014	OMB No. 1546-0008
a Employee's soc. sec. no. 609-15-5742	1 Wages, tips, other comp. 9547.63	2 Federal income tax withheld 244.43		
b Employer ID number (EIN) 52-0812977	3 Social security wages 9547.63	4 Social security tax withheld 591.95		
		5 Medicare wages and tips 9547.63	6 Medicare tax withheld 138.44	
c Employer's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 129840				
e Employee's first name and initial Last name Suffix				
LLUVIA GOMEZ 2669 TUNGSTEN CT APT 2 SAN BERNARDINO CA 92408-3869				
f Employee's address and ZIP code				
7 Social security tips			8 Allocated tips	9
10 Dependent care benefits			11 Dependent care plans	12a Code
13 Statutory employee		14 Other CADI 95.53	12b Code	
Retirement plan		12c Code		
Third-party sick pay		12d Code		
CA 34723841		9547.63	15.39	
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.		19 Local income tax	20 Locally named	

Copy 2—To Be Filed With Employee's State, City or Local Income Tax Return			2014	OMB No. 1546-0008
a Employee's soc. sec. no. 609-15-5742	1 Wages, tips, other comp. 9547.63	2 Federal income tax withheld 244.43		
b Employer ID number (EIN) 52-0812977	3 Social security wages 9547.63	4 Social security tax withheld 591.95		
		5 Medicare wages and tips 9547.63	6 Medicare tax withheld 138.44	
c Employer's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 129840				
e Employee's first name and initial Last name Suffix				
LLUVIA GOMEZ 2669 TUNGSTEN CT APT 2 SAN BERNARDINO CA 92408-3869				
f Employee's address and ZIP code				
7 Social security tips			8 Allocated tips	9
10 Dependent care benefits			11 Dependent care plans	12a Code
13 Statutory employee		14 Other CADI 95.53	12b Code	
Retirement plan		12c Code		
Third-party sick pay		12d Code		
CA 34723841		9547.63	15.39	
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.		19 Local income tax	20 Locally named	

Copy 2—To Be Filed With Employee's State, City or Local Income Tax Return			2014	OMB No. 1546-0008
a Employee's soc. sec. no. 609-15-5742	1 Wages, tips, other comp. 9547.63	2 Federal income tax withheld 244.43		
b Employer ID number (EIN) 52-0812977	3 Social security wages 9547.63	4 Social security tax withheld 591.95		
		5 Medicare wages and tips 9547.63	6 Medicare tax withheld 138.44	
c Employer's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 129840				
e Employee's first name and initial Last name Suffix				
LLUVIA GOMEZ 2669 TUNGSTEN CT APT 2 SAN BERNARDINO CA 92408-3869				
f Employee's address and ZIP code				
7 Social security tips			8 Allocated tips	9
10 Dependent care benefits			11 Dependent care plans	12a Code
13 Statutory employee		14 Other CADI 95.53	12b Code	
Retirement plan		12c Code		
Third-party sick pay		12d Code		
CA 34723841		9547.63	15.39	
15 State Employer's state ID number		16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.		19 Local income tax	20 Locally named	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) Aguilar		First Name (Given Name) Salvador		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) 15280 Canyon Stone Dr.			Apt. Number	City or Town Moreno Valley		State CA
Date of Birth (mm/dd/yyyy) 03/25/1956		U.S. Social Security Number 626-31-8901		E-mail Address		Zip Code 92551
						Telephone Number

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): **093-195-693**
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) **06/29/2022**. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number

1. Alien Registration Number/USCIS Number: _____

OR

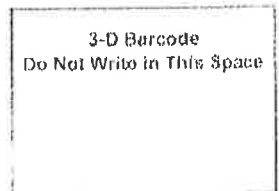
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following.

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee: Salvador Aguilar	Date (mm/dd/yyyy): 7/25/14
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Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Aguilar, Salvador R.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Prem Res CARD</u>		Document Title: <u>Social Secur. Card</u>		Document Title:
Issuing Authority: <u>USA.</u>		Issuing Authority: <u>SSA.</u>		Issuing Authority:
Document Number: <u>093-195-693</u>		Document Number: <u>626-34-8901</u>		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):				

3-D Barcode
Do Not Write in This Space

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) 07/25/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Donna Montarte</u>		Date (mm/dd/yyyy) <u>07/25/2014</u>	Title of Employer or Authorized Representative <u>Payroll / Acct.</u>	
Last Name (Family Name) <u>Montarte</u>	First Name (Given Name) <u>Donna</u>	Employer's Business or Organization Name <u>Avalon Shelters</u>		
Employer's Business or Organization Address (Street Number and Name) <u>3407 N. Perris Blvd.</u>		City or Town <u>Perris</u>	State <u>CA</u>	Zip Code <u>92571</u>

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

A. New Name (if applicable) Last Name (Family Name)	First Name (Given Name)	Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Aguilar, Salvador

Help 

Employee Search C57468 Go

Earnings Detail for Aguilar, Salvador 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	40.00	9.0000	360.00999		1

Deductions Detail

Description	Amount
-------------	--------

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	4.08
FICA - MEDICARE	5.22
FICA - OASDI	22.32
CA INCOME TAX	0.00
CA DISABILITY	3.24

Reprint Check Stub Print Details

Close Detail

Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503



102 - 157039 - 157039
 SALVADOR AGUILAR
 15280 CANYONSTONE DR
 MORENO VALLEY CA 92551-7659



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		2014	OMB No. 1545-0048
a Employee's soc. sec. no. 626-34-8901	1 Wages, tips, other comp. 7209.25	2 Federal income tax withheld 88.70	
b Employer ID number (EIN) 52-0812977	3 Social security wages 7209.25	4 Social security tax withheld 446.97	
	5 Medicare wages and tips 7209.25	6 Medicare tax withheld 104.53	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 014269			
e Employee's first name and initial Last name			
SALVADOR AGUILAR 15280 CANYONSTONE DR MORENO VALLEY CA 92551-7659			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 72.10	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	7209.25		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local retirement	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 The information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filed With Employee's FEDERAL Tax Return.		2014	OMB No. 1545-0048
a Employee's soc. sec. no. 626-34-8901	1 Wages, tips, other comp. 7209.25	2 Federal income tax withheld 88.70	
b Employer ID number (EIN) 52-0812977	3 Social security wages 7209.25	4 Social security tax withheld 446.97	
	5 Medicare wages and tips 7209.25	6 Medicare tax withheld 104.53	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 014269			
e Employee's first name and initial Last name			
SALVADOR AGUILAR 15280 CANYONSTONE DR MORENO VALLEY CA 92551-7659			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 72.10	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	7209.25		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local retirement	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0048
a Employee's soc. sec. no. 626-34-8901	1 Wages, tips, other comp. 7209.25	2 Federal income tax withheld 88.70	
b Employer ID number (EIN) 52-0812977	3 Social security wages 7209.25	4 Social security tax withheld 446.97	
	5 Medicare wages and tips 7209.25	6 Medicare tax withheld 104.53	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 014269			
e Employee's first name and initial Last name			
SALVADOR AGUILAR 15280 CANYONSTONE DR MORENO VALLEY CA 92551-7659			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 72.10	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	7209.25		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local retirement	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy 2—To Be Filed With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0048
a Employee's soc. sec. no. 626-34-8901	1 Wages, tips, other comp. 7209.25	2 Federal income tax withheld 88.70	
b Employer ID number (EIN) 52-0812977	3 Social security wages 7209.25	4 Social security tax withheld 446.97	
	5 Medicare wages and tips 7209.25	6 Medicare tax withheld 104.53	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 014269			
e Employee's first name and initial Last name			
SALVADOR AGUILAR 15280 CANYONSTONE DR MORENO VALLEY CA 92551-7659			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 72.10	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	7209.25		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local retirement	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) LEYNES-ESCOBAR		First Name (Given Name) ESTHER		Middle Initial E.	Other Names Used (if any)	
Address (Street Number and Name) 718 J. HOWARD ST.			Apt. Number 106	City or Town CORONA		State CA
Date of Birth (mm/dd/yyyy) 03/28/61		U.S. Social Security Number 675-09-5648		E-mail Address 718 J. HOWARD ST. APT. 106		Telephone Number (951) 212-3415

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number: **A# 090-623-123**)
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) **09/23/23**. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____
- OR**
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

3-D Barcode
Do Not Write in This Space

Signature of Employee: **ESTHER LEYNES E.** Date (mm/dd/yyyy): **08/13/14**

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
			Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: LEYVA, ESTER M.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Prem Res CARD</u>		Document Title: <u>Social Sec CARD</u>		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority: <u>SSA</u>		Issuing Authority:
Document Number: <u>090-623-123</u>		Document Number: <u>675-09-5648</u>		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):				

3-D Barcode
Do Not Write In This Space

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): 08/13/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: <u>Donna Montante</u>		Date (mm/dd/yyyy): <u>08/13/2014</u>	Title of Employer or Authorized Representative: <u>Proprietor/ Acad.</u>	
Last Name (Family Name): <u>Montante, Donna</u>		First Name (Given Name): <u>Donna</u>	Employer's Business or Organization Name: <u>AVALON Shutters</u>	
Employer's Business or Organization Address (Street Number and Name): <u>3407 N. PERRIS Blvd.</u>		City or Town: <u>PERRIS</u>	State: <u>CA.</u>	Zip Code: <u>92571</u>

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C this employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Leyva-Escobar, Esther Maria

Help 

Employee Search D61405 Go

Earnings Detail for Leyva-Escobar, Esther Maria 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	40.00	9.0000	360.00	300	1
Overtime	8.50	13.5000	114.75	300	1

Deductions Detail

Description	Amount
-------------	--------

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	44.17
FICA - MEDICARE	6.98
FICA - OASDI	29.44
CA INCOME TAX	5.81
CA DISABILITY	4.27

Reprint Check Stub Print Details

Close Detail

Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503

1oz - 157181 - 157181
 ESTHER M LEYVA-ESCOBAR
 718 S HOWARD ST APT 106
 CORONA CA 92879-2260



Copy B - For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 675-09-5648	1 Wages, tips, other comp. 8114.38	2 Federal income tax withheld 712.36	
b Employer ID number (EIN) 52-0812977	3 Social security wages 8114.38	4 Social security tax withheld 503.09	
	5 Medicare wages and tips 8114.38	6 Medicare tax withheld 117.66	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 020039			
e Employee's first name and initial Last name Surf.			
ESTHER M LEYVA-ESCOBAR 718 S HOWARD ST APT 106 CORONA CA 92879-2260			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Qualified plans	12a Code	
13 Statutory employee	14 Other CADI 81.20	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 134723841	8114.38	85.38	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B - To Be Filed With Employer's FEDERAL Tax Return.		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 675-09-5648	1 Wages, tips, other comp. 8114.38	2 Federal income tax withheld 712.36	
b Employer ID number (EIN) 52-0812977	3 Social security wages 8114.38	4 Social security tax withheld 503.09	
	5 Medicare wages and tips 8114.38	6 Medicare tax withheld 117.66	
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BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 020039			
e Employee's first name and initial Last name Surf.			
ESTHER M LEYVA-ESCOBAR 718 S HOWARD ST APT 106 CORONA CA 92879-2260			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Qualified plans	12a Code	
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Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 134723841	8114.38	85.38	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
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Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy B - To Be Filed With Employer's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 675-09-5648	1 Wages, tips, other comp. 8114.38	2 Federal income tax withheld 712.36	
b Employer ID number (EIN) 52-0812977	3 Social security wages 8114.38	4 Social security tax withheld 503.09	
	5 Medicare wages and tips 8114.38	6 Medicare tax withheld 117.66	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 020039			
e Employee's first name and initial Last name Surf.			
ESTHER M LEYVA-ESCOBAR 718 S HOWARD ST APT 106 CORONA CA 92879-2260			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Qualified plans	12a Code	
13 Statutory employee	14 Other CADI 81.20	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 134723841	8114.38	85.38	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy B - To Be Filed With Employer's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 675-09-5648	1 Wages, tips, other comp. 8114.38	2 Federal income tax withheld 712.36	
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	5 Medicare wages and tips 8114.38	6 Medicare tax withheld 117.66	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 020039			
e Employee's first name and initial Last name Surf.			
ESTHER M LEYVA-ESCOBAR 718 S HOWARD ST APT 106 CORONA CA 92879-2260			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Qualified plans	12a Code	
13 Statutory employee	14 Other CADI 81.20	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 134723841	8114.38	85.38	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



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

Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire 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) <u>Pérez</u>		First Name (Given Name) <u>Rafael</u>		Middle Initial <u>RPB</u>	Other Names Used (if any)	
Address (Street Number and Name) <u>190 NR Meridian</u>			Apt. Number <u>1</u>	City or Town <u>Rialto</u>	State <u>CA</u>	Zip Code <u>92422</u>
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number	E-mail Address			Telephone Number	
	<u>612-109-17503</u>				<u>909-246-6306</u>	

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number) AH 077-132-754
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 08-01-19 Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____
- OR**
2. Form I-94 Admission Number: _____

3-D Barcode
Do Not Write in This Space

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____
Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: Rafael Pérez B Date (mm/dd/yyyy): 08-19-14

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator:			Date (mm/dd/yyyy):		
Last Name (Family Name)		First Name (Given Name)			
Address (Street Number and Name)			City or Town	State	Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: PEREZ, RAFAEL B.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Perm. Res CARD</u>		Document Title: <u>Social Sec CARD</u>		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority: <u>SSA</u>		Issuing Authority:
Document Number: <u>097-132-754</u>		Document Number: <u>612-09-7503</u>		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>08/01/2019</u>		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):				

3-D Barcode
Do Not Write in This Space

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): 08/19/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: <u>Donna S. Montante</u>		Date (mm/dd/yyyy): <u>08/19/2014</u>	Title of Employer or Authorized Representative: <u>Payroll Acct.</u>	
Last Name (Family Name): <u>Montante</u>	First Name (Given Name): <u>Donna</u>	Employer's Business or Organization Name: <u>Avalon Shufflers</u>		
Employer's Business or Organization Address (Street Number and Name): <u>3407 N. PERRIS Blvd.</u>		City or Town: <u>PERRIS</u>	State: <u>CA.</u>	Zip Code: <u>92571</u>

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Perez B, Rafael

Help 

Employee Search D62965 Go

Earnings Detail for Perez B, Rafael 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	40.00	9.0000	360.00999		1

Deductions Detail

Description	Amount
-------------	--------

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	8.50
FICA - MEDICARE	5.22
FICA - OASDI	22.32
CA INCOME TAX	0.00
CA DISABILITY	3.24

[Reprint Check Stub](#) [Print Details](#)

[Close Detail](#)

Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503



1oz - 167052 - 167062
 RAFAEL PEREZ B
 190 NR MERIDIAN CP 1
 RIALTO CA 92376



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)			2014	OMB No. 1645-0000
a Employee's soc. sec. no. 612-09-7503	1 Wages, tips, other comp. 7168.26	3 Federal income tax withheld 239.69		
b Employer ID number (EIN) 52-0812977	3 Social security wages 7168.26	4 Social security tax withheld 444.43		
	5 Medicare wages and tips 7168.26	6 Medicare tax withheld 103.94		
c Employer's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 020126				
e Employee's first name and initial Last name Suffix				
RAFAEL PEREZ B 190 NR MERIDIAN CP 1 RIALTO CA 92376				
f Employee's address and ZIP code				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Rollover distributions	12a Code		
13 Statutory employee	14 Other CADI 71.69	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
CA 34723841	7168.26	11.51		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filled With Employee's FEDERAL Tax Return.			2014	OMB No. 1645-0000
a Employee's soc. sec. no. 612-09-7503	1 Wages, tips, other comp. 7168.26	3 Federal income tax withheld 239.69		
b Employer ID number (EIN) 52-0812977	3 Social security wages 7168.26	4 Social security tax withheld 444.43		
	5 Medicare wages and tips 7168.26	6 Medicare tax withheld 103.94		
c Employer's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 020126				
e Employee's first name and initial Last name Suffix				
RAFAEL PEREZ B 190 NR MERIDIAN CP 1 RIALTO CA 92376				
f Employee's address and ZIP code				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Rollover distributions	12a Code		
13 Statutory employee	14 Other CADI 71.69	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
CA 34723841	7168.26	11.51		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Copy B—To Be Filled With Employee's State, City or Local Income Tax Return			2014	OMB No. 1645-0000
a Employee's soc. sec. no. 612-09-7503	1 Wages, tips, other comp. 7168.26	3 Federal income tax withheld 239.69		
b Employer ID number (EIN) 52-0812977	3 Social security wages 7168.26	4 Social security tax withheld 444.43		
	5 Medicare wages and tips 7168.26	6 Medicare tax withheld 103.94		
c Employer's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 020126				
e Employee's first name and initial Last name Suffix				
RAFAEL PEREZ B 190 NR MERIDIAN CP 1 RIALTO CA 92376				
f Employee's address and ZIP code				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Rollover distributions	12a Code		
13 Statutory employee	14 Other CADI 71.69	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
CA 34723841	7168.26	11.51		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy B—To Be Filled With Employee's State, City or Local Income Tax Return			2014	OMB No. 1645-0000
a Employee's soc. sec. no. 612-09-7503	1 Wages, tips, other comp. 7168.26	3 Federal income tax withheld 239.69		
b Employer ID number (EIN) 52-0812977	3 Social security wages 7168.26	4 Social security tax withheld 444.43		
	5 Medicare wages and tips 7168.26	6 Medicare tax withheld 103.94		
c Employer's name, address, and ZIP code				
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 020126				
e Employee's first name and initial Last name Suffix				
RAFAEL PEREZ B 190 NR MERIDIAN CP 1 RIALTO CA 92376				
f Employee's address and ZIP code				
7 Social security tips	8 Allocated tips	9		
10 Dependent care benefits	11 Rollover distributions	12a Code		
13 Statutory employee	14 Other CADI 71.69	12b Code		
Retirement plan		12c Code		
Third-party sick pay		12d Code		
CA 34723841	7168.26	11.51		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax		
18 Local wages, tips, etc.	19 Local income tax	20 Locality name		

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) <u>Araceli</u>		First Name (Given Name) <u>Resendez</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>2587TH ST # 75</u>			Apt. Number	City or Town <u>San Jacinto</u>	State <u>CA</u>	Zip Code <u>92583</u>
Date of Birth (mm/dd/yyyy) <u>6/4/66</u>	U.S. Social Security Number <u>605-82-8056</u>	E-mail Address			Telephone Number <u>951-668-7729</u>	

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): 093-058-761
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 01/21/24. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- Alien Registration Number/USCIS Number: _____
- Form I-94 Admission Number: _____

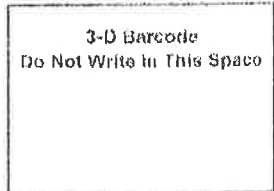
OR

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee: <u>[Signature]</u>	Date (mm/dd/yyyy): <u>8/26/14</u>
---	-----------------------------------

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: RESENDEZ, ARACELI R.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Perm Res Card</u>		Document Title: <u>Social Sec. Card</u>		Document Title: <u>DRIVERS LIC</u>
Issuing Authority: <u>USA.</u>		Issuing Authority: <u>SSA.</u>		Issuing Authority: <u>DMV</u>
Document Number: <u>093-058-761</u>		Document Number: <u>605-82-8056</u>		Document Number: <u>E3259668</u>
Expiration Date (if any)(mm/dd/yyyy): <u>01/21/2024</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>06/04/2016</u>
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):				

3-D Barcode
Do Not Write in This Space

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): 08/26/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: <u>Donna S. Montanle</u>		Date (mm/dd/yyyy): <u>08/26/2014</u>	Title of Employer or Authorized Representative: <u>Proprietor / Acct.</u>	
Last Name (Family Name): <u>Montanle</u>		First Name (Given Name): <u>Donna</u>	Employer's Business or Organization Name: <u>Avalon Shutters</u>	
Employer's Business or Organization Address (Street Number and Name): <u>3407 N. PERALS Blvd.</u>			City or Town: <u>PERALS</u>	State: <u>CA.</u>
			Zip Code: <u>92571</u>	

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

A. New Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy)
C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Resendez, Araceli Ramona

Help 

Employee Search G63952 [Go](#)

Earnings Detail for Resendez, Araceli Ramona 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	32.00	9.0000	288.00	300	1

Deductions Detail

Description	Amount
-------------	--------

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	1.30
FICA - MEDICARE	4.18
FICA - OASDI	17.86
CA INCOME TAX	0.00
CA DISABILITY	2.59

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BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503

102 - 157263 - 157263
 ARACELI R RESENDEZ
 268 7TH SP
 #75
 SAN JACINTO CA 92583



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 605-82-8056	1 Wages, tips, other comp. 5555.00	2 Federal income tax withheld 106.08	
	3 Social security wages 5555.00	4 Social security tax withheld 344.41	
b Employer ID number (EIN) 52-0812977	5 Medicare wages and tips 5555.00	6 Medicare tax withheld 80.55	
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 036647			
e Employee's first name and initial Last name ARACELI R RESENDEZ 268 7TH SP #75 SAN JACINTO CA 92583			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Flexible plans	12a Code	
13 Statutory employee	14 Other CADI 55.57	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5555.00		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filled With Employee's FEDERAL Tax Return.		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 605-82-8056	1 Wages, tips, other comp. 5555.00	2 Federal income tax withheld 106.08	
	3 Social security wages 5555.00	4 Social security tax withheld 344.41	
b Employer ID number (EIN) 52-0812977	5 Medicare wages and tips 5555.00	6 Medicare tax withheld 80.55	
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 036647			
e Employee's first name and initial Last name ARACELI R RESENDEZ 268 7TH SP #75 SAN JACINTO CA 92583			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Flexible plans	12a Code	
13 Statutory employee	14 Other CADI 55.57	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5555.00		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 605-82-8056	1 Wages, tips, other comp. 5555.00	2 Federal income tax withheld 106.08	
	3 Social security wages 5555.00	4 Social security tax withheld 344.41	
b Employer ID number (EIN) 52-0812977	5 Medicare wages and tips 5555.00	6 Medicare tax withheld 80.55	
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 036647			
e Employee's first name and initial Last name ARACELI R RESENDEZ 268 7TH SP #75 SAN JACINTO CA 92583			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Flexible plans	12a Code	
13 Statutory employee	14 Other CADI 55.57	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5555.00		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy 3—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 605-82-8056	1 Wages, tips, other comp. 5555.00	2 Federal income tax withheld 106.08	
	3 Social security wages 5555.00	4 Social security tax withheld 344.41	
b Employer ID number (EIN) 52-0812977	5 Medicare wages and tips 5555.00	6 Medicare tax withheld 80.55	
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 036647			
e Employee's first name and initial Last name ARACELI R RESENDEZ 268 7TH SP #75 SAN JACINTO CA 92583			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Flexible plans	12a Code	
13 Statutory employee	14 Other CADI 55.57	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5555.00		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification
 Department of Homeland Security
 U.S. Citizenship and Immigration Services

USCIS
 Form I-9
 OMB No. 1615-0047
 Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) <u>Sanchez</u>		First Name (Given Name) <u>Berenice</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>325 W 9th</u>			Apt. Number	City or Town <u>Perris</u>	State <u>Ca</u>	Zip Code <u>92570</u>
Date of Birth (mm/dd/yyyy) <u>06-29-78</u>	U.S. Social Security Number <u>616-1-01376</u>		E-mail Address		Telephone Number <u>6231712 (951)</u>	

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): 093-216-887
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 08/11/22. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: _____

OR

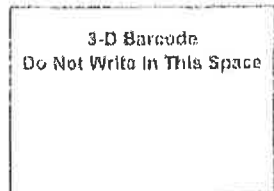
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee <u>Berenice Sanchez</u>	Date (mm/dd/yyyy) <u>09-02-14</u>
--	--------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: *Sanchez, Hermosillo, Berenice*

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <i>Perm Res CARD</i>		Document Title: <i>Special Sec CARD</i>		Document Title:
Issuing Authority: <i>USA</i>		Issuing Authority: <i>SSA</i>		Issuing Authority:
Document Number: <i>093-216-887</i>		Document Number: <i>616-10-1376</i>		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <i>08/11/2022</i>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title:				3-D Barcode Do Not Write in This Space
Issuing Authority:				
Document Number:				
Expiration Date (if any)(mm/dd/yyyy):				
Document Title:				
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): *09/02/2014* (See instructions for exemptions.) *Donna Montante*

Signature of Employer or Authorized Representative <i>Donna A Montante</i>		Date (mm/dd/yyyy) <i>09/02/2014</i>	Title of Employer or Authorized Representative <i>Avatar Staff</i>	
Last Name (Family Name) <i>Montante</i>	First Name (Given Name) <i>Donna</i>	Employer's Business or Organization Name <i>Avatar Shelters</i>		
Employer's Business or Organization Address (Street Number and Name) <i>3407 N. Paris Bl.</i>		City or Town <i>PARIS</i>	State <i>CA</i>	Zip Code <i>92571</i>

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

A. New Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Sanchez-Hermosillo, Berenice

Help 

Employee Search L65325 [Go](#)

Earnings Detail for Sanchez-Hermosillo, Berenice 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	40.00	9.0000	360.00	300	1

Deductions Detail

Description	Amount
-------------	--------

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	0.81
FICA - MEDICARE	5.22
FICA - OASDI	22.32
CA INCOME TAX	0.00
CA DISABILITY	3.24

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BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503

1oz - 157289 - 157289
 BERENICE SANCHEZ-HERMOSILLO
 325 W 9TH ST
 PERRIS CA 92570-2307



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 616-10-1376	1 Wages, tips, other comp. 5361.63	2 Federal income tax withheld 17.79	
b Employer ID number (EIN) 52-0812977	3 Social security wages 5361.63	4 Social security tax withheld 332.42	
	5 Medicare wages and tips 5361.63	6 Medicare tax withheld 77.74	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 064464			
e Employee's first name and initial Last name Suffix			
BERENICE SANCHEZ-HERMOSILLO 325 W 9TH ST PERRIS CA 92570-2307			
f Employer's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 53.64	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5361.63		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local tax name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filled With Employee's FEDERAL Tax Return.		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 616-10-1376	1 Wages, tips, other comp. 5361.63	2 Federal income tax withheld 17.79	
b Employer ID number (EIN) 52-0812977	3 Social security wages 5361.63	4 Social security tax withheld 332.42	
	5 Medicare wages and tips 5361.63	6 Medicare tax withheld 77.74	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 064464			
e Employee's first name and initial Last name Suffix			
BERENICE SANCHEZ-HERMOSILLO 325 W 9TH ST PERRIS CA 92570-2307			
f Employer's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 53.64	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5361.63		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local tax name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 616-10-1376	1 Wages, tips, other comp. 5361.63	2 Federal income tax withheld 17.79	
b Employer ID number (EIN) 52-0812977	3 Social security wages 5361.63	4 Social security tax withheld 332.42	
	5 Medicare wages and tips 5361.63	6 Medicare tax withheld 77.74	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 064464			
e Employee's first name and initial Last name Suffix			
BERENICE SANCHEZ-HERMOSILLO 325 W 9TH ST PERRIS CA 92570-2307			
f Employer's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 53.64	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5361.63		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local tax name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 616-10-1376	1 Wages, tips, other comp. 5361.63	2 Federal income tax withheld 17.79	
b Employer ID number (EIN) 52-0812977	3 Social security wages 5361.63	4 Social security tax withheld 332.42	
	5 Medicare wages and tips 5361.63	6 Medicare tax withheld 77.74	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 064464			
e Employee's first name and initial Last name Suffix			
BERENICE SANCHEZ-HERMOSILLO 325 W 9TH ST PERRIS CA 92570-2307			
f Employer's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 53.64	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5361.63		
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local tax name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire 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) Ventura		First Name (Given Name) Silvia		Mobile Initial	Other Names Used (if any)	
Address (Street Number and Name) 1493 Malaga dr.			Apt. Number	City or Town San Jacinto	State CA	Zip Code 92583
Date of Birth (mm/dd/yyyy) 03-03-69	U.S. Social Security Number 639-78-6903	E-mail Address			Telephone Number 951-350-0630	

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): A# 092-945-247
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 6/12/15. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number _____

OR

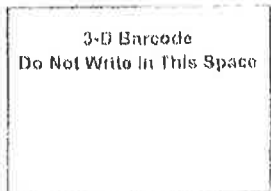
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employee: <u>Silvia Ventura</u>	Date (mm/dd/yyyy): <u>09-15-14</u>
--	------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)		
Address (Street Number and Name)		City or Town	State	Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Ventura, Silvia.

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Perm Res. CARD</u>		Document Title: <u>SOCIAL Sec. CARD</u>		Document Title:
Issuing Authority: <u>USA. 092-945-247</u>		Issuing Authority: <u>SSA.</u>		Issuing Authority:
Document Number: <u>092-945-247</u>		Document Number: <u>034-78-6900.</u>		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>06/10/2015</u>		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):				

3-D Barcode
Do Not Write in This Space

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): 09/12/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative <u>Dorina A. Montante</u>		Date (mm/dd/yyyy) <u>09/15/2014</u>	Title of Employer or Authorized Representative <u>Payroll Acct.</u>	
Last Name (Family Name) <u>Montante</u>	First Name (Given Name) <u>Dorina</u>	Employer's Business or Organization Name <u>Avalon Shutters.</u>		
Employer's Business or Organization Address (Street Number and Name) <u>3407 N. PERRIS Blvd.</u>		City or Town <u>PERRIS</u>	State <u>CA.</u>	Zip Code <u>92571</u>

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

A. Now Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial (B. Date of Rehire (if applicable) (mm/dd/yyyy):

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative
---	--------------------	---

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Ventura, Silvia

Help 

Employee Search P69552 

Earnings Detail for Ventura, Silvia 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	32.00	9.0000	288.00700		1
Overtime	1.00	13.5000	13.50700		1

Deductions Detail

Description	Amount
-------------	--------

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	0.00
FICA - MEDICARE	4.37
FICA - OASDI	18.70
CA INCOME TAX	0.00
CA DISABILITY	2.71

Reprint Check Stub Print Details

Close Detail

Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503



1oz - 157320 - 157320
 SILVIA VENTURA
 1493 MALAGA DR
 SAN JACINTO CA 92583-2337



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 634-79-6903	1 Wages, tips, other comp. 5244.13	2 Federal income tax withheld	
b Employer ID number (EIN) 52-0812977	3 Social security wages 5244.13	4 Social security tax withheld 325.14	
	5 Medicare wages and tips 5244.13	6 Medicare tax withheld 76.04	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 081265			
e Employee's first name and initial Last name			
SILVIA VENTURA 1493 MALAGA DR SAN JACINTO CA 92583-2337			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 52.46	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5244.13		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-3 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filled With Employee's FEDERAL Tax Return.		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 634-79-6903	1 Wages, tips, other comp. 5244.13	2 Federal income tax withheld	
b Employer ID number (EIN) 52-0812977	3 Social security wages 5244.13	4 Social security tax withheld 325.14	
	5 Medicare wages and tips 5244.13	6 Medicare tax withheld 76.04	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 081265			
e Employee's first name and initial Last name			
SILVIA VENTURA 1493 MALAGA DR SAN JACINTO CA 92583-2337			
f Employee's address and ZIP code			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 52.46	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5244.13		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 634-79-6903	1 Wages, tips, other comp. 5244.13	2 Federal income tax withheld	
b Employer ID number (EIN) 52-0812977	3 Social security wages 5244.13	4 Social security tax withheld 325.14	
	5 Medicare wages and tips 5244.13	6 Medicare tax withheld 76.04	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 081265			
e Employee's first name and initial Last name			
SILVIA VENTURA 1493 MALAGA DR SAN JACINTO CA 92583-2337			
f Employee's address and ZIP code			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 52.46	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5244.13		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 634-79-6903	1 Wages, tips, other comp. 5244.13	2 Federal income tax withheld	
b Employer ID number (EIN) 52-0812977	3 Social security wages 5244.13	4 Social security tax withheld 325.14	
	5 Medicare wages and tips 5244.13	6 Medicare tax withheld 76.04	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 081265			
e Employee's first name and initial Last name			
SILVIA VENTURA 1493 MALAGA DR SAN JACINTO CA 92583-2337			
f Employee's address and ZIP code			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 52.46	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5244.13		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employers 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) <u>Martinez</u>		First Name (Given Name) <u>Alberto</u>		Middle Initial (Other Names Used (if any))	
Address (Street Number and Name) <u>24890 Bay Ave.</u>			Apt. Number	City or Town <u>Moreno Valley</u>	State <u>CA</u>
Zip Code <u>92553</u>			Date of Birth (mm/dd/yyyy) <u>5/24/87</u>		Telephone Number <u>(951) 5757-361</u>
U.S. Social Security Number <u>602-79-5304</u>		E-mail Address			

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):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): 093-105-752
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 03/23/24. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

1. Alien Registration Number/USCIS Number: 093-105-752

OR

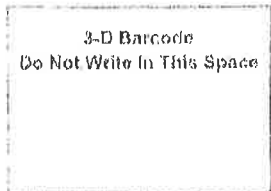
2. Form I-94 Admission Number: _____

If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)



Signature of Employer: <u>Alberto Martinez</u>	Date (mm/dd/yyyy): <u>9/19/14</u>
---	--------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
		Zip Code	



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: MARTINEZ, ALBERTO

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Prem Res CARD</u>		Document Title: <u>Social Sec CARD</u>		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority: <u>SSA</u>		Issuing Authority:
Document Number: <u>043-105-752</u>		Document Number: <u>6002-74-5304</u>		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>03/23/2014</u>		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):				

3-D Barcode
Do Not Write In This Space

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): 09/18/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: <u>Donna A. Montante</u>	Date (mm/dd/yyyy): <u>09/18/2014</u>	Title of Employer or Authorized Representative: <u>Payroll / Acct.</u>
Last Name (Family Name): <u>Montante</u>	First Name (Given Name): <u>Donna</u>	Employer's Business or Organization Name: <u>Avalon Shutters</u>
Employer's Business or Organization Address (Street Number and Name): <u>3407 N. Perris Bl.</u>	City or Town: <u>Perris</u>	State: <u>CA</u>
		Zip Code: <u>92571</u>

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Martínez, Alberto

Help 

Employee Search R69553 Go

Earnings Detail for Martínez, Alberto 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	37.00	9.0000	333.00	501	1

Deductions Detail

Description	Amount
-------------	--------

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	22.91
FICA - MEDICARE	4.83
FICA - OASDI	20.84
CA INCOME TAX	1.71
CA DISABILITY	3.00

[Reprint Check Stub](#) [Print Details](#)

[Close Detail](#)

Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503



102 - 157193 - 157193
 ALBERTO MARTINEZ
 24890 BAY AVE
 MORENO VALLEY CA 92553-3854



Copy C—For EMPLOYEE'S RECORDS (See <i>Notes to Employees</i> on the back of Copy B.)		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 602-74-5304	1 Wages, tips, other comp.	5024.88	2 Federal income tax withheld 389.63
	3 Social security wages	5024.88	4 Social security tax withheld 311.54
b Employer ID number (EIN) 52-0812977	5 Medicare wages and tips	5024.88	6 Medicare tax withheld 72.86
	c Employee's name, address, and ZIP code		

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503

d Control number
086752

e Employee's first name and initial Last name Suffix
ALBERTO MARTINEZ
24890 BAY AVE
MORENO VALLEY CA 92553-3854

f Employee's address and ZIP code

7 Social security tips	8 Alternative tips	9
10 Dependent care benefits	11 Health/savings plans	12a Code
13 Statutory employee	14 Other CADI 50.27	12b Code
Retirement plan		12c Code
Third-party sick pay		12d Code
CA 34723841	6024.88	39.08
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax
18 Local wages, tips, etc.	19 Local income tax	20 Locality name

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy D—To Be Filed With Employee's FEDERAL Tax Return.		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 602-74-5304	1 Wages, tips, other comp.	5024.88	2 Federal income tax withheld 389.63
	3 Social security wages	5024.88	4 Social security tax withheld 311.54
b Employer ID number (EIN) 52-0812977	5 Medicare wages and tips	5024.88	6 Medicare tax withheld 72.86
	c Employee's name, address, and ZIP code		
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 086752			
e Employee's first name and initial Last name Suffix ALBERTO MARTINEZ 24890 BAY AVE MORENO VALLEY CA 92553-3854			
f Employee's address and ZIP code			
7 Social security tips	8 Alternative tips	9	
10 Dependent care benefits	11 Health/savings plans	12a Code	
13 Statutory employee	14 Other CADI 50.27	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5024.88	39.08	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy E—To Be Filed With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 602-74-5304	1 Wages, tips, other comp.	5024.88	2 Federal income tax withheld 389.63
	3 Social security wages	5024.88	4 Social security tax withheld 311.54
b Employer ID number (EIN) 52-0812977	5 Medicare wages and tips	5024.88	6 Medicare tax withheld 72.86
	c Employee's name, address, and ZIP code		
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 086752			
e Employee's first name and initial Last name Suffix ALBERTO MARTINEZ 24890 BAY AVE MORENO VALLEY CA 92553-3854			
f Employee's address and ZIP code			
7 Social security tips	8 Alternative tips	9	
10 Dependent care benefits	11 Health/savings plans	12a Code	
13 Statutory employee	14 Other CADI 50.27	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5024.88	39.08	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy F—To Be Filed With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 602-74-5304	1 Wages, tips, other comp.	5024.88	2 Federal income tax withheld 389.63
	3 Social security wages	5024.88	4 Social security tax withheld 311.54
b Employer ID number (EIN) 52-0812977	5 Medicare wages and tips	5024.88	6 Medicare tax withheld 72.86
	c Employee's name, address, and ZIP code		
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 086752			
e Employee's first name and initial Last name Suffix ALBERTO MARTINEZ 24890 BAY AVE MORENO VALLEY CA 92553-3854			
f Employee's address and ZIP code			
7 Social security tips	8 Alternative tips	9	
10 Dependent care benefits	11 Health/savings plans	12a Code	
13 Statutory employee	14 Other CADI 50.27	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	5024.88	39.08	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire 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) <u>Susana Corona</u>		First Name (Given Name)		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>PO BOX 10051</u>			Apt. Number	City or Town <u>Moreno Valley</u>		State <u>Cal.</u>
Date of Birth (mm/dd/yyyy) <u>03-18-70</u>		U.S. Social Security Number <u>635-16-3981</u>		E-mail Address		Telephone Number <u>951-313-8152</u>

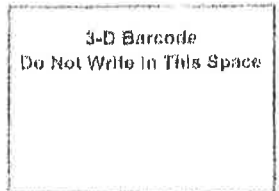
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States *(See instructions)*
- A lawful permanent resident (Alien Registration Number/USCIS Number: A#089 668-686)
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 12-16-19. Some aliens may write "N/A" in this field. *(See instructions)*

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- Alien Registration Number/USCIS Number: _____
- OR
- Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. *(See instructions)*

Signature of Employee Susana Corona Date (mm/dd/yyyy) 9-18-14

Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.)*

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator			Date (mm/dd/yyyy)			
Last Name (Family Name)		First Name (Given Name)				
Address (Street Number and Name)			City or Town		State	Zip Code



Employer Completes Next Page



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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: CORONA SUSANA

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>Prem Res CARD</u>		Document Title: <u>SOCIAL SEC. CARD</u>		Document Title: <u>CA DRIVER LIC</u>
Issuing Authority: <u>USA</u>		Issuing Authority: <u>SSA</u>		Issuing Authority: <u>DMV</u>
Document Number: <u>089-668-686</u>		Document Number: <u>635-16-3981</u>		Document Number: <u>E3351514</u>
Expiration Date (if any)(mm/dd/yyyy): <u>12/16/2019</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy): <u>03/18/1970</u>
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):				

3-D Barcode
Do Not Write In This Space

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): 09/19/2014 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: <u>Danna A. Montante</u>	Date (mm/dd/yyyy): <u>09/19/2014</u>	Title of Employer or Authorized Representative: <u>Payroll Acct.</u>
Last Name (Family Name): <u>Montante</u>	First Name (Given Name): <u>Danna</u>	Employer's Business or Organization Name: <u>Avaton Shutters</u>
Employer's Business or Organization Address (Street Number and Name): <u>3407 N. PERRIS Blvd.</u>	City or Town: <u>PERRIS</u>	State: <u>CA</u>
		Zip Code: <u>92571</u>

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

A. New Name (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial	B. Date of Rehire (if applicable) (mm/dd/yyyy):
--	---

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Print Name of Employer or Authorized Representative:
---	--------------------	--

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Corona, Susana

Help 

Employee Search M69550

Go

Earnings Detail for Corona, Susana 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	40.00	9.0000	360.00	300	I

Deductions Detail

Description	Amount
-------------	--------

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	4.08
FICA - MEDICARE	5.22
FICA - OASDI	22.32
CA INCOME TAX	0.00
CA DISABILITY	3.24

Reprint Check Stub Print Details

Close Detail

Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503



1oz - 157084 - 157084
 SUSANA CORONA
 PO BOX 10051
 MORENO VALLEY CA 92552-0051



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		2014	OMB No. 1546-0000
a Employer's sec. no.	1 Wages, tips, other comp.	3 Federal income tax withheld	
635-16-3981	4551.50	38.03	
b Employer ID number (EIN)	2 Social security wages	4 Social security tax withheld	
52-0812977	4551.50	282.19	
	5 Medicare wages and tips	6 Medicare tax withheld	
	4551.50	66.00	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 070292			
e Employee's first name and initial Last name			
SUSANA CORONA PO BOX 10051 MORENO VALLEY CA 92552-0051			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Rollover/401(k) plans	12a Code	
13 Statutory employee	14 Other CADI 45.52	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	4551.50		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filed With Employee's FEDERAL Tax Return.		2014	OMB No. 1546-0000
a Employer's sec. no.	1 Wages, tips, other comp.	3 Federal income tax withheld	
635-16-3981	4551.50	38.03	
b Employer ID number (EIN)	2 Social security wages	4 Social security tax withheld	
52-0812977	4551.50	282.19	
	5 Medicare wages and tips	6 Medicare tax withheld	
	4551.50	66.00	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 070292			
e Employee's first name and initial Last name			
SUSANA CORONA PO BOX 10051 MORENO VALLEY CA 92552-0051			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Rollover/401(k) plans	12a Code	
13 Statutory employee	14 Other CADI 45.52	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	4551.50		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employee's State, City or Local Income Tax Return		2014	OMB No. 1546-0000
a Employer's sec. no.	1 Wages, tips, other comp.	2 Federal income tax withheld	
635-16-3981	4551.50	38.03	
b Employer ID number (EIN)	3 Social security wages	4 Social security tax withheld	
52-0812977	4551.50	282.19	
	5 Medicare wages and tips	6 Medicare tax withheld	
	4551.50	66.00	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 070292			
e Employee's first name and initial Last name			
SUSANA CORONA PO BOX 10051 MORENO VALLEY CA 92552-0051			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Rollover/401(k) plans	12a Code	
13 Statutory employee	14 Other CADI 45.52	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	4551.50		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy 3—To Be Filed With Employee's State, City or Local Income Tax Return		2014	OMB No. 1546-0000
a Employer's sec. no.	1 Wages, tips, other comp.	3 Federal income tax withheld	
635-16-3981	4551.50	38.03	
b Employer ID number (EIN)	2 Social security wages	4 Social security tax withheld	
52-0812977	4551.50	282.19	
	5 Medicare wages and tips	6 Medicare tax withheld	
	4551.50	66.00	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 070292			
e Employee's first name and initial Last name			
SUSANA CORONA PO BOX 10051 MORENO VALLEY CA 92552-0051			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Rollover/401(k) plans	12a Code	
13 Statutory employee	14 Other CADI 45.52	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	4551.50		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS

Form I-9

GMI No. 1613-0047

Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employee 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) <u>Loza de Nava</u>		First Name (Given Name) <u>Elizabeth</u>		Other Names Used (if any)	
Address (Street Number and Name) <u>24286 Eucalyptus Av.</u>		Apt. Number	City or Town <u>Moreno Valley</u>	State <u>Cal.</u>	Zip Code <u>92553</u>
Date of Birth (mm/dd/yyyy) <u>04/26/83</u>	U.S. Social Security Number <u>602-33 9154</u>	E-mail Address		Telephone Number <u>951-229-6252</u>	

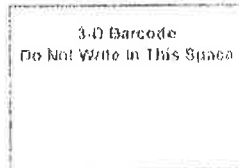
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number) 061-850-090
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 08/24/15 Some aliens may write "N/A" in this field (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number

- Alien Registration Number/USCIS Number: _____
- OR
- Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee <u>Elizabeth</u>	Date (mm/dd/yyyy) <u>10/08/14</u>
---	--------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)	City or Town	State	Zip Code



Employer Completes Next Page



To be completed by Employer.

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document, if applicable, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Lopez-De Nava, Elizabeth

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>PERMANENT RESIDENT</u>		Document Title:		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>061-850-090</u>		Document Number:		Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>08-24-15</u>		Expiration Date (if any)(mm/dd/yyyy):		Expiration Date (if any)(mm/dd/yyyy):
Document Title: <u>SSN</u>		3-D Barcode Do Not Write in This Space		
Issuing Authority: <u>SSA</u>				
Document Number: <u>602-33-9154</u>				
Expiration Date (if any)(mm/dd/yyyy): <u>N/A</u>				
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): 10/08/14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: 	Date (mm/dd/yyyy): <u>10/08/14</u>	Title of Employer or Authorized Representative: <u>PROD. MNG.</u>
Last Name (Family Name): <u>GONZALEZ</u>	First Name (Given Name): <u>JOSE</u>	Employer's Business or Organization Name: <u>Avalon Shutters, Inc</u>
Employer's Business or Organization Address (Street Number and Name): <u>3407 N. Perris Blvd</u>	City or Town: <u>Perris</u>	State: <u>CA</u>
		Zip Code: <u>92571</u>

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

A. New Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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: 	Date (mm/dd/yyyy): <u>10/08/14</u>	Title of Employer or Authorized Representative: <u>JOSE GONZALEZ</u>
---	---------------------------------------	---

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Lopez De Nava, Elizabeth

Help 

Employee Search: T73947

Go

Earnings Detail for Lopez De Nava, Elizabeth 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	40.00	9.0000	360.00700		1
Overtime	1.00	13.5000	13.50700		1

Deductions Detail

Description	Amount
Dental Pt	3.27
Vision Pt	2.35

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	1.80
FICA - MEDICARE	5.33
FICA - OASDI	22.84
GA INCOME TAX	0.00
GA DISABILITY	3.34

Reprint Check Stub Print Details

Close Detail

Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503



1oz - 157222 - 157222
 ELIZABETH LOPEZ DE NAVA
 24286 EUCALYPTUS AVE
 MORENO VALLEY CA 92553-3177



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		2014	OMB No. 1545-0000
a Employee's soc. sec. no. 602-33-9154	1 Wages, tips, other comp. 4525.63	2 Federal income tax withheld 85.50	
b Employee ID number (EIN) 52-0812977	3 Social security wages 4525.63	4 Social security tax withheld 280.59	
	5 Medicare wages and tips 4525.63	6 Medicare tax withheld 65.62	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 098022			
e Employee's first name and initial Last name Suffix			
ELIZABETH LOPEZ DE NAVA 24286 EUCALYPTUS AVE MORENO VALLEY CA 92553-3177			
f Employee's address and ZIP code			
7 Social security type	8 Allocated tips	9	
10 Dependent care benefits	11 Rollover distributions	12a Code	
13 Statutory employee	14 Other CADI 45.27	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	4525.63	3.56	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filled With Employee's FEDERAL Tax Return.		2014	OMB No. 1545-0000
a Employee's soc. sec. no. 602-33-9154	1 Wages, tips, other comp. 4525.63	2 Federal income tax withheld 85.50	
b Employee ID number (EIN) 52-0812977	3 Social security wages 4525.63	4 Social security tax withheld 280.59	
	5 Medicare wages and tips 4525.63	6 Medicare tax withheld 65.62	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 098022			
e Employee's first name and initial Last name Suffix			
ELIZABETH LOPEZ DE NAVA 24286 EUCALYPTUS AVE MORENO VALLEY CA 92553-3177			
f Employee's address and ZIP code			
7 Social security type	8 Allocated tips	9	
10 Dependent care benefits	11 Rollover distributions	12a Code	
13 Statutory employee	14 Other CADI 45.27	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	4525.63	3.56	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0000
a Employee's soc. sec. no. 602-33-9154	1 Wages, tips, other comp. 4525.63	2 Federal income tax withheld 85.50	
b Employee ID number (EIN) 52-0812977	3 Social security wages 4525.63	4 Social security tax withheld 280.59	
	5 Medicare wages and tips 4525.63	6 Medicare tax withheld 65.62	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 098022			
e Employee's first name and initial Last name Suffix			
ELIZABETH LOPEZ DE NAVA 24286 EUCALYPTUS AVE MORENO VALLEY CA 92553-3177			
f Employee's address and ZIP code			
7 Social security type	8 Allocated tips	9	
10 Dependent care benefits	11 Rollover distributions	12a Code	
13 Statutory employee	14 Other CADI 45.27	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	4525.63	3.56	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Copy 2—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0000
a Employee's soc. sec. no. 602-33-9154	1 Wages, tips, other comp. 4525.63	2 Federal income tax withheld 85.50	
b Employee ID number (EIN) 52-0812977	3 Social security wages 4525.63	4 Social security tax withheld 280.59	
	5 Medicare wages and tips 4525.63	6 Medicare tax withheld 65.62	
c Employee's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 098022			
e Employee's first name and initial Last name Suffix			
ELIZABETH LOPEZ DE NAVA 24286 EUCALYPTUS AVE MORENO VALLEY CA 92553-3177			
f Employee's address and ZIP code			
7 Social security type	8 Allocated tips	9	
10 Dependent care benefits	11 Rollover distributions	12a Code	
13 Statutory employee	14 Other CADI 45.27	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	4525.63	3.56	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

USCIS

Form I-9

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

OMB No. 1615-0047

Expires 05/31/2016

START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire 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) <u>Ramirez</u>		First Name (Given Name) <u>Daniel</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>12891 Gorham st.</u>		Apt. Number	City or Town <u>Morano Valley</u>		State <u>CA</u>	Zip Code <u>92553</u>
Date of Birth (mm/dd/yyyy) <u>1/21/85</u>	U.S. Social Security Number <u>603-79-4536</u>	E-mail Address			Telephone Number <u>(951) 697-1221</u>	

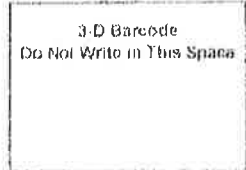
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): 090-283-068
- An alien authorized to work until (expiration date, if applicable. mm/dd/yyyy) 10/28/24. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number:

- 1. Alien Registration Number/USCIS Number: _____
- OR
- 2. Form I-94 Admission Number: _____



If you obtained your admission number from CEP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee <u>[Signature]</u>	Date (mm/dd/yyyy) <u>10/8/14</u>
---	-------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

Employer Completes Next Page

To be completed by Employer.

Section 2. Employer or Authorized Representative Review and Verification
 (Employers or their authorized representatives 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 examine a combination of one document from List B and one document from List C as listed on the "List of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: RAMIREZ, DANIEL

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: <u>PERMANENT RESIDENT</u>		Document Title:		Document Title:
Issuing Authority: <u>USA</u>		Issuing Authority:		Issuing Authority:
Document Number: <u>090-283-068</u>		Document Number:		Document Number:
Expiration Date (if any) (mm/dd/yyyy): <u>10/23/24</u>		Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):
Document Title: <u>SSN</u>				
Issuing Authority: <u>SSA</u>				
Document Number: <u>603-79-4536</u>				
Expiration Date (if any) (mm/dd/yyyy): <u>N/A</u>				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				

3-D Barcode
Do Not Write In This Space

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): 10/08/14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: [Signature] Date (mm/dd/yyyy): 10/08/14 Title of Employer or Authorized Representative: PROP. MNG.

Last Name (Family Name): GONZALEZ First Name (Given Name): JOSE Employer, Business or Organization: Avalon Shutters, Inc

Employer's Business or Organization Address (Street Number and Name): 3407 N. Perris Blvd. City or Town: Perris State: CA Zip Code: 92571

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

A. New Hire (if applicable) Last Name (Family Name): _____ First Name (Given Name): _____ Middle Initial: _____ B. Date of Rehire (if applicable) (mm/dd/yyyy): _____

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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: [Signature] Date (mm/dd/yyyy): 10/08/14 Title of Employer or Authorized Representative: JOSE GONZALEZ

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Ramirez, Daniel

Help 

Employee Search R73945 

Earnings Detail for Ramirez, Daniel 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	40.00	9.0000	360.00	300	1

Deductions Detail

Description	Amount
Medical Pt	35.93

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	12.59
FICA - MEDICARE	4.70
FICA - OASDI	20.09
CA INCOME TAX	0.00
CA DISABILITY	2.92

[Reprint Check Stub](#) [Print Details](#)

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Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503



102 - 157251 - 157251
 DANIEL RAMIREZ
 12891 GORHAM ST
 MORENO VALLEY CA 92553-5602



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B.)		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 603-79-4536	1 Wages, tips, other comp. 3458.00	2 Federal income tax withheld 136.72	
	3 Social security wages 3458.00	4 Social security tax withheld 214.40	
b Employer ID number (EIN) 52-0812977	5 Medicare wages and tips 3458.00	6 Medicare tax withheld 50.14	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 087039			
e Employee's first name and initial Last name Suffix			
DANIEL RAMIREZ 12891 GORHAM ST MORENO VALLEY CA 92553-5602			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 34.59	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	3458.00	1.60	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filed With Employer's FEDERAL Tax Return.		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 603-79-4536	1 Wages, tips, other comp. 3458.00	2 Federal income tax withheld 136.72	
	3 Social security wages 3458.00	4 Social security tax withheld 214.40	
b Employer ID number (EIN) 52-0812977	5 Medicare wages and tips 3458.00	6 Medicare tax withheld 50.14	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 087039			
e Employee's first name and initial Last name Suffix			
DANIEL RAMIREZ 12891 GORHAM ST MORENO VALLEY CA 92553-5602			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 34.59	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	3458.00	1.60	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy 2—To Be Filed With Employer's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 603-79-4536	1 Wages, tips, other comp. 3458.00	2 Federal income tax withheld 136.72	
	3 Social security wages 3458.00	4 Social security tax withheld 214.40	
b Employer ID number (EIN) 52-0812977	5 Medicare wages and tips 3458.00	6 Medicare tax withheld 50.14	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 087039			
e Employee's first name and initial Last name Suffix			
DANIEL RAMIREZ 12891 GORHAM ST MORENO VALLEY CA 92553-5602			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 34.59	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	3458.00	1.60	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy 2—To Be Filed With Employer's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employee's soc. sec. no. 603-79-4536	1 Wages, tips, other comp. 3458.00	2 Federal income tax withheld 136.72	
	3 Social security wages 3458.00	4 Social security tax withheld 214.40	
b Employer ID number (EIN) 52-0812977	5 Medicare wages and tips 3458.00	6 Medicare tax withheld 50.14	
c Employer's name, address, and ZIP code			
BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 087039			
e Employee's first name and initial Last name Suffix			
DANIEL RAMIREZ 12891 GORHAM ST MORENO VALLEY CA 92553-5602			
f Employee's address and ZIP code			
7 Social security tips	8 Allocated tips	9	
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 34.59	12b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	3458.00	1.60	
15 State Employer's state ID number	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Local income	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS
Form I-9
OMB No. 1615-0047
Expires 03/31/2016

▶ **START HERE.** Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (Employee 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) <i>Lopez de Nava</i>		First Name (Given Name) <i>Elizabeth</i>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <i>24286 Eucalyptus Av.</i>		Apt. Number	City or Town <i>Moreno Valley</i>		State <i>Cal.</i>	Zip Code <i>92553</i>
Date of Birth (mm/dd/yyyy) <i>04/26/83</i>	U.S. Social Security Number <i>602-33 9154</i>	E-mail Address			Telephone Number <i>951 229 6252</i>	

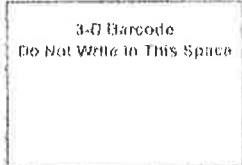
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number) *061-850-090*
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) *08/24/15* Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number

- Alien Registration Number/USCIS Number: _____
- OR**
- Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following:

Foreign Passport Number: _____

Country of Issuance: _____

Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee: <i>Elizabeth</i>	Date (mm/dd/yyyy): <i>10/06/14</i>
--	---------------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy)	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State Zip Code

STOP **Employer Completes Next Page** STOP

To be completed by Employer.

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 examine a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: Lopez - De Nava, Elizabeth

List A Identify and Employment Authorization	OR (List B) Identify	AND List C Employment Authorization
Document Title: <u>PERMANENT RESIDENT</u>	Document Title:	Document Title:
Issuing Authority: <u>USA</u>	Issuing Authority:	Issuing Authority:
Document Number: <u>061-850-090</u>	Document Number:	Document Number:
Expiration Date (if any)(mm/dd/yyyy): <u>08-24-15</u>	Expiration Date (if any)(mm/dd/yyyy):	Expiration Date (if any)(mm/dd/yyyy):
Document Title: <u>SSN</u>		
Issuing Authority: <u>SSA</u>		
Document Number: <u>602-33-9154</u>		
Expiration Date (if any)(mm/dd/yyyy): <u>N/A</u>		
Document Title:		
Issuing Authority:		
Document Number:		
Expiration Date (if any)(mm/dd/yyyy):		

3-D Barcode
Do Not Write In This Space

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): 10/08/14 (See instructions for exemptions.)

Signature of Employer or Authorized Representative: 	Date (mm/dd/yyyy): <u>10/08/14</u>	Title of Employer or Authorized Representative: <u>PROD. MNG.</u>
Last Name (Family Name): <u>GONZALEZ</u>	First Name (Given Name): <u>JOSE</u>	Employer's Business or Organization Name: <u>Avalon Shutters, Inc</u>
Employer's Business or Organization Address (Street Number and Name): <u>3407 N. Perris Blvd</u>	City or Town: <u>Perris</u>	State: <u>CA</u>
		Zip Code: <u>92571</u>

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

A. New Hire (if applicable) Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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: 	Date (mm/dd/yyyy): <u>10/08/14</u>	Name of Employer or Authorized Representative: <u>JOSE GONZALEZ</u>
---	---------------------------------------	--

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Lopez De Nava, Elizabeth

Help 

~~Employee Search~~ T73047 ~~Go~~

Earnings Detail for Lopez De Nava, Elizabeth 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	40.00	9.0000	360.00	700	1
Overtime	1.00	13.5000	13.50	700	1

Deductions Detail

Description	Amount
Dental Pt	3.27
Vision Pt	2.35

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	1.60
FICA - MEDICARE	5.33
FICA - OASDI	22.81
CA INCOME TAX	0.00
CA DISABILITY	3.31


Reprint Check Stub Print Details

Close Detail

Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503

10z - 157222 - 157222
 ELIZABETH LOPEZ DE NAVA
 24286 EUCALYPTUS AVE
 MORENO VALLEY CA 92553-3177



Copy C—For EMPLOYEE'S RECORDS (See Notice to Employee on the back of Copy B)		2014	OMB No. 1545-0008
a Employer's sec. no. 602-33-9154	1 Wages, tips, other comp. 4525.63	2 Federal income tax withheld 85.50	
b Employer ID number (EIN) 52-0812977	3 Social security wages 4525.63	4 Social security tax withheld 280.59	
	5 Medicare wages and tips 4525.63	6 Medicare tax withheld 65.62	
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 098022			
e Employee's first name and initial Last name Suf. ELIZABETH LOPEZ DE NAVA 24286 EUCALYPTUS AVE MORENO VALLEY CA 92553-3177			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 45.27	13b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	4525.63	3.56	
15 State Employer's state ID number	16 State wages, tips, etc. 4525.63	17 State income tax 3.56	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filled With Employee's FEDERAL Tax Return.		2014	OMB No. 1545-0008
a Employer's sec. no. 602-33-9154	1 Wages, tips, other comp. 4525.63	2 Federal income tax withheld 85.50	
b Employer ID number (EIN) 52-0812977	3 Social security wages 4525.63	4 Social security tax withheld 280.59	
	5 Medicare wages and tips 4525.63	6 Medicare tax withheld 65.62	
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 098022			
e Employee's first name and initial Last name Suf. ELIZABETH LOPEZ DE NAVA 24286 EUCALYPTUS AVE MORENO VALLEY CA 92553-3177			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 45.27	13b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	4525.63	3.56	
15 State Employer's state ID number	16 State wages, tips, etc. 4525.63	17 State income tax 3.56	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy B—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employer's sec. no. 602-33-9154	1 Wages, tips, other comp. 4525.63	2 Federal income tax withheld 85.50	
b Employer ID number (EIN) 52-0812977	3 Social security wages 4525.63	4 Social security tax withheld 280.59	
	5 Medicare wages and tips 4525.63	6 Medicare tax withheld 65.62	
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 098022			
e Employee's first name and initial Last name Suf. ELIZABETH LOPEZ DE NAVA 24286 EUCALYPTUS AVE MORENO VALLEY CA 92553-3177			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 45.27	13b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	4525.63	3.56	
15 State Employer's state ID number	16 State wages, tips, etc. 4525.63	17 State income tax 3.56	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy B—To Be Filled With Employee's State, City or Local Income Tax Return		2014	OMB No. 1545-0008
a Employer's sec. no. 602-33-9154	1 Wages, tips, other comp. 4525.63	2 Federal income tax withheld 85.50	
b Employer ID number (EIN) 52-0812977	3 Social security wages 4525.63	4 Social security tax withheld 280.59	
	5 Medicare wages and tips 4525.63	6 Medicare tax withheld 65.62	
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503			
d Control number 098022			
e Employee's first name and initial Last name Suf. ELIZABETH LOPEZ DE NAVA 24286 EUCALYPTUS AVE MORENO VALLEY CA 92553-3177			
7 Social security tips		8 Allocated tips	9
10 Dependent care benefits	11 Nonqualified plans	12a Code	
13 Statutory employee	14 Other CADI 45.27	13b Code	
Retirement plan		12c Code	
Third-party sick pay		12d Code	
CA 34723841	4525.63	3.56	
15 State Employer's state ID number	16 State wages, tips, etc. 4525.63	17 State income tax 3.56	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name	

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service



Employment Eligibility Verification

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

USCIS
Form I-9

OMB No. 1615-0047
Expires 03/31/2016

▶ START HERE. Read instructions carefully before completing this form. The instructions must be available during completion of this form.
ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire 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) <u>Ramirez</u>		First Name (Given Name) <u>Daniel</u>		Middle Initial	Other Names Used (if any)	
Address (Street Number and Name) <u>12891 Gorham St.</u>			Apt. Number	City or Town <u>Morano Valley</u>		State <u>CA</u>
Date of Birth (mm/dd/yyyy) <u>1/21/85</u>		U.S. Social Security Number <u>603-79-4536</u>		E-mail Address		Telephone Number <u>(951) 697-1221</u>

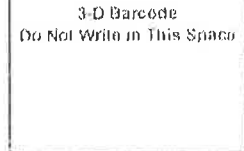
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (See instructions)
- A lawful permanent resident (Alien Registration Number/USCIS Number): 090-283-068
- An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy) 10/28/24. Some aliens may write "N/A" in this field. (See instructions)

For aliens authorized to work, provide your Alien Registration Number/USCIS Number OR Form I-94 Admission Number

- Alien Registration Number/USCIS Number: _____
- OR
- Form I-94 Admission Number: _____



If you obtained your admission number from CBP in connection with your arrival in the United States, include the following.

Foreign Passport Number: _____
Country of Issuance: _____

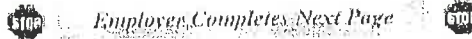
Some aliens may write "N/A" on the Foreign Passport Number and Country of Issuance fields. (See instructions)

Signature of Employee <u>[Signature]</u>	Date (mm/dd/yyyy): <u>10/8/14</u>
---	-----------------------------------

Preparer and/or Translator Certification (To be completed and signed if Section 1 is prepared by a person other than the employee.)

I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Signature of Preparer or Translator		Date (mm/dd/yyyy):	
Last Name (Family Name)		First Name (Given Name)	
Address (Street Number and Name)		City or Town	State
		Zip Code	



To be completed by Employer.

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 and document from List A OR examine a copy of an document from List B and document from List C as listed on the "Lists of Acceptable Documents" on the next page of this form. For each document you review, record the following information: document title, issuing authority, document number, and expiration date, if any.)

Employee Last Name, First Name and Middle Initial from Section 1: **RAMIREZ, DANIEL**

List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title: PERMANENT RESIDENT		Document Title:		Document Title:
Issuing Authority: USA		Issuing Authority:		Issuing Authority:
Document Number: 090-283-068		Document Number:		Document Number:
Expiration Date (if any) (mm/dd/yyyy): 10/23/24		Expiration Date (if any) (mm/dd/yyyy):		Expiration Date (if any) (mm/dd/yyyy):
Document Title: SSN				
Issuing Authority: SSA				
Document Number: 603-79-4536				
Expiration Date (if any) (mm/dd/yyyy): N/A				
Document Title:				
Issuing Authority:				
Document Number:				
Expiration Date (if any) (mm/dd/yyyy):				

3-D Barcode
Do Not Write In This Space

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): **10/08/14** (See instructions for exemptions.)

Signature of Employer or Authorized Representative:	Date (mm/dd/yyyy):	Title of Employer or Authorized Representative:
	10/08/14	PROP. MNG.
Last Name (Family Name):	First Name (Given Name):	Employer's Business or Organization Name:
GONZALEZ	JOSE	Avalon Shutters, Inc
Employer's Business or Organization Address (Street Number and Name):	City or Town:	State:
3407 N. Perris Blvd.	Perris	CA
		Zip Code:
		92571

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

A. New Name (if applicable): Last Name (Family Name) First Name (Given Name) Middle Initial B. Date of Rehire (if applicable) (mm/dd/yyyy)

C. If employee's previous grant of employment authorization has expired, provide the information for the document from List A or List C the employee presented that establishes current 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:	Date (mm/dd/yyyy):	Title of Employer or Authorized Representative:
	10/08/14	JOSE GONZALEZ

Company: AVALON SHUTTERS, INC. - 903176 | Employee: Ramirez, Daniel

Help 

Employee Search R73945 [Go](#)

Earnings Detail for Ramirez, Daniel 05/08/2015

Description	Hours	Rate	Amount	Department	Location
Regular Pay	40.00	9.0000	360.00	300	1

Deductions Detail

Description	Amount
Medical Pt	35.98

Taxes Detail

Description	Amount
FEDERAL INCOME TAX	12.59
FICA - MEDICARE	4.70
FICA - OASDI	20.09
CA INCOME TAX	0.00
CA DISABILITY	2.92

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Print 

BARRETT BUSINESS SERVICES INC
 SUITE 100
 1 RIDGEGATE DR
 TEMECULA CA 92590-5503



102 - 157251 - 157251
 DANIEL RAMIREZ
 12891 GORHAM ST
 MORENO VALLEY CA 92553-5602



Copy C—To Be Filled With Employee's RECORDS (See Notice to Employee on the back of Copy B.)			2014	OMB No. 1545-0000
a Employee's soc. sec. no. 603-79-4536	1 Wages, tips, other comp. 3458.00	3 Federal income tax withheld 136.72		
b Employer ID number (EIN) 52-0812977	2 Social security wages 3458.00	4 Social security tax withheld 214.40		
	5 Medicare wages and tips 3458.00	6 Medicare tax withheld 50.14		
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 087039				
e Employee's first name and initial Last name DANIEL RAMIREZ 12891 GORHAM ST MORENO VALLEY CA 92553-5602				
f Employee's address and ZIP code				
7 Social security tips	8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	14 Other CADI 34.59	12b Code		
Retirement plan			12c Code	
Third-party sick pay			12d Code	
CA 34723841	3458.00	1.60		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax		
19 Local wages, tips, etc.	20 Local income tax	21 Locality name		

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy B—To Be Filled With Employee's FEDERAL Tax Return.			2014	OMB No. 1545-0000
a Employee's soc. sec. no. 603-79-4536	1 Wages, tips, other comp. 3458.00	3 Federal income tax withheld 136.72		
b Employer ID number (EIN) 52-0812977	2 Social security wages 3458.00	4 Social security tax withheld 214.40		
	5 Medicare wages and tips 3458.00	6 Medicare tax withheld 50.14		
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
d Control number 087039				
e Employee's first name and initial Last name DANIEL RAMIREZ 12891 GORHAM ST MORENO VALLEY CA 92553-5602				
f Employee's address and ZIP code				
7 Social security tips	8 Allocated tips			
10 Dependent care benefits	11 Nonqualified plans	12a Code		
13 Statutory employee	14 Other CADI 34.59	12b Code		
Retirement plan			12c Code	
Third-party sick pay			12d Code	
CA 34723841	3458.00	1.60		
16 State Employer's state ID number	18 State wages, tips, etc.	17 State income tax		
19 Local wages, tips, etc.	20 Local income tax	21 Locality name		

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service
 This information is being furnished to the Internal Revenue Service.

Copy C—To Be Filled With Employee's State, City or Local Income Tax Return			2014	OMB No. 1545-0000
a Employee's soc. sec. no. 603-79-4536	1 Wages, tips, other comp. 3458.00	3 Federal income tax withheld 136.72		
b Employer ID number (EIN) 52-0812977	2 Social security wages 3458.00	4 Social security tax withheld 214.40		
	5 Medicare wages and tips 3458.00	6 Medicare tax withheld 50.14		
c Employer's name, address, and ZIP code BARRETT BUSINESS SERVICES INC SUITE 100 1 RIDGEGATE DR TEMECULA CA 92590-5503				
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f Employee's address and ZIP code				
7 Social security tips	8 Allocated tips			
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13 Statutory employee	14 Other CADI 34.59	12b Code		
Retirement plan			12c Code	
Third-party sick pay			12d Code	
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19 Local wages, tips, etc.	20 Local income tax	21 Locality name		

Form W-2 Wage and Tax Statement Department of the Treasury - Internal Revenue Service

Copy D—To Be Filled With Employee's State, City or Local Income Tax Return			2014	OMB No. 1545-0000
a Employee's soc. sec. no. 603-79-4536	1 Wages, tips, other comp. 3458.00	3 Federal income tax withheld 136.72		
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