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EMPLOYEE # __________

**** TO BE COMPLETED BEFORE FIRST SHIFT WORKED****

FULL NAME: ______________________
DATE HIRED: ____________________
HOME PHONE #: __________________
CELL PHONE #: __________________
EMPLOYEE EMERGENCY PHONE #: ________________
D.O.B. ______________
LAST 4 OF S.S.N. ________
MARITAL STATUS: ______________
NAME OF SPOUSE: ______________
NUMBER OF DEPENDENTS: ______
RELATIVES WORKING FOR US: ______
RELATIONSHIP: _____________
JOB CODE: _________________
BEGINNING PAY RATE: __________
SPECIFIC REASON FOR SEPERATION:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

SEPERATION DATE: ______________

WOULD WE REHIRE? YES NO

MANAGER SIGNATURE: ________________

DATE: ______________
EMPLOYEE HANDBOOK REVIEW

The CABOOSE RESTAURANTS have a strong commitment to our number one goal of Complete Customer Satisfaction as well as Quality of Product, Quality of Service, Employee job satisfaction and Teamwork. Any employee who cannot maintain the level of standards necessary to achieve these goals may face disciplinary action which may include, but not be limited to the following:

a. verbal consultation
b. written consultation
c. termination of job responsibilities

It is every employee’s responsibility to do everything within your power to ensure that each and every guest leaves 110% satisfied wanting to return and spend more of their hard earned income at the Caboose Restaurants. Remember that there are many choices when choosing a place to dine. Let’s make Caboose their #1 pick.

Initial Expectations

When you arrive to work your first shift, you will be expected to:

a. Be in proper uniform
b. Look for opportunities to be a team player
c. Do your part to take care of each and every guest

Personal Misconduct/Theft

Personal misconduct will not be tolerated. This includes:

a. Loud, abusive and/or vulgar language anywhere in the restaurant,
b. Verbal or physical harassment of any patron or employee,
c. Misrepresentation to management, abuse of confidentiality, or insubordination to superiors.
d. Approaching a guest concerning gratuity is strictly prohibited. Consult your manager for guidance in all situations concerning guest service, complaints, and gratuity.
e. Employees may NOT discuss the quality of customers and/or gratuity while in the restaurant, whether with co-workers or customers.

Theft of any kind will not be tolerated. This includes:

a. Theft of company property, company goods, or personal belongings.
b. Failure to ring up merchandise delivered to a guest (sliding)
c. Consumption of goods or drinks without paying for it (grazing).
d. Falsely inflating a guest check and/or adding gratuity to a bill without the approval of the guest and manager on duty.
Sexual and Other Unlawful Harassment

A fundamental policy of THE CABOOSE RESTAURANTS is that the workplace is for work. Our goal is to provide a workplace free from tensions involving matters which do not relate to the business. In particular, an atmosphere of tension created by non-work related conduct, including ethnic, racial, sexual or religious remarks, national origin, disability, animosity, unwelcome sexual advances or request for sexual favors or other such conduct does not belong in our workplace.

Harassment of employees or of applicants by other employees, by those of the opposite or same sex, is prohibited. Harassment includes, without limitation, verbal harassment (epithets, derogatory statements, slurs), physical harassment (assault, physical interference with normal work or involvement), visual harassment (posters, cartoons, drawings), and innuendo.

Sexual harassment is a violation of State and Federal law. It includes unwelcome sexual advances, request for sexual favors, sexually motivated physical contact and other verbal or physical conduct, or visual forms of harassment of a sexual nature when submission to such conduct is either explicitly or implicitly made a term or condition of employment or is used as the basis for employment decisions or when such conduct has the purpose or effect of unreasonably interfering with an individual’s work performance or creating an intimidating, hostile or offensive work environment.

Attendance, Tardiness and Absenteeism

To maintain a productive work environment, THE CABOOSE RESTAURANTS expect employees to be reliable and to be punctual in reporting for work. Absenteeism and tardiness place a burden on other employees and on THE CABOOSE RESTAURANTS. In the rare instances when employees cannot avoid being late to work or are unable to work as scheduled, they should notify their supervisor as soon as possible in advance of the anticipated tardiness or absence.

Missed shifts and excessive tardiness will not be tolerated. Employees are responsible for knowing their schedules, covering their shifts properly, and being on time. It is your responsibility to cover all scheduled shifts that you cannot work. If you do not call or cover your shift, it will be assumed that you have terminated your employment. All schedule changes must be written on a Schedule Change Form and approved by a Manager.

Employees are expected to arrive to work 15 minutes before their shift begins and are paid for any time they are required to be on work premises (mandatory meetings). In the event that you are not needed at the time of your arrival, you will be given a specific time to return to work. This time will be at least 30 minutes later than your scheduled time. These shifts will begin and end at a set time designated by your immediate supervisor. If you are required to arrive to work in less than 15 minutes, you will be paid for the entire “on call” shift, if you are required to arrive to work in 30 minutes or longer, you will be paid for the time you are on the premises only.
Parking
Parking is permitted in the designated areas only. For safety reasons, employees will use the front entrance when entering or leaving the building unless opening, then you may use the back entrance.

Phone Use
Personal phone calls are prohibited on company lines without manager on duty approval. Because of the limited number of phone lines, please use the pay phones during your break periods.

Smoking
Employees may not smoke from 11:30 a.m. to 2:00 p.m. and 6:00 p.m. to 9:00 p.m. daily. During other periods, employees may smoke only when given permission do so by the employee’s supervisor.

Safety Guidelines
• Proper lifting techniques are to be exercised when moving supplies or equipment. Employees should lift with a straight back. Do not turn while lifting. Any item weighing more than 35 lbs should be moved or lifted by two or more people.

• All employees must wear specially designed closed-toe, anti-slip safety shoes while working in the restaurant or kitchen.

• Horseplay or any type of activity which may cause unnecessary injury to you or another employee is not permitted (running, popping towels, ).

• In the restaurant, spills must be SWEPT, MOPPED, and TOWEL DRIED IMMEDIATELY and a wet floor sign placed at the spill site. In the wait station, spills must be SWEPT, DRIED WITH APRONS AND TOWELS, AND A FAN PLACED ON THE AREA IMMEDIATELY. (Employees never clean their own spills.) Employees must then identify the area by placing a “wet floor” sign at the location.

Discount Policies
All Caboose employees receive 30% off any food item anytime during their employment. Each employee may have up to one guest and receive the 30% discount off of the entire ticket. B.O.H. employees receive 100% comp meals 1 hour prior to or 1 hour after each scheduled shift worked. Employee meals may not be taken to go without the manager on duty’s approval. Any left over food or kitchen scraps will be discarded and never taken out of the building.

All employee discounts must be signed by the employee. A Beverage must be rung up with ALL employee meals. All guest/customer comps must be labeled and signed by the manager on duty and have an explanation. (No employee comps may be made to go without manager on duty’s approval).

Employees who are given comp meals may not give them away.

Personal Appearance
All employees are expected to abide by company hygiene, uniform and appearance guidelines while on duty. Employees may not wear the uniform shirt while in the restaurant or bar during off hours.
Dress, grooming, and personal cleanliness standards contribute to the morale of all employees. During business hours, employees are expected to present a clean, neat and professional appearance. You should dress and groom yourself according to the requirements of your position and accepted social standards.

If your supervisor feels your personal appearance inappropriate, you may be asked to leave the workplace until you are properly dressed or groomed. Under such circumstances, you will not be compensated for the time away from work. Consult your supervisor if you have questions as to what constitutes appropriate appearance.

Without unduly restricting individual tastes, the following personal appearance guidelines should be followed:

- Extremes in design, fit, color, or material should be avoided;
- Perfume, cologne and aftershave lotion should be used moderately or avoided altogether, as some individuals may be sensitive to strong fragrances;
- Excessive makeup is not permitted;
- Jewelry should not be functionally restrictive, dangerous to job performance or excessive;
- Mustaches and beards must be clean, well-trimmed and neat;
- Hairstyles are expected to be in good taste;
- Facial jewelry, such as eyebrow rings, nose rings, lip rings and tongue studs, is not and must not be worn during business hours;
- Torn or soiled clothes are not acceptable.

**Miscellaneous/Off Duty Guidelines**

- **Employees may not consume alcoholic beverages while on the job. Employees are allowed to consume alcoholic beverages while in the restaurant as a guest only with the permission of the manager on duty.**
- Employees may not redeem coupons for TOYS.
- Midway employees and doormen may not play Midway games.
- Employees may not study on the clock.
- For safety and insurance reasons, off duty employees may not be in any work areas.
- Employees are NOT allowed to sit at the bar.
- Bartender’s Girlfriends or Boyfriends are NOT allowed to sit at their bar.
- No Employees are allowed to sit at booths with a TV. These are for customers only.
- For safety and insurance reasons, off duty employees may not be in any work areas.

**ANY FAILURE TO COMPLY WITH THESE POLICIES MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION.**

I have read the entire Caboose Employee Handbook, Handbook Review and completely understand these policies and procedures. And by signing this form I agree to abide by all policies and procedures set forth.

Printed Name:__________________  Date:_______________

Signature:_____________________
EMPLOYEE UNIFORM AGREEMENT

To provide an atmosphere that is as esthetic as possible to the widest variety of guests, the following dress codes for Employees must be maintained.

HOSTS:

1. Dress attire: dressy skirt, slacks, or walking shorts
2. The following items may not be worn:
   - Shorts that are more than 4” above the knee
   - Jeans (any color, any style)
   - Sandals (open toed shoes)
   - Revealing clothes

MIDWAY/BUSSER/SERVERS/BARTENDERS/DOORMEN/EXPEDITERS:

1. Employees may wear either a generic black collared golf shirt, approved uniform collared golf shirt or an approved Texas Tech university, red or black, T-shirt. Employees may also wear a Caboose edition T-shirt which can be purchased from a M.O.D. after 30 days of employment.
2. Black shorts or pants (shorts no more than 4” above the knee).
4. The following items may not be worn:
   - Jeans (includes shorts). Tennis shoes must remain clean and must be free of logos or color stripes.
   - The shoes must have traction durable treads.
   - Jewelry must be worn in moderation.
   - If a cap is worn, it must be a Caboose cap.
   - Caboose shirts, shorts, and aprons must be replaced when they become torn, permanently stained, or have frays or holes in them.

COOKS/DISHWASHERS:

1. Tennis shoes with traction durable tread.
2. Cap or hairnet
3. The following items may not be worn: shorts, tank tops, or sleeveless shirts

In addition to the above, the following personal hygiene practices must be maintained:

1. Long hair must be pulled back off the shoulders
2. Men’s facial hair must be well groomed.
3. No chewing gum while on duty
4. All employees are expected to arrive to work clean and in a clean uniform (in uniform and ready to go 15 minutes prior to shift)

ANY FAILURE TO COMPLY WITH THESE POLICIES MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION.

I have read the above and completely understand these policies and procedures and by signing this form I agree to abide by all policies and procedures set forth.

Printed Name: ____________________ Date: ____________________

Signature: ____________________
Employee Bank Policies

All employees are responsible for any shortages incurred while working at the Caboose. Servers, Bartenders, and Bookkeepers are responsible for shortages in their banks and must pay the shortage in a reasonable amount of time, or be documented for the shortage. All bank shortages and customer walks will be documented. If the total amount exceeds $100.00 in 90 days, disciplinary action including documentation up to termination.

The IRS requires that 100% of tipped income made by any employee be claimed as income. 100% of tips for the day must be recorded on the F.A.T.T. sheet provided, and in the Aloha when prompted during clock out.

All servers will be held responsible for the organization and completeness of their banks. All banks must be turned into the office including a signed F.A.T.T. sheet, cash owed, tip-out, beer and liquor comps, employee and guest discounts, voids, etc. Guest discounts should be signed by the guest and employee discounts signed by the employee. Each bank should be delivered to the office organized and in the proper order.

1) All your bills must be faced the same direction. 
2) All employee comps (30%, 60%, mgr, etc.) must have the employee name typed on ticket and have employee signature. 
3) F.A.T.T. sheet must be filled out entirely signed and 100% of tips recorded. 
4) Coupons, V.I.P. cards, and 10% to 50% discounts must be signed by customer. 
5) Voids, guest, beer, and liquor comps must have an explanation and manager’s signature. 
6) Credit cards must be adjusted or you will not get the tip. 
7) Checks must be stamped on back with a driver’s license, date of birth, server’s initials and approval code. manager must initial any check over $50.00. 
8) Cash owed and tip-out must be the correct amount and placed correctly in the provided server books.

__________________________
Employee’s Name (Print)

__________________________
Employee’s Signature

__________________________
(Date)
The U.S. Department of Labor recently amended its tip credit notice regulations, effective May 5, 2011, to require employers to inform tipped employees of certain tip credit information. We are informing you of the following as a result of this new requirement:

- The amount of cash wage to be paid to you per hour will be $2.13.
- Assuming you have received a sufficient amount of tips to cover the tip credit, the amount of your tips per hour to be credited as wages will be $5.12.
- You have the right to retain all the tips you receive, except for a valid tip pooling arrangement limited to employees who customarily and regularly receive tips. Your required tip-pool contribution or percentage is 2.5%. The tip credit being taken is only on the amount you actually receive and your tips will otherwise not be retained except for your contribution to the tip pool.
- The tip credit shall not apply unless you have been informed of these requirements.

You are being provided this information in accordance with Section 203 (m) of the Fair Labor Standards Act. Please sign and date this notice indicating that you understand it, and return it to Caboose. Contact Nancy Spradling at 806-794-4025 if you have any questions.

Thank you.

__________________________
Employee’s Name (Print)

__________________________
Employee’s Signature

__________________________ (Date)
Service of Alcoholic Beverages

All employees involved in the serving of alcoholic beverages must do so according to state law and must be T.A.B.C. certified. No persons under 21 or intoxicated persons may be served. Employees must communicate to a manager possible intoxicated persons or drinking minors.

Servers, bartenders, bar backs and doormen must attend a T.A.B.C. approved alcohol server-training course prior to their first shift worked in which liquor is served. Bussers, cooks, and midway are exempt from this certification (T.A.B.C. certification may be obtained online at Learn2Serve.com)

TEN STEPS TO RESPONSIBLE ALCOHOLIC BEVERAGE SERVICE

The Copper Caboose and the 50th Street Caboose are committed to the responsible service of alcoholic beverages. In accordance to our commitment, all employees are required to follow the procedures listed below:

1) No employee will serve an alcoholic beverage to anyone under the age of 21.
2) All employees will carefully check Identification of anyone who appears to be under 30 years of age.
   a) Acceptable documentation is a valid Texas driver’s license with a photo or a photo ID issued by the state of Texas. These are the only legally defensible forms of ID, check with manager on duty to verify other forms of identification.
   b) The employee will carefully check the identification to determine its authenticity. The manager should be informed if there is any appearance of forgery or tampering.
   c) In the absence of authentic identification in case of doubt, the employee will refuse service of alcoholic beverages to the customer.
3) No employee will serve alcoholic beverages to anyone who is intoxicated.
4) No employee will serve alcoholic beverages to anyone to the point of intoxication.
5) It is the employee’s responsibility to inform a manager when a customer shows signs of intoxication or is requesting alcoholic beverages above the limits of responsible beverage service.
6) Any intoxicated customer wishing to leave the establishment will be urged to use alternative transportation provided by the establishment. (This can be a cab service, designated driver, etc.) You may also offer incentives for the designated driver, such as free non-alcoholic beverages, appetizers, or a discount on a meal.
7) All employees must inform their supervisor when intervention attempts fail.
8) No employee will drink alcoholic beverages while working.
9) All employees must verify one ID for each drink sold.
10) All employees who serve/sell alcoholic beverages will successfully complete a Texas Alcoholic Beverage Commission server/seller course.

It is the duty of all staff members to report any violations concerning the dispensing and delivering of alcohol directly to the manager on duty. If the manager is directly involved in the violation, then report directly to the Human Resource Department at 1-806-794-4025.

ANY FAILURE TO COMPLY WITH THESE POLICIES MAY RESULT IN DISCIPLINARY ACTION, UP TO AND INCLUDING TERMINATION. IT ALSO CAN RESULT IN YOUR TABC CERTIFICATION BEING SUSPENDED OR REVOKED.

Printed Name:__________________ Date:_______________________
Signature:______________________
HEALTH AND SAFETY NOTIFICATION

The health and safety of employees and guests are of the greatest importance to the Caboose. Of greatest concern is the ‘BIG 5’.

The ‘BIG 5’ includes:
1. SHigellosis
2. Hepatitis A
3. Ecoli
4. Salmonella
5. Noro Virus

If you are diagnosed with or have symptoms of any of the ‘BIG 5’ health problems, YOU MUST NOTIFY A MANAGER IMMEDIATELY.

Failure to report symptoms or a positive test result will result in disciplinary action including termination. These illnesses are highly contagious and very dangerous to both co-workers and guests.

__________________________
Employee’s Name (Print)

__________________________
Employee’s Signature

__________________________
(Date)
Bare Hand Contact Policy

2-301.12 Cleaning Procedure.

(A) Except as specified in ¶ (D) of this section, food employees shall clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands or arms for at least 20 seconds, using a cleaning compound in a handwashing sink that is equipped as specified under § 5-202.12 and Subpart 6-301. P

(B) Food employees shall use the following cleaning procedure in the order stated to clean their hands and exposed portions of their arms, including surrogate prosthetic devices for hands and arms:
   
   (1) Rinse under clean, running warm water; P
   (2) Apply an amount of cleaning compound recommended by the cleaning compound manufacturer; P
   (3) Rub together vigorously for at least 10 to 15 seconds while:
      (a) Paying particular attention to removing soil from underneath the fingernails during the cleaning procedure, P and
      (b) Creating friction on the surfaces of the hands and arms or surrogate prosthetics devices for hands and arms, finger tips, and areas between the fingers; P
   (4) Thoroughly rinse under clean, running warm water; P and
   (5) Immediately follow the cleaning procedure with thorough drying using a single paper towel
   (6) As a second layer of protection, apply hand sanitizer to hands after 1st washing. If sanitizer is missing or empty, you must wash and dry your hands twice to serve as the second layer of protection

(C) To avoid recontaminating their hands or surrogate prosthetic devices, food employees may use disposable paper towels or similar clean barriers when touching surfaces such as manually operated faucet handles on a handwashing sink or the handle of a restroom door.

(D) If approved and capable of removing the types of soils encountered in the food operations involved, an automatic handwashing facility may be used by food employees to clean their hands or surrogate prosthetic devices.

2-301.14 When to Wash.

FOOD EMPLOYEES shall clean their hands and exposed portions of their arms as specified under § 2-301.12 immediately before engaging in FOOD preparation including working with exposed FOOD, clean EQUIPMENT and UTENSILS, and unwrapped SINGLE-SERVICE and SINGLE-USE ARTICLES and:

1. (A) After touching bare human body parts other than clean hands and clean, exposed portions of arms; p
2. (B) After using the toilet room; p
3. (C) After caring for or handling SERVICE ANIMALS or aquatic animals as specified in ¶2-403.11(B); p
4. (D) Except as specified in ¶ 2-401.11(B), after coughing, sneezing, using a handkerchief or disposable tissue, using tobacco, or drinking.
   or disposable tissue, using tobacco, eating, or drinking; p
5. (E) After handling soiled EQUIPMENT or UTENSILS; p
6. (F) During FOOD preparation, as often as necessary to remove soil and contamination and to prevent cross contamination when changing tasks; p
7. (G) When switching between working with raw FOOD and working with READY-TO-EAT FOOD; p
8. (H) Before donning gloves for working with FOOD; p and
9. (I) After engaging in other activities that contaminate the hands.

2-301.15 Where to Wash.

FOOD EMPLOYEES shall clean their hands in a HANDWASHING SINK or APPROVED automatic handwashing facility and may not clean their hands in a sink used for FOOD preparation or WAREWASHING, or in a service sink or a curbed cleaning facility used for the disposal of mop water and similar liquid waste. Pf

Fingernails 2-302.11 Maintenance.

(A) Food employees shall keep their fingernails trimmed, filed, and maintained so the edges and surfaces are cleanable and not rough. Pf
(B) Unless wearing intact gloves in good repair, a food employee may not wear fingernail polish or artificial fingernails when working with exposed food.

Jewelry 2-303.11 Prohibition.

Except for a plain ring such as a wedding band, while preparing food, food employees may not wear jewelry including medical information jewelry on their arms and hands.

Printed Name:__________________ Date:_______________

Signature:_______________________
WAIVER OF CONFIDENTIALITY

I understand the information in my worker’s compensation file(s) is confidential under Article 8307, S9a, Revised Civil Statutes of Texas. However, I do hereby waive any such right of confidentiality and both authorize and request that such information be available to:

Caboose Entertainment
Employer
3715 24th St. Lubbock Tx. 79410
Employer Address
to whom I have made an application for employment.

_______________________________________________
APPLICANT’S SIGNATURE

_______________________________________________
PRINTED NAME

_______________________________________________
PRINTED STREET ADDRESS

_______________________________________________
SOCIAL SECURITY NUMBER

DATE OF APPLICATION FOR EMPLOYMENT:______________________

STATE OF TEXAS  §

COUNTY OF ___________  §

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF ___________. 20____. TO CERTIFY WHICH WITNESS MY HAND AND OFFICIAL SEAL.

__________________________________________
NOTARY PUBLIC, STATE OF TEXAS

*This information is requested in accordance with the provisions of Article 8307, S9a, Revised Civil Statutes of Texas, as amended.

__________________________________________
NAME OF REQUESTOR

__________________________________________
TITLE OF REQUESTOR
Form W-4 (2015)

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

Exemption from withholding. If you are exempt, complete only lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2015 expires February 16, 2016. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds $1,050 and includes more than $350 of unearned income (for example, interest and dividends).

Exceptions. An employee may be able to claim exemption from withholding even if the employee is a dependent, if the employee:
- is age 65 or older;
- is blind, or
- Will claim adjustments to income; tax credits; or itemized deductions, on his or her tax return.

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

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how much the amount you are having withheld compares to your projected total tax for 2015. See Pub. 505, especially if your earnings exceed $190,000 (Single) or $180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A Enter “1” for yourself if no one else can claim you as a dependent

- You are single and have only one job; or

B Enter “1” if:
- You are married, have only one job, and your spouse does not work; or
- You wages from a second job or your spouse’s wages (or the total of both) are $1,500 or less.

C Enter “1” for your spouse. But, you may choose to enter “0” if you are married and have either a working spouse or more than one job. (Entering “0” may help you avoid having too little tax withheld.)

D Enter number of dependents (other than your spouse or yourself) you will claim on your tax return.

E Enter “1” if you will file as head of household on your tax return (see conditions under Head of household above)

F Enter “1” if you have at least $2,000 of child or dependent care expenses for which you plan to claim a credit.

G Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.
- If your total income will be less than $65,000 ($100,000 if married), enter “2” for each eligible child; then less “1” if you have two to four eligible children or less “2” if you have five or more eligible children.
- If your total income will be between $65,000 and $84,000 ($100,000 and $119,000 if married), enter “1” for each eligible child.

H Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.)

For accuracy, complete all worksheets that apply.
- If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.
- If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed $50,000 ($20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.
- If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.

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

Employee's Withholding Allowance Certificate

Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.

1 Your first name and middle initial
2 Your social security number

3 □ Single □ Married

Note. If married, but legally separated, or spouse is a nonresident alien, check the “Single” box.

4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card.

5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)

6 Additional amount, if any, you want withheld from each paycheck

7 I claim exemption from withholding for 2015, and I certify that I meet both of the following conditions for exemption.
- Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and
- This year I expect a refund of all federal income tax withheld because I expect to have no tax liability.

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

Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.

Employee's signature

Date

8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)

9 Office code (optional)

10 Employer identification number (EIN)

For Privacy Act and Paperwork Reduction Act Notice, see page 2.

Cat. No. 10220Q

Form W-4 (2015)
Deductions and Adjustments Worksheet

Note. Use this worksheet only if you plan to itemize deductions or claim certain credits or adjustments to income.

1. Enter an estimate of your 2015 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% (7.5% if either you or your spouse was born before January 2, 1951) of your income, and miscellaneous deductions. For 2015, you may have to reduce your itemized deductions if your income is over $309,900 and you are married filing jointly or are a qualifying widower; $294,900 if you are head of household; $289,250 if you are single and not head of household or a qualifying widow(er); or $154,950 if you are married filing separately. See Pub. 505 for details.

2. Enter:
   - $12,600 if married filing jointly or qualifying widow(er)
   - $9,250 if head of household
   - $6,300 if single or married filing separately

3. Subtract line 2 from line 1. If zero or less, enter "-0-".

4. Enter an estimate of your 2015 adjustments to income and any additional standard deduction (see Pub. 505).

5. Add lines 3 and 4 and enter the total. (Include any amount for credits from the Converting Credits to Withholding Allowances for 2015 Form W-4 worksheet in Pub. 505.)

6. Enter an estimate of your 2015 nonwage income (such as dividends or interest).

7. Subtract line 6 from line 5. If zero or less, enter "-0-".

8. Divide the amount on line 7 by $4,000 and enter the result here. Drop any fraction.

9. Enter the number from the Personal Allowances Worksheet, line H, page 1.

10. Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet, also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1.

Two-Earners/Multiple Jobs Worksheet

(See Two earners or multiple jobs on page 1.)

Note. Use this worksheet only if the instructions under line H on page 1 direct you here.

1. Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet).

2. Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However, if you are married filing jointly and wages from the highest paying job are $65,000 or less, do not enter more than "3".

3. If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-" and on Form W-4, line 5, page 1. Do not use the rest of this worksheet.

Note. If line 1 is less than line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.

4. Enter the number from line 2 of this worksheet.

5. Enter the number from line 1 of this worksheet.

6. Subtract line 5 from line 4.

7. Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here.

8. Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed.

9. Divide line 8 by the number of pay periods remaining in 2015. For example, divide by 25 if you are paid every two weeks and you complete this form on a date in January when there are 25 pay periods remaining in 2015. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck.

Table 1

<table>
<thead>
<tr>
<th>Marital Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from LOWEST paying job are—</td>
<td>Enter on line 2 above</td>
</tr>
<tr>
<td>$0 – $6,000</td>
<td>0</td>
</tr>
<tr>
<td>6,001 – 12,000</td>
<td>1</td>
</tr>
<tr>
<td>13,001 – 24,000</td>
<td>2</td>
</tr>
<tr>
<td>24,001 – 34,000</td>
<td>3</td>
</tr>
<tr>
<td>34,001 – 44,000</td>
<td>4</td>
</tr>
<tr>
<td>44,001 – 50,000</td>
<td>5</td>
</tr>
<tr>
<td>50,001 – 65,000</td>
<td>6</td>
</tr>
<tr>
<td>65,001 – 75,000</td>
<td>7</td>
</tr>
<tr>
<td>75,001 – 80,000</td>
<td>8</td>
</tr>
<tr>
<td>80,001 – 100,000</td>
<td>9</td>
</tr>
<tr>
<td>100,001 – 115,000</td>
<td>10</td>
</tr>
<tr>
<td>115,001 – 130,000</td>
<td>11</td>
</tr>
<tr>
<td>130,001 – 140,000</td>
<td>12</td>
</tr>
<tr>
<td>140,001 – 150,000</td>
<td>13</td>
</tr>
<tr>
<td>150,001 and over</td>
<td>14</td>
</tr>
</tbody>
</table>

Table 2

<table>
<thead>
<tr>
<th>Marital Filing Jointly</th>
<th>All Others</th>
</tr>
</thead>
<tbody>
<tr>
<td>If wages from HIGHEST paying job are—</td>
<td>Enter on line 7 above</td>
</tr>
<tr>
<td>$0 – $75,000</td>
<td>$600</td>
</tr>
<tr>
<td>75,001 – 135,000</td>
<td>1,000</td>
</tr>
<tr>
<td>135,001 – 205,000</td>
<td>1,120</td>
</tr>
<tr>
<td>205,001 – 360,000</td>
<td>1,320</td>
</tr>
<tr>
<td>360,001 – 405,000</td>
<td>1,400</td>
</tr>
<tr>
<td>405,001 and over</td>
<td>1,580</td>
</tr>
</tbody>
</table>

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

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

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

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

<table>
<thead>
<tr>
<th>Last Name (Family Name)</th>
<th>First Name (Given Name)</th>
<th>Middle Initial</th>
<th>Other Names Used (if any)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address (Street Number and Name)</th>
<th>Apt. Number</th>
<th>City or Town</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (mm/dd/yyyy)</th>
<th>U.S. Social Security Number</th>
<th>E-mail Address</th>
<th>Telephone Number</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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: Date (mm/dd/yyyy): ____________________________

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
---------------------------------|--------------|--------|----------|
|                                 |              |        |          |
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.)

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: __________________________

Date (mm/dd/yyyy): __________________________

Title of Employer or Authorized Representative: __________________________

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: __________________________
Employee Acknowledgement of Workers' Compensation Network

I have received information that tells me how to get health care under employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in the information, I understand that:

1. I must choose a treating doctor from the list of doctors in the network. Or, I may ask my HMO primary care physician to agree to serve as my treating doctor. If I select my HMO primary care physician as my treating doctor, I will call Texas Mutual at (800) 859 5995 to notify them of my choice.
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me. If I need emergency care, I may go anywhere.
3. The insurance carrier will pay the treating doctor and other network providers.
4. I might have to pay the bill if I get health care from someone other than a network doctor without network approval.
5. Knowingly making a false workers' compensation claim may lead to a criminal investigation that could result in criminal penalties such as fines and imprisonment.

_________________________________________________________  __________________________
Signature                                            Date

_________________________________________________________
Printed Name

I live at: ____________________________________________________________

Street Address

City State Zip Code

Name of Employer: 50th Street Caboose

Name of Network: Texas Star Network

Network service areas are subject to change. Call (806) 381 8067 if you need a network treating provider.

Please indicate whether this is the:

___ Initial Employee Notification

___ Injury Notification (Date of Injury: ____/____/____)

DO NOT RETURN THIS FORM TO TEXAS MUTUAL INSURANCE COMPANY UNLESS REQUESTED
10/01/2013

RE: New Health Insurance Marketplace Coverage Options

Dear Employee,

In 2014, the health care reform law creates a new type of online marketplace for purchasing health insurance coverage. This marketplace is referred to as a Health Insurance Marketplace, or an Exchange. You are not required to purchase insurance coverage through the Marketplace. 50th Street Caboose is continuing to offer health coverage as explained below.

50th Street Caboose is providing the enclosed notice to help you understand your health insurance coverage options that will be available to you starting in 2014. Beginning in October 2013, you will be able to find and compare health insurance plans through the Marketplace and your coverage may start as early as Jan. 1, 2014.

If you purchase coverage through a Marketplace, you may be eligible for a federal subsidy that lowers your monthly premiums or reduces your cost sharing. However, to receive these federal savings, you cannot be eligible for health plan coverage through the Company that is affordable and provides "minimum value." This determination is made beginning Jan. 1, 2014.

The availability of coverage through the Marketplace does not affect your eligibility for coverage through the Company's health plan. The enclosed notice provides information about the Company's health plan as it exists today. Information on the Company's health plan coverage for 2014 will be provided in connection with the plan's upcoming open enrollment period. Please contact Charlie Waits with Group Health and Employer Insurance Services, Inc. at 806-792-2929 for additional information on the plan's coverage.

More information on the health care reform law and the Marketplaces is available at www.healthcare.gov.

Sincerely,

Julie Brunson
Bookkeeper
PART A: General Information

When key parts of the health care law take effect in 2014, there will be a new way to buy health insurance: the Health Insurance Marketplace. To assist you as you evaluate options for you and your family, this notice provides some basic information about the new Marketplace and employment-based health coverage offered by your employer.

What is the Health Insurance Marketplace?
The Marketplace is designed to help you find health insurance that meets your needs and fits your budget. The Marketplace offers "one-stop shopping" to find and compare private health insurance options. You may also be eligible for a new kind of tax credit that lowers your monthly premium right away. Open enrollment for health insurance coverage through the Marketplace begins in October 2013 for coverage starting as early as January 1, 2014.

Can I Save Money on my Health Insurance Premiums in the Marketplace?
You may qualify to save money and lower your monthly premium, but only if your employer does not offer coverage, or offers coverage that doesn't meet certain standards. The savings on your premium that you're eligible for depends on your household income.

Does Employer Health Coverage Affect Eligibility for Premium Savings through the Marketplace?
Yes, if you have an offer of health coverage from your employer that meets certain standards, you will not be eligible for a tax credit through the Marketplace and may wish to enroll in your employer's health plan. However, you may be eligible for a tax credit that lowers your monthly premium, or a reduction in certain cost-sharing if your employer does not offer coverage to you at all or does not offer coverage that meets certain standards. If the cost of a plan from your employer that would cover you (and not any other members of your family) is more than 9.5% of your household income for the year, or if the coverage your employer provides does not meet the "minimum value" standard set by the Affordable Care Act, you may be eligible for a tax credit.¹

Note: If you purchase a health plan through the Marketplace instead of accepting health coverage offered by your employer, then you may lose the employer contribution (if any) to the employer-offered coverage. Also, this employer contribution—as well as your employee contribution to employer-offered coverage—is often excluded from income for Federal and State income tax purposes. Your payments for coverage through the Marketplace are made on an after-tax basis.

How Can I Get More Information?
For more information about your coverage offered by your employer, please check your summary plan description or contact Charlie Waits with Group Health and Employer Insurance Services, Inc. at 806-792-2929.

The Marketplace can help you evaluate your coverage options, including your eligibility for coverage through the Marketplace and its cost. Please visit HealthCare.gov for more information, including an online application for health insurance coverage and contact information for a Health Insurance Marketplace in your area.

¹ An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs.
PART B: Information About Health Coverage Offered by Your Employer

This section contains information about any health coverage offered by your employer. If you decide to complete an application for coverage in the Marketplace, you will be asked to provide this information. This information is numbered to correspond to the Marketplace application.

<table>
<thead>
<tr>
<th>3. Employer name</th>
<th>4. Employer Identification Number (EIN)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50th Street Caboose</td>
<td>75-2334545</td>
</tr>
<tr>
<td>5. Employer address</td>
<td>6. Employer phone number</td>
</tr>
<tr>
<td>5027 50th Street</td>
<td>806-796-2240</td>
</tr>
<tr>
<td>7. City</td>
<td>8. State</td>
</tr>
<tr>
<td>Lubbock</td>
<td>TX</td>
</tr>
<tr>
<td>9. ZIP code</td>
<td>79416</td>
</tr>
<tr>
<td>10. Who can we contact about employee health coverage at this job?</td>
<td></td>
</tr>
<tr>
<td>Phil Bradley</td>
<td></td>
</tr>
</tbody>
</table>

11. Phone number (if different from above) | 12. Email address

Here is some basic information about health coverage offered by this employer:

- As your employer, we offer a health plan to:
  - ☐ All employees.
  - ☒ Some employees. Eligible employees are:
    - management only

- With respect to dependents:
  - ☐ We do offer coverage. Eligible dependents are:
    - management only
  - ☐ We do not offer coverage.

☐ If checked, this coverage meets the minimum value standard, and the cost of this coverage to you is intended to be affordable, based on employee wages.

** Even if your employer intends your coverage to be affordable, you may still be eligible for a premium discount through the Marketplace. The Marketplace will use your household income, along with other factors, to determine whether you may be eligible for a premium discount. If, for example, your wages vary from week to week (perhaps you are an hourly employee or you work on a commission basis), if you are newly employed mid-year, or if you have other income losses, you may still qualify for a premium discount.

If you decide to shop for coverage in the Marketplace, HealthCare.gov will guide you through the process. Here's the employer information you'll enter when you visit HealthCare.gov to find out if you can get a tax credit to lower your monthly premiums.
13. Is the employee currently eligible for coverage offered by this employer, or will the employee be eligible in the next 3 months?
   □ Yes (Continue)
   □ No (STOP and return this form to employee)

14. Does the employer offer a health plan that meets the minimum value standard?*
   □ Yes (Go to question 15) □ No (STOP and return form to employee)

15. For the lowest-cost plan that meets the minimum value standard* offered only to the employee (don't include family plans): If the employer has wellness programs, provide the premium that the employee would pay if he/she received the maximum discount for any tobacco cessation programs, and didn't receive any other discounts based on wellness programs.
   a. How much would the employee have to pay in premiums for this plan? $ ____________
   b. How often? □ Weekly □ Every 2 weeks □ Twice a month □ Monthly □ Quarterly □ Yearly

   If the plan year will end soon and you know that the health plans offered will change, go to question 16. If you don't know, STOP and return form to employee.

16. What change will the employer make for the new plan year?
   □ Employer won't offer health coverage
   □ Employer will start offering health coverage to employees or change the premium for the lowest-cost plan available only to the employee that meets the minimum value standard.* (Premium should reflect the discount for wellness programs. See question 15.)
   a. How much will the employee have to pay in premiums for that plan? $ ____________
   b. How often? □ Weekly □ Every 2 weeks □ Twice a month □ Monthly □ Quarterly □ Yearly

   Date of change (mm/dd/yyyy):

* An employer-sponsored health plan meets the "minimum value standard" if the plan's share of the total allowed benefit costs covered by the plan is no less than 60 percent of such costs (Section 36B(c)(2)(C)(ii) of the Internal Revenue Code of 1986)