



New Hire Reporting Form

Employer Information

FEIN: 25-1073268

PENN INSTALLATIONS, INC.
1428 Railroad Street
PO Box 350
Summerhill, PA 15958

Contact Name : Krista Kuhns

Contact Phone #: 814.495.7474

Employee Information

Please type or print legibly in black or blue ink.

Employee Social Security #

Date of Birth (mm/dd/yy)

Date of Hire (mm/dd/yy)

Name: (first)

(middle)

(last)

Address:

City:

State:

Zip+4:

Telephone Number:

Cell Phone:

TRADE:

- ☐ Carpenter
☐ Drywall Finisher
☐ Laborer
☐ Other _____

LOCAL UNION AFFILIATION

Are you an Apprentice? ☐ Yes ☐ No

Apprentice Level: _____

EMERGENCY CONTACT INFORMATION:

Contact Name: _____

Project Location: _____

Relationship: _____

Foreman Name: _____

Contact Phone: _____

Form W-4 (2017)

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 2017 expires February 15, 2018. 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 can't claim exemption from withholding if your total 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 don't apply to supplemental wages greater than \$1,000,000.

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

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2017. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	_____				
B	Enter "1" if: <table><tr><td>• You're single and have only one job; or</td><td rowspan="3">}</td></tr><tr><td>• You're married, have only one job, and your spouse doesn't work; or</td></tr><tr><td>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</td></tr></table>	• You're single and have only one job; or	}	• You're married, have only one job, and your spouse doesn't work; or	• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.	B	_____
• You're single and have only one job; or	}						
• You're married, have only one job, and your spouse doesn't work; or							
• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.							
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	_____				
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	_____				
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	_____				
F	Enter "1" if you have at least \$2,000 of child or dependent care expenses for which you plan to claim a credit	F	_____				
(Note: Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)							
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 \$70,000 (\$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 \$70,000 and \$84,000 (\$100,000 and \$119,000 if married), enter "1" for each eligible child.	G	_____				
H	Add lines A through G and enter total here. (Note: This may be different from the number of exemptions you claim on your tax return.) ►	H	_____				
For accuracy, complete all worksheets that apply. <table><tr><td>• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.</td></tr><tr><td>• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.</td></tr><tr><td>• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.</td></tr></table>				• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.	• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.	• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.	
• If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2.							
• If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$50,000 (\$20,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld.							
• If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.							

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

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074	
► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.		2017			
1 Your first name and middle initial		Last name		2 Your social security number	
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note: If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>			
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5			
6 Additional amount, if any, you want withheld from each paycheck		6		\$	
7 I claim exemption from withholding for 2017, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ►		7			
Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.					
Employee's signature (This form is not valid unless you sign it.) ►					
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)	

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

1	Enter an estimate of your 2017 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 10% of your income, and miscellaneous deductions. For 2017, you may have to reduce your itemized deductions if your income is over \$313,800 and you're married filing jointly or you're a qualifying widow(er); \$287,650 if you're head of household; \$261,500 if you're single, not head of household and not a qualifying widow(er); or \$156,900 if you're married filing separately. See Pub. 505 for details	1	\$	_____
2	Enter: $\left\{ \begin{array}{l} \$12,700 \text{ if married filing jointly or qualifying widow(er)} \\ \$9,350 \text{ if head of household} \\ \$6,350 \text{ if single or married filing separately} \end{array} \right\}$	2	\$	_____
3	Subtract line 2 from line 1. If zero or less, enter "-0-"	3	\$	_____
4	Enter an estimate of your 2017 adjustments to income and any additional standard deduction (see Pub. 505)	4	\$	_____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2017 Form W-4</i> worksheet in Pub. 505.)	5	\$	_____
6	Enter an estimate of your 2017 nonwage income (such as dividends or interest)	6	\$	_____
7	Subtract line 6 from line 5. If zero or less, enter "-0-"	7	\$	_____
8	Divide the amount on line 7 by \$4,050 and enter the result here. Drop any fraction	8		_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9		_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10		_____

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than "3"	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____

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

4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2017. 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 2017. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$7,000	0	\$0 - \$8,000	0	\$0 - \$75,000	\$610	\$0 - \$38,000	\$610
7,001 - 14,000	1	8,001 - 16,000	1	75,001 - 135,000	1,010	38,001 - 85,000	1,010
14,001 - 22,000	2	16,001 - 26,000	2	135,001 - 205,000	1,130	85,001 - 185,000	1,130
22,001 - 27,000	3	26,001 - 34,000	3	205,001 - 360,000	1,340	185,001 - 400,000	1,340
27,001 - 35,000	4	34,001 - 44,000	4	360,001 - 405,000	1,420	400,001 and over	1,600
35,001 - 44,000	5	44,001 - 70,000	5	405,001 and over	1,600		
44,001 - 55,000	6	70,001 - 85,000	6				
55,001 - 65,000	7	85,001 - 110,000	7				
65,001 - 75,000	8	110,001 - 125,000	8				
75,001 - 80,000	9	125,001 - 140,000	9				
80,001 - 95,000	10	140,001 and over	10				
95,001 - 115,000	11						
115,001 - 130,000	12						
130,001 - 140,000	13						
140,001 - 150,000	14						
150,001 and over	15						

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

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

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

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



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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

► **START HERE:** Read instructions carefully before completing this form. The instructions must be available, either in paper or electronically, during completion of this form. Employers are liable for errors in the completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) an employee may present to establish employment authorization and identity. The refusal to hire or continue to employ an individual because the documentation presented has a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Attestation (*Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.*)

Last Name (Family Name)		First Name (Given Name)		Middle Initial	Other Last Names Used (if any)	
Address (Street Number and Name)			Apt. Number	City or Town		State ZIP Code
Date of Birth (mm/dd/yyyy)	U.S. Social Security Number [][][] - [][] - [][][][]		Employee's E-mail Address		Employee's 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 boxes):

<input type="checkbox"/> 1. A citizen of the United States
<input type="checkbox"/> 2. A noncitizen national of the United States (<i>See instructions</i>)
<input type="checkbox"/> 3. A lawful permanent resident (Alien Registration Number/USCIS Number): _____
<input type="checkbox"/> 4. An alien authorized to work until (expiration date, if applicable, mm/dd/yyyy): _____ Some aliens may write "N/A" in the expiration date field. (<i>See instructions</i>) <i>Aliens authorized to work must provide only one of the following document numbers to complete Form I-9: An Alien Registration Number/USCIS Number OR Form I-94 Admission Number OR Foreign Passport Number.</i> 1. Alien Registration Number/USCIS Number: _____ OR 2. Form I-94 Admission Number: _____ OR 3. Foreign Passport Number: _____ Country of Issuance: _____
QR Code - Section 1 Do Not Write In This Space

Signature of Employee	Today's Date (mm/dd/yyyy)
-----------------------	---------------------------

Preparer and/or Translator Certification (check one):

☐ I did not use a preparer or translator. ☐ A preparer(s) and/or translator(s) assisted the employee in completing Section 1.
(Fields below must be completed and signed when preparers and/or translators assist an employee in completing Section 1.)

I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.

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



Employer Completes Next Page





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

USCIS
Form I-9
OMB No. 1615-0047
Expires 08/31/2019

Section 2. Employer or Authorized Representative Review and Verification

(Employers or their authorized representative must complete and sign Section 2 within 3 business days of the employee's first day of employment. You must physically examine one document from List A OR a combination of one document from List B and one document from List C as listed on the "Lists of Acceptable Documents.")

Employee Info from Section 1	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
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List A Identity and Employment Authorization	OR	List B Identity	AND	List C Employment Authorization
Document Title		Document Title		Document Title
Issuing Authority		Issuing Authority		Issuing Authority
Document Number		Document Number		Document Number
Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)		Expiration Date (if any)(mm/dd/yyyy)
Document Title		<div>Additional Information</div> <div>QR Code - Sections 2 & 3 Do Not Write In This Space</div>		
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				
Document Title				
Issuing Authority				
Document Number				
Expiration Date (if any)(mm/dd/yyyy)				

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

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

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

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

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

C. If the employee's previous grant of employment authorization has expired, provide the information for the document or receipt that establishes continuing employment authorization in the space provided below.

Document Title	Document Number	Expiration Date (if any) (mm/dd/yyyy)
----------------	-----------------	---------------------------------------

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Today's Date (mm/dd/yyyy)	Name of Employer or Authorized Representative
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LISTS OF ACCEPTABLE DOCUMENTS

All documents must be UNEXPIRED

Employees may present one selection from List A
or a combination of one selection from List B and one selection from List C.

LIST A Documents that Establish Both Identity and Employment Authorization	OR	LIST B Documents that Establish Identity	AND LIST C Documents that Establish Employment Authorization
<ol style="list-style-type: none"> 1. U.S. Passport or U.S. Passport Card 2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551) 3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa 4. Employment Authorization Document that contains a photograph (Form I-766) 5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status: <ol style="list-style-type: none"> a. Foreign passport; and b. Form I-94 or Form I-94A that has the following: <ol style="list-style-type: none"> (1) The same name as the passport; and (2) An endorsement of the alien's nonimmigrant status as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form. 6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI 		<ol style="list-style-type: none"> 1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address 3. School ID card with a photograph 4. Voter's registration card 5. U.S. Military card or draft record 6. Military dependent's ID card 7. U.S. Coast Guard Merchant Mariner Card 8. Native American tribal document 9. Driver's license issued by a Canadian government authority For persons under age 18 who are unable to present a document listed above: 10. School record or report card 11. Clinic, doctor, or hospital record 12. Day-care or nursery school record 	<ol style="list-style-type: none"> 1. A Social Security Account Number card, unless the card includes one of the following restrictions: <ol style="list-style-type: none"> (1) NOT VALID FOR EMPLOYMENT (2) VALID FOR WORK ONLY WITH INS AUTHORIZATION (3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION 2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240) 3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal 4. Native American tribal document 5. U.S. Citizen ID Card (Form I-197) 6. Identification Card for Use of Resident Citizen in the United States (Form I-179) 7. Employment authorization document issued by the Department of Homeland Security

Examples of many of these documents appear in Part 13 of the Handbook for Employers (M-274).

Refer to the instructions for more information about acceptable receipts.



1428 Railroad Street
PO Box 350
Summerhill, PA 15958

Ph: 814.495.7474
Fx: 814.495.4005

MEMO

TO: All Employees

FROM: Payroll Department

RE: **ACT 32: Local Earned Income Tax Withholding Requirements**

All Employers are required to obtain the attached Residency Certification Form for Local Earned Income Tax Withholding in accordance with ACT 32 from all of its employees and to collect local earned income tax from all employees. The Residency Certification Form is necessary to make every effort to get your local withholding to the proper locality.

Please complete and return to our office immediately.

If your address of residence changes at any time, it is your responsibility to report the change to our office so your local tax can be remitted to the proper locality as per ACT 32.



RESIDENCY CERTIFICATION FORM

Local Earned Income Tax Withholding

TO EMPLOYERS/TAXPAYERS:

This form is to be used by employers and/or taxpayers to report essential information for the collection and distribution of Local Earned Income Taxes to the local EIT collector. This form must be utilized by employers when a new employee is hired or when a current employee notifies employer of a name and/or address change. Use the Address Search Application at www.newPA.com/Act32 to determine PSD codes, EIT rates and tax collector contact information.

EMPLOYEE INFORMATION – RESIDENCE LOCATION

NAME (Last Name, First Name, Middle Initial)			SOCIAL SECURITY NUMBER <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	DAYTIME PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	RESIDENT PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		TOTAL RESIDENT EIT RATE	

EMPLOYER INFORMATION – EMPLOYMENT LOCATION

EMPLOYER BUSINESS NAME (Use Federal ID Name)			EMPLOYER FEIN <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>	
STREET ADDRESS WHERE ABOVE EMPLOYEE REPORTS TO WORK (No PO Box, RD or RR)				
ADDRESS LINE 2				
CITY	STATE	ZIP CODE	PHONE NUMBER	
MUNICIPALITY (City, Borough or Township)				
COUNTY	WORK LOCATION PSD CODE <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0;"></div>		WORK LOCATION NON-RESIDENT EIT RATE	

CERTIFICATION

Under penalties of perjury, I (we) declare that I (we) have examined this information, including all accompanying schedules and statements and to the best of my (our) belief, they are true, correct and complete.	
SIGNATURE OF EMPLOYEE	DATE (MM/DD/YYYY)
PHONE NUMBER	EMAIL ADDRESS

For information on obtaining the appropriate MUNICIPALITY (City, Borough, Township), PSD CODES and EIT (Earned Income Tax) RATES, please refer to the Pennsylvania Department of Community & Economic Development website:

www.newPA.com/Act32

WORKERS' COMPENSATION EMPLOYEE NOTIFICATION

The Workers' Compensation Act is designed to provide reimbursement for reasonable medical care for someone who suffers an injury arising in the course of his/her employment and causally related thereto. Pursuant to the Act, your employer will provide payment for reasonable surgical and medical services including an additional opinion when invasive surgery may be necessary, services rendered by physicians or other health care providers, medicines and supplies, as and when needed.

If you require emergency medical treatment, you may seek it from any provider; however, any subsequent non-emergency treatment shall be obtained from one of the designated health care providers whose names appear on the list posted on your employer's premises. If medical treatment is necessary, you must obtain treatment from one of these providers for at least ninety (90) days from the date of your first visit to the provider; otherwise, your employer shall not be responsible for payment of your non-emergency medical bills during the applicable period for treating with a panel provider.

During the applicable period for treating with a panel provider you have the right to switch from one health care provider on your employer's panel of providers to another on the panel and that treatment will be paid for by your employer.

If a designated health care provider refers you for treatment to another health care provider whose name is not on your employer's panel of providers, your employer will pay for the treatment rendered by the provider to whom you were referred.

Should invasive surgery be prescribed, you are permitted to receive an additional opinion from any health care provider of your choice. If the additional opinion differs, you will determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If you choose to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the provider of your choice.

Naturally, you have the right to seek treatment or medical consultation from a non-designated health care provider during the applicable period for treating with a panel provider, but other than stated above, you are personally responsible for payment of those services.

You have the right to seek treatment from any health care provider at the expiration of the applicable period for treating with a panel provider. This treatment will be paid for by your employer unless the treatment is found to be unreasonable or unnecessary by a utilization review organization pursuant to the utilization review process contained in the Pennsylvania Workers' Compensation Act.

Your employer will be responsible for the cost of that treatment after the applicable period for treating with a panel provider has ended but only if you notify the employer that you are receiving treatment from a non-designated health care provider and only if that notice is provided to your employer within five (5) days of the first visit to that provider. If you provide notice to your employer of treatment by a non-designated provider more than five (5) days after the first visit to that provider, the employer will not be responsible to pay for treatment rendered by that non-designated provider until it receives notification from you that you are receiving such treatment.

I HEREBY ACKNOWLEDGE THAT I HAVE BEEN INFORMED OF AND UNDERSTAND MY RIGHTS AND DUTIES UNDER THE WORKERS' COMPENSATION ACT AS SET FORTH HEREIN.

DATE: _____

employee signature

PENNSYLVANIA WORKERS' COMPENSATION ACT

SECTION 306 (f.1) (1) (i)

The employer shall provide payment in accordance with this section for reasonable surgical and medical services, services rendered by physicians or other health care providers, including an additional opinion when invasive surgery may be necessary, medicines and supplies, as and when needed. Provided an employer establishes a list of at least six designated health care providers, no more than four of whom may be a coordinated care organization and no fewer than three of whom shall be physicians, the employee shall be required to visit one of the physicians or other health care providers so designated and shall continue to visit the same or another designated physician or other health care provider for a period of ninety (90) days from the date of the first visit: provided, however, that the employer shall not include on the list a physician or other health care provider who is employed, owned or controlled by the employer or the employer's insurer unless employment, ownership or control is disclosed on the list. Should invasive surgery for an employee be prescribed by a physician or other health care provider so designated by the employer, the employee shall be permitted to receive an additional opinion from any health care provider of the employee's own choice. If the additional opinion differs from the opinion provided by the physician or health care provider so designated by the employer, the employee shall determine which course of treatment to follow: provided, that the second opinion provides a specific and detailed course of treatment. If the employee chooses to follow the procedures designated in the second opinion, such procedures shall be performed by one of the physicians or other health care providers so designated by the employer for a period of ninety (90) days from the date of the visit to the physician or other health care provider of the employee's own choice. Should the employee not comply with the foregoing, the employer will be relieved from liability for the payment for the services rendered during such applicable period. It shall be the duty of the employer to provide a clearly written notification of the employee's rights and duties under this section to the employee. The employer shall further ensure that the employee has been informed and that he understands these rights and duties. This duty shall be evidenced only by the employee's written acknowledgment of having been informed and having understood his rights and duties. Any failure of the employer to provide and evidence such notification shall relieve the employee from any notification duty owed, notwithstanding any provision of this act to the contrary, and the employer shall remain liable for all rendered treatment. Subsequent treatment may be provided by any health care provider of the employee's own choice. Any employee who, next following termination of the applicable period, is provided treatment from a nondesignated health care provider shall notify the employer within five (5) days of the first visit to said health care provider. Failure to so notify the employer will relieve the employer from liability for the payment for the services rendered prior to appropriate notice if such services are determined pursuant to paragraph (6) to have been unreasonable or unnecessary.

SECTION 1102 (2)

A person, including, but not limited to, the employer, the employee, the health care provider, the attorney, the insurer, the State Workman's Insurance Fund and self-insureds, commits an offense if the person does any of the following:

- (2) Knowingly and with intent to defraud any insurer presents or causes to be presented to any insurer any statement forming a part of or in support of a workers' compensation insurance claim that contains any false, incomplete or misleading information concerning any fact or thing material to the workers' compensation insurance claim.

SECTION 1111 (A)

- (A) A person found by a court of competent jurisdiction, pursuant to a claim initiated by a prosecuting authority, to have violated any provision of section 1102 shall be subject to civil penalties of not more than five thousand dollars (\$5,000) for the first violation, ten thousand dollars (\$10,000) for the second violation and fifteen thousand dollars (\$15,000) for each subsequent violation. The penalty shall be paid to the prosecuting authority to be used to defray the operating expenses of investigating and prosecuting violations of this article. The court may also award court costs and reasonable attorney fees to the prosecuting authority.



Safety and Health Program

NEW HIRE ORIENTATION

Approximately sixty percent (60%) of incidents on a construction site involve new hires. Every incident has the potential of adversely affecting an employee's quality of life and the company's competitive position. Therefore, the goal of Penn Installations is ZERO INCIDENTS. This can be accomplished by being proactive with safety and providing adequate safety training.

It is up to you to create a culture within Penn Installations in which working safely is the only way to work. With this in mind, Penn Installations feels that both the employee and the employer must make a commitment to safety collectively and individually. We must be continuously aware of our surroundings. All unsafe conditions and practices must be reported and corrected immediately. Your efforts, and the efforts of your fellow employees, help ensure a safe and healthful workplace.

Safety and Health Program

The Safety and Health Program is designed to assist in the ability for Penn Installations to maintain compliance with the most current OSHA Regulations. The program will be located at each job location and made available to all employees for review.

Accident/Incident Reporting

Every accident/incident or injury of any kind must be reported immediately, regardless of how minor. Report all incidents immediately to the Project Superintendent. The Project Superintendent, will then report the incident to the Safety Director. An Incident/Near Miss Report will be completed promptly and returned to the Corporate Office.

Reporting and Correction of Unsafe Conditions/Acts

All unsafe acts and conditions must be reported immediately to the Project Superintendent. All unsafe acts and conditions must be corrected prior to commencing work. All unsafe conditions or fixes needed to equipment must be documented.

Emergency Procedures

Emergency procedures will be job specific. Each job location will post the emergency procedures on the job bulletin board. The emergency procedures will consist of Medical Treatment Facilities, Emergency Contacts, and Emergency Evacuation Procedures. In the event of any major incident, contact 911. When 911 is not available in that area, additional methods will be executed for that location.

First Aid and Medical Treatment

First Aid equipment will be made available on site. First Aid kits for minor injuries will be placed on site. The First Aid kits will be maintained by the Safety Director. Inform the Safety Director when items are used or need replaced so items can be replaced promptly. Facilities for additional medical treatment will be made available for each job location. The medical facilities provided will be posted on the job bulletin board. Each job location will have a First Aid/CPR qualified person on site at all times.

Hazard Communication

Hazardous chemicals are used in certain phases of the work process. The employees have the right to know of the chemicals used. The Hazard Communication Program will be made available to all employees working at the job location. The Hazard Communication Program will be located in the job trailer on site. The program will contain an inventory of chemicals and a Safety Data Sheet (SDS) for each chemical used on site. Each employee shall be trained on the Global Harmonized System (GHS) and Penn Installations Hazard Communication Program. All containers containing chemicals shall be labeled and legible. If hazardous chemicals are brought onto site that are not in the Hazard Communication Inventory, a safety data sheet shall be obtained from the chemical manufacture and placed into the Hazard Communication Program.

Fire Prevention

Preventing fires is crucial to the success of a project. Fire prevention starts with good housekeeping. Know the location of fire extinguishers and how to properly use them. Fire extinguishers will be inspected monthly and annually. Smoking is only permitted in designated areas. All flammable and volatile liquids must be stored in a UL approved container. When performing hot work, a hot work permit and a fire watch must be dedicated to work area. Report all fires to the Superintendent Immediately.

Personal Protective Equipment (PPE)

Each employee is required to wear the following PPE at all times (100%):

1. An approved and current hard hat.
2. Leather work boots.
3. ANSI approved eye protection with side shields.
 - a. ANSI approved prescription eye glasses with side shields.
 - b. ANSI approved over the top eye protection if prescription glasses are not ANSI improved.
4. Seatbelts are required to be worn at all times in equipment and motor vehicles.

Additional PPE may be required for specific tasks such as but not limited to:

1. Hearing protection
2. Full face shield when using cut-off saws or grinders.
3. Full body harness for working 6' or above a lower surface.
4. Respiratory protection
5. High visibility apparel Class II Safety Vest.

You are responsible for the care and maintenance of PPE equipment supplied by the company. Jewelry (such as rings, bracelets, necklaces) and loose clothing are not to be worn while working.

Fall Protection

Fall protection is required 100% of the time when on a walking/working surface (horizontal or vertical) with an unprotected side or edge which is 6 feet or more above a lower level shall be protected from falling by the use of guardrail systems. If a guardrail system cannot be used, personal fall arrest systems (PFAS) shall be utilized. PFAS will be provided by the company. Each employee on the job location exposed to fall hazards will be trained on site specific fall protection requirements.

Electrical/GFCI

To provide protection from electrical shock, all equipment shall be protected by a Ground Fault Circuit Interrupter (GFCI). All generators shall have GFCI outlets built into them. When using permanent power, a GFCI pigtail shall be used. Tools and extension cords shall be inspected for damage, wear, or loose connections prior to each use. Any damage found, the tool or extension cord must be removed from service.

Disciplinary Program

The purpose of this policy is to instill a policy for corrective actions due to employees disregarding safety and health policies and to establish an acceptable disciplinary protocol for addressing deliberate unsafe employee actions, standards of conduct and define unacceptable zero tolerance activities. Penn Installations is committed to ensuring that all safe work practices are being followed by all employees to prevent injury to employees. You may be terminated for repetitive violations of the Company policy or based on the severity of the violation.

Housekeeping

Work areas shall be kept clean and sanitary at all times. An adequate supply of drinking water shall be supplied from sources approved by Federal, State, or Local health authorities. Drinking water shall be dispensed by a means which prevents contamination between consumer and source. Restroom facilities shall be provided at each job location. The number of facilities will be based on the number of employees on site. Facilities shall be maintained by the supplying company.

Toolbox Talk

Each job location will be provided with a Toolbox Talk binder located at each job site. A toolbox talk must be completed each week on a topic pertaining to the work being performed. Each employee shall be given the opportunity to interact and sign the attendance roster. All employees are required to attend the meeting. The Toolbox Talk then must be returned to the Corporate Office.

Job Safety Analysis (JSA)

Job safety Analysis (JSA) shall be completed prior to each job task/phase of work being completed. The JSA will discuss the hazards of the job task and the corrective measures to prevent injury. The JSA will be reviewed with each employee involved in the job task with each employee signing the JSA showing they fully understand. Once the job task is completed the JSA will then be returned to the Corporate Office.

Additional Training

Certain job locations may require additional training such as aerial lift, confined space, or forklift training. If additional training is required, the Safety Director shall be notified in order to ensure sufficient training is obtained.

Substance Abuse Testing

Employees on the job, performing Company business in any capacity or location, under the influence of drugs or alcohol pose serious safety and health risks not only to the employee, but also to all those who surround or come in contact with the employee. Therefore, this Company requires your full cooperation and support in implementing this policy.

Any employee who feels that he or she has a drug or alcohol related problem is encouraged to seek professional help. Any employee voluntarily seeking such help will be referred to professional assistance by the company and any such action shall be kept strictly confidential.

Tools and Equipment

Inspect all tools and extension cords daily, prior to use. If any deficiency is found, remove tool or cord from service until repaired. Do not use damaged tools and equipment. Ensure all guards are in place and are working properly. Only licensed persons can use powder-actuated tools and lasers. You must have your card in person.

Ladders and Scaffolds

Inspect all ladders daily, prior to use. If any deficiency is found, tag ladder and remove from service. Do not use until repair is made. All ladders must be set up on solid ground. Extension ladders must be set up at a 4:1 ratio, extended 3' above the landing and secured to the structure. Folding ladders (A Frame) must be fully opened and not leaned against the working surface. Do not use the top two steps. Scaffolds must be inspected daily, prior to use. If any deficiency is found, tag scaffold out of service. Do not use until repaired by qualified scaffold builder. Casters must be locked when using scaffold. You are not permitted to remain on scaffold when being moved.

Commitment

It takes the commitment of everyone to make Penn Installations a great place to work. You are challenged by the Company to work PRODUCTIVELY SAFE! Together we can achieve our goal to build a better tomorrow for ourselves and our community.

Productively Safe!



Safety and Health Program

Workplace Violence Policy

Regardless of where you work, or your position within the company, every working person is entitled to have the assured expectation of a safe and healthful work environment that is free from threats of harm and physical violence.

Prohibited Conduct

Penn Installations, Inc. does not tolerate any type of workplace violence committed by or against employees. Employees are prohibited from making threats or engaging in violent activities. The following are examples of prohibited conduct:

- Causing physical injury to another person.
- Making threatening remarks.
- Displaying aggressive or hostile behavior that creates reasonable fear of injury to another person or subjects another individual to emotional distress.
- Intentionally damaging employer property or property of another employee.
- Possessing a weapon while on company property or while on company business.
- Committing acts motivated by, or related to, sexual harassment or domestic violence.

Reporting Procedures

Any potentially dangerous situations must be reported immediately. Notify the following:

1. Notify your supervisor
2. Call Penn Installations, Inc.
 - a. Mike Sheehan Office: 814.495.7474 Cell: 814.810.7485
 - b. Krista Kuhns Office: 814.495.7474 Cell: 814.243.5824

All reports will be promptly and thoroughly investigated. The identity of the individual making a report will be protected as much as possible. There will not be any retaliation against employees making good-faith reports of violence, threats or suspicious individuals or activities. All reports will be considered confidential and will be disclosed within the company on a need to know basis and as allowed by law.

We at Penn Installations, Inc. feel that prevention is the best tool to eliminate workplace violence and sexual harassment and would like to make it perfectly clear to our employees that these acts will not be tolerated!

Anyone found to be responsible for threats of or actual violence or other conduct that is in violation of these guidelines will be subject to prompt disciplinary action up to and including termination of employment. Employees and nonemployees engaged in violent acts on our premises will be reported to the proper authorities and fully prosecuted.



Safety and Health Program

EMPLOYEE ACKNOWLEDGMENT FORM

Name: _____ Date: _____

Supervisor: _____ Project: _____

Disciplinary Violation Record

First Violation (Verbal Warning) Date: _____

Description of Violation: _____

Corrective Action: _____

Employee Signature: _____

Second Violation (Written Warning) Date: _____

Description of Violation: _____

Corrective Action: _____

Employee Signature: _____

Third Violation (Suspension/Termination) Date: _____

Description of Violation: _____

Corrective Action: _____

Employee Signature: _____

I acknowledge, understand, accept and agree to comply with all of the information, rules and procedures set forth in Penn Installations New Hire Orientation. I understand the disciplinary program at Penn Installations and intend to abide by the Safety and Health Program of the Company. In addition, I have received a copy of Penn Installations Workplace Violence Prevention Policy and have carefully read and understand the requirements and without reservation, follow the policy.

Employee Signature: _____ **Date:** _____



Substance Abuse Prevention Policy

SUBSTANCE ABUSE TESTING CONSENT FORM

And

Waiver and Release of Liability Form

I hereby agree to submit voluntarily to drug and/or alcohol screening being performed on the date entered below and per Penn Installations Substance Abuse Prevention Policy. Further, I understand and agree that the results of any such testing will be provided to the appropriate representative of Penn Installations, any Union of which I currently am an active member ("the union").

As consideration of employment the undersigned hereby releases, discharges, acquits to, and holds harmless, from any claim or liability arising from any implementation by any of the above of the Substance Abuse Prevention Policy set forth herein, this company, its successors or assignees, its officers, shareholders, directors, employees, agents, consultants, physicians, technicians, testing laboratories and any and all other persons, public or private, who may become involved in the implementation or enforcement of the policies set forth in this document.

In the event any provision of this Substance Abuse Testing Form/Waiver and Release of Liability Form is found to be legally unenforceable for any reason, I hereby agree that all remaining provisions will remain in full force and effect.

This policy is intended as a guideline and is not intended to establish a contract between the company and the employee signatory hereto. I hereby acknowledge that as a condition of employment with the Company I agree to abide, support and enforce the company policies set forth in Penn Installations Substance Abuse Prevention Policy.

I acknowledge that I have read and understand this Substance Abuse Testing Form/Waiver and Release of Liability Form and Penn Installations Substance Abuse Prevention Policy and that I am freely and voluntarily signing it.

Individual's Name (Print)

Date

Individual's Signature



Safety and Health Program

Cell Phone Policy

Purpose

The purpose of this policy is to establish rules, guidelines and responsibilities for use of cell phones while operating company owned vehicles.

General Requirements

Responsibilities

- Management
 - Ensure periodic reviews of this written program are conducted.
 - Ensure periodic audits, at least annually, of employee's utilization of this program. If deviations or inadequacies are identified, management will take necessary action to correct.
 - Ensure an adequate level of training is provided for all employees and
 - Complete and sign the policy form.
- Supervisors
 - Ensure the guidelines found within this program are being followed through periodic audits and discipline.
- Employees
 - Employees shall comply with the procedures stated in this program.

Guidelines

- No employee operating company owned vehicles is permitted to use or operate a cell phone while the vehicle is in motion. This covers all applications of a phone, including but not limited to emails, texts, phone calls and application use.
 - All vehicles must come to a complete stop and brake applied prior to use of a cell phone.
 - Failure to follow the cell phone program can result in disciplinary action from review, suspension, and up to termination.
- Personal calls are only permitted in the event of an emergency.
 - Personal calls shall be limited to break and/or lunch time.

Training

The following training will be implemented to all affected employees under the Cell Phone Program for Compliance:

- Educate on the requirements for cell phone compliance set by this program.
- Cover disciplinary actions for failure to implement or adhere to this program.



Cell Phone Policy

Driving and using a cell phone leads to an increased risk of having an accident due to the lack of attention while driving. In the same regard, personal cell phone use during working hours can lead to an increased risk of accidents as well.

Therefore, our policy regarding the use of cell phones is as follows:

- Cell phone use while driving company vehicles without the use of hands-free device is strictly prohibited including but not limited to emails, texts, phone calls and application use.
- If you need to place or receive a call, email, text or use an application; pull off the road to a safe location.
- Ask a passenger to take or make the call for you.
- Finally, the most important point, Keep Your Hands on the Wheel and Your Eyes and Mind on the Road While Driving AT ALL TIMES.
- Personal cell phone calls while at work are only permitted in the case of an emergency.
- Personal calls shall be limited to break and/or lunch time.
- Before accepting or making a call, ensure safety will not be compromised.
- No walking while talking, pay attention to the surroundings.

Failure to follow the Cell Phone Policy can result in disciplinary action.

I have read the above policy and will abide by it at all times.

Employee Signature

Date



Safety and Health Program

Appendix D - Voluntary Respirator Use

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

Penn Installations provides N95 particulate respirators for use. All other respirators will be provided as needed when type of work requires the use. Additional fit testing, medical examinations, and training will be provided when other types of respirators are provided.

By signing this record, I indicate I have read and been provided a copy of Appendix D of the OSHA Regulations. I understand that any voluntary use of respirator provided to me by Penn Installations, or that I bring into the workplace, cannot be used where respirator use is required.

Name: _____ Signature: _____ Date: _____



1428 Railroad Street
PO Box 350
Summerhill, PA 15958

Ph: 814.495.7474
Fx: 814.495.4005

Employee Name: _____

EMPLOYEE QUALIFICATION SUMMARY

Please indicate in the boxes below the dates you received training in the areas listed.

Date	Training Certification
	First Aid/CPR
	Boom Lift
	Scissor Lift
	Fork Lift
	Hilti
	Laser
	OSHA 10
	OSHA 30
	Scaffold
	Confined Space

Employee Signature: _____ Date: _____