



## EMPLOYMENT AGREEMENT

THIS AGREEMENT is made, and entered into, the \_\_\_\_ day of \_\_\_\_\_, 2019, by and between \_\_\_\_\_ (hereinafter referred to as "Employee") and NORTH AMERICAN DIRECTORY SERVICES (hereinafter referred to as "NADS"), a Colorado business.

1. **EMPLOYMENT.** NADS has employed Employee, and Employee has accepted employment with NADS as sales representative, upon the terms and conditions herein set forth.
2. **TERMS OF EMPLOYMENT.** This agreement shall commence upon \_\_\_\_\_, 2019. Employee is an at-will employee and employment shall be terminated in the manner set forth hereinafter. Employee agrees that upon entering into this agreement, he/she shall have, or continue to have, liability auto insurance for his or her automobile.
3. **EXCLUSIVE SERVICES.** Employee is to consider this a "full-time" job and agrees to give the position his/her "best effort" when doing the job. Furthermore, employee agrees to spend approximately forty (40) hours per week in this capacity. During the term of employment, employee shall not engage in any other business activity without prior permission from NADS.
4. **COMPENSATION.** All sales representatives are employees of North American Directory Services. Each employee must complete and file IRS form W4 and have appropriate withholding and FICA taxes withheld from commission checks. All employees are covered by Unemployment and Worker's Compensation Insurance. Commissions are paid bi weekly in accordance with the receipt of employee's job packet. Employee state taxes are withheld in Colorado, therefore employee must file a Colorado State Tax form at year end.
  - A. **Commission on "receivables".** Employee is to receive a fixed rate of 30% on **all** accounts receivable (monies that were not collected along with the written sales contract).
  - B. **Commission on "collected monies".** All monies collected along **with** the sales agreement are to be paid at a commission rate of 20%, 30% or 35% depending on the total dollar amount of sales received when a job is deemed "complete". These rates will be determined on the basis of whether or not said employee reaches BASE or BONUS. Upon reaching BASE, employee receives a 30% commission rate on monies collected upfront. Upon reaching BONUS, employee receives a 35% commission rate on monies collected upfront. Employees unable to reach BASE will receive a commission rate of 20% on all monies collected along with the sales contracts.

Failure to reach BASE is equivalent to an employee "walking-off" of a job early. The amount required to accomplish BASE and BONUS will be determined by NADS and given to Employee prior to acceptance of each job.
  - C. **Commission upon Termination.** In the event that employee gives NADS two (2) weeks notice prior to termination of employment, NADS will allow the employee a full two (2) week time period to collect all outstanding accounts receivable. In such event, Employee shall continue all sales duties during the two-week period, and shall receive all commissions on payments received by NADS within the two- (2) weeks following termination. Employee forfeits all account commissions beyond this additional two- (2) week period.
5. **NON-COMPETE/NON-DISCLOSURE.** ALL commissions on uncollected sales accounts shall be forfeited in the event that Employee terminates employment without notice. Employee agrees that, except as required by his duties to NADS, he/she will not, during employment and for all times subsequent to such employment, directly or indirectly, use, disseminate, or disclose any "confidential information" concerning the business or customers of NADS. Confidential information includes, but is not limited to, information disclosed to employee or known to him as a consequence of or through his association with NADS, not generally known in the industry

in which NADS is engaged, about NADS services or processes, including information as to its clients and distribution lists, marketing techniques, pricing policies, financial information, or trade secrets.

Employee agrees upon signing this Agreement that in the event that said employee creates or owns a like or similar business, NADS hotel/motel accounts will not be contacted at **any** time in the future with the intent of doing directory business. Employee further agrees that the covenants he/she has made in this Agreement are reasonable with respect to their duration and prescription. Further, Employee agrees that the covenants made in this part five (5) shall be construed as an agreement independent of any other provisions of this Agreement, and shall survive the termination of this Agreement.

**6. TERMINATION.** By Colorado law, the Employee is in an "at-will" employment relationship. At-will employment provides that the employee may be terminated WITH OR WITHOUT CAUSE at any time. Additionally, Employee may terminate his/her employment at any time subject to the limitations on receiving commissions as stated herein. Upon termination, Employee shall return to NADS all directory samples, paperwork and any other items belonging to NADS. **All** materials (directory samples, paperwork) must be returned to NADS following resignation or termination before **any** accounts receivable will be paid to employee. Termination will result in the employee forfeiting commissions on ALL uncollected accounts. This same forfeiture applies any time an employee quits or walks-off of a job prior to its completion unless otherwise specified or authorized by the company. Unauthorized trade-outs are grounds for fines and/or termination.

**7. ENTIRE AGREEMENT.** This instrument contains the entire agreement of the parties with respect to Employee's employment with NADS. It may not be changed orally, but only by an agreement in writing signed by all parties.

**8. SEVERABILITY.** If any provision of this Agreement becomes or is found to be illegal or unenforceable for any reason, such clause must first be modified to make it legal and enforceable, then if necessary, second, severed from the Agreement to allow the remainder of the Agreement to remain in full force and effect.

**9. APPLICABLE LAW.** This agreement will be interpreted and enforced with the laws of the State of Colorado. In the event a suit is brought concerning, relating to, or to enforce any provision within this agreement, it shall be brought in Larimer County, Colorado.

**10. ATTORNEY FEES.** If either party shall commence any action or proceeding against the other party in order to enforce the provisions hereof, or to recover damages as a result of an alleged breach of any provision hereof, the prevailing party therein shall be entitled to recover all reasonable costs incurred in connection therewith, including, but not limited to, reasonable attorney fees.

IN WITNESS WHEREOF, the parties have executed this Agreement as of the date written above (page 1).

Tate Ellinger, General Partner      X \_\_\_\_\_

\_\_\_\_\_ (EMPLOYEE)      X \_\_\_\_\_

# Form W-4 (2019)

**Future developments.** For the latest information about any future developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

**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.** You may claim exemption from withholding for 2019 if **both** of the following apply.

- For 2018 you had a right to a refund of **all** federal income tax withheld because you had **no** tax liability, **and**
- For 2019 you expect a refund of **all** federal income tax withheld because you expect to have **no** tax liability.

If you're exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2019 expires February 17, 2020. See Pub. 505, Tax Withholding and Estimated Tax, to learn more about whether you qualify for exemption from withholding.

## General Instructions

If you aren't exempt, follow the rest of these instructions to determine the number of withholding allowances you should claim for withholding for 2019 and any additional amount of tax to have withheld. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

You can also use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine your tax withholding more accurately. Consider

using this calculator if you have a more complicated tax situation, such as if you have a working spouse, more than one job, or a large amount of nonwage income not subject to withholding outside of your job. After your Form W-4 takes effect, you can also use this calculator to see how the amount of tax you're having withheld compares to your projected total tax for 2019. If you use the calculator, you don't need to complete any of the worksheets for Form W-4.

Note that if you have too much tax withheld, you will receive a refund when you file your tax return. If you have too little tax withheld, you will owe tax when you file your tax return, and you might owe a penalty.

**Filers with multiple jobs or working spouses.** If you have more than one job at a time, or if you're married filing jointly and your spouse is also working, read all of the instructions including the instructions for the Two-Earners/Multiple Jobs Worksheet before beginning.

**Nonwage income.** If you have a large amount of nonwage income not subject to withholding, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you might owe additional tax. Or, you can use the Deductions, Adjustments, and Additional Income Worksheet on page 3 or the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make sure you have enough tax withheld from your paycheck. If you have pension or annuity income, see Pub. 505 or use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to find out if you should adjust your withholding on Form W-4 or W-4P.

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

## Specific Instructions

### Personal Allowances Worksheet

Complete this worksheet on page 3 first to determine the number of withholding allowances to claim.

**Line C. Head of household please note:** Generally, you may claim head of household filing status on your tax return only if you're unmarried and pay more than 50% of the costs of keeping up a home for yourself and a qualifying individual. See Pub. 501 for more information about filing status.

**Line E. Child tax credit.** When you file your tax return, you may be eligible to claim a child tax credit for each of your eligible children. To qualify, the child must be under age 17 as of December 31, must be your dependent who lives with you for more than half the year, and must have a valid social security number. To learn more about this credit, see Pub. 972, Child Tax Credit. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line E of the worksheet. On the worksheet you will be asked about your total income. For this purpose, total income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line F. Credit for other dependents.** When you file your tax return, you may be eligible to claim a credit for other dependents for whom a child tax credit can't be claimed, such as a qualifying child who doesn't meet the age or social security number requirement for the child tax credit, or a qualifying relative. To learn more about this credit, see Pub. 972. To reduce the tax withheld from your pay by taking this credit into account, follow the instructions on line F of the worksheet. On the worksheet, you will be asked about your total income. For this purpose, total

----- Separate here and give Form W-4 to your employer. Keep the worksheet(s) for your records. -----

<b>Form W-4</b> Department of the Treasury Internal Revenue Service		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074 <span style="font-size: 2em; font-weight: bold;">2019</span>	
<b>▶ Whether you're 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.</b>					
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. <b>Note:</b> If married filing separately, check "Married, but withhold at higher Single rate."	
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 800-772-1213 for a replacement card. <input type="checkbox"/>	
5 Total number of allowances you're claiming (from the applicable worksheet on the following pages) . . . . .				5	
6 Additional amount, if any, you want withheld from each paycheck . . . . .				6 \$	
7 I claim exemption from withholding for 2019, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability, <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> 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.					
<b>Employee's signature</b> (This form is not valid unless you sign it.) ▶					
8 Employer's name and address ( <b>Employer:</b> Complete boxes 8 and 10 if sending to IRS and complete boxes 8, 9, and 10 if sending to State Directory of New Hires.)				9 First date of employment	
				10 Employer identification number (EIN)	

income includes all of your wages and other income, including income earned by a spouse if you are filing a joint return.

**Line G. Other credits.** You may be able to reduce the tax withheld from your paycheck if you expect to claim other tax credits, such as tax credits for education (see Pub. 970). If you do so, your paycheck will be larger, but the amount of any refund that you receive when you file your tax return will be smaller. Follow the instructions for Worksheet 1-6 in Pub. 505 if you want to reduce your withholding to take these credits into account. Enter “-0-” on lines E and F if you use Worksheet 1-6.

### Deductions, Adjustments, and Additional Income Worksheet

Complete this worksheet to determine if you’re able to reduce the tax withheld from your paycheck to account for your itemized deductions and other adjustments to income, such as IRA contributions. If you do so, your refund at the end of the year will be smaller, but your paycheck will be larger. You’re not required to complete this worksheet or reduce your withholding if you don’t wish to do so.

You can also use this worksheet to figure out how much to increase the tax withheld from your paycheck if you have a large amount of nonwage income not subject to withholding, such as interest or dividends.

Another option is to take these items into account and make your withholding more accurate by using the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App). If you use the calculator, you don’t need to complete any of the worksheets for Form W-4.

### Two-Earners/Multiple Jobs Worksheet

Complete this worksheet if you have more than one job at a time or are married filing jointly and have a working spouse. If you

don’t complete this worksheet, you might have too little tax withheld. If so, you will owe tax when you file your tax return and might be subject to a penalty.

Figure the total number of allowances you’re entitled to claim and any additional amount of tax to withhold on all jobs using worksheets from only one Form W-4. Claim all allowances on the W-4 that you or your spouse file for the highest paying job in your family and claim zero allowances on Forms W-4 filed for all other jobs. For example, if you earn \$60,000 per year and your spouse earns \$20,000, you should complete the worksheets to determine what to enter on lines 5 and 6 of your Form W-4, and your spouse should enter zero (“-0-”) on lines 5 and 6 of his or her Form W-4. See Pub. 505 for details.

Another option is to use the calculator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to make your withholding more accurate.

**Tip:** If you have a working spouse and your incomes are similar, you can check the “Married, but withhold at higher Single rate” box instead of using this worksheet. If you choose this option, then each spouse should fill out the Personal Allowances Worksheet and check the “Married, but withhold at higher Single rate” box on Form W-4, but only one spouse should claim any allowances for credits or fill out the Deductions, Adjustments, and Additional Income Worksheet.

### Instructions for Employer

**Employees, do not complete box 8, 9, or 10. Your employer will complete these boxes if necessary.**

**New hire reporting.** Employers are required by law to report new employees to a designated State Directory of New Hires. Employers may use Form W-4, boxes 8, 9,

and 10 to comply with the new hire reporting requirement for a newly hired employee. A newly hired employee is an employee who hasn’t previously been employed by the employer, or who was previously employed by the employer but has been separated from such prior employment for at least 60 consecutive days. Employers should contact the appropriate State Directory of New Hires to find out how to submit a copy of the completed Form W-4. For information and links to each designated State Directory of New Hires (including for U.S. territories), go to [www.acf.hhs.gov/css/employers](http://www.acf.hhs.gov/css/employers).

If an employer is sending a copy of Form W-4 to a designated State Directory of New Hires to comply with the new hire reporting requirement for a newly hired employee, complete boxes 8, 9, and 10 as follows.

**Box 8.** Enter the employer’s name and address. If the employer is sending a copy of this form to a State Directory of New Hires, enter the address where child support agencies should send income withholding orders.

**Box 9.** If the employer is sending a copy of this form to a State Directory of New Hires, enter the employee’s first date of employment, which is the date services for payment were first performed by the employee. If the employer rehired the employee after the employee had been separated from the employer’s service for at least 60 days, enter the rehire date.

**Box 10.** Enter the employer’s employer identification number (EIN).

**Personal Allowances Worksheet (Keep for your records.)**

<b>A</b>	Enter "1" for yourself . . . . .	<b>A</b>	<u>      </u>
<b>B</b>	Enter "1" if you will file as married filing jointly . . . . .	<b>B</b>	<u>      </u>
<b>C</b>	Enter "1" if you will file as head of household . . . . .	<b>C</b>	<u>      </u>
<b>D</b>	Enter "1" if: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>• You're single, or married filing separately, and have only one job; or</li> <li>• You're married filing jointly, have only one job, and your spouse doesn't work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span>	<b>D</b>	<u>      </u>
<b>E</b>	<p><b>Child tax credit.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "4" for each eligible child.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "2" for each eligible child.</li> <li>• If your total income will be from \$179,051 to \$200,000 (\$345,851 to \$400,000 if married filing jointly), enter "1" for each eligible child.</li> <li>• If your total income will be higher than \$200,000 (\$400,000 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>E</b>	<u>      </u>
<b>F</b>	<p><b>Credit for other dependents.</b> See Pub. 972, Child Tax Credit, for more information.</p> <ul style="list-style-type: none"> <li>• If your total income will be less than \$71,201 (\$103,351 if married filing jointly), enter "1" for each eligible dependent.</li> <li>• If your total income will be from \$71,201 to \$179,050 (\$103,351 to \$345,850 if married filing jointly), enter "1" for every two dependents (for example, "-0-" for one dependent, "1" if you have two or three dependents, and "2" if you have four dependents).</li> <li>• If your total income will be higher than \$179,050 (\$345,850 if married filing jointly), enter "-0-" . . . . .</li> </ul>	<b>F</b>	<u>      </u>
<b>G</b>	<p><b>Other credits.</b> If you have other credits, see Worksheet 1-6 of Pub. 505 and enter the amount from that worksheet here. If you use Worksheet 1-6, enter "-0-" on lines E and F . . . . .</p>	<b>G</b>	<u>      </u>
<b>H</b>	Add lines A through G and enter the total here . . . . .	<b>H</b>	<u>      </u>

For accuracy, **complete all worksheets that apply.**

- If you plan to **itemize** or **claim adjustments to income** and want to reduce your withholding, or if you have a large amount of nonwage income not subject to withholding and want to increase your withholding, see the **Deductions, Adjustments, and Additional Income Worksheet** below.
- If you **have more than one job at a time** or are **married filing jointly and you and your spouse both work**, and the combined earnings from all jobs exceed \$53,000 (\$24,450 if married filing jointly), see the **Two-Earners/Multiple Jobs Worksheet** on page 4 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 above.

**Deductions, Adjustments, and Additional Income Worksheet**

**Note:** Use this worksheet *only* if you plan to itemize deductions, claim certain adjustments to income, or have a large amount of nonwage income not subject to withholding.

<b>1</b>	Enter an estimate of your 2019 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 10% of your income. See Pub. 505 for details . . . . .	<b>1</b>	\$ <u>      </u>
<b>2</b>	Enter: <span style="font-size: 2em; vertical-align: middle;">{</span> <ul style="list-style-type: none"> <li>\$24,400 if you're married filing jointly or qualifying widow(er)</li> <li>\$18,350 if you're head of household</li> <li>\$12,200 if you're single or married filing separately</li> </ul> <span style="font-size: 2em; vertical-align: middle;">}</span> . . . . .	<b>2</b>	\$ <u>      </u>
<b>3</b>	<b>Subtract</b> line 2 from line 1. If zero or less, enter "-0-" . . . . .	<b>3</b>	\$ <u>      </u>
<b>4</b>	Enter an estimate of your 2019 adjustments to income, qualified business income deduction, and any additional standard deduction for age or blindness (see Pub. 505 for information about these items) . . . . .	<b>4</b>	\$ <u>      </u>
<b>5</b>	<b>Add</b> lines 3 and 4 and enter the total . . . . .	<b>5</b>	\$ <u>      </u>
<b>6</b>	Enter an estimate of your 2019 nonwage income not subject to withholding (such as dividends or interest) . . . . .	<b>6</b>	\$ <u>      </u>
<b>7</b>	<b>Subtract</b> line 6 from line 5. If zero, enter "-0-". If less than zero, enter the amount in parentheses . . . . .	<b>7</b>	\$ <u>      </u>
<b>8</b>	<b>Divide</b> the amount on line 7 by \$4,200 and enter the result here. If a negative amount, enter in parentheses. Drop any fraction . . . . .	<b>8</b>	<u>      </u>
<b>9</b>	Enter the number from the <b>Personal Allowances Worksheet</b> , line H, above . . . . .	<b>9</b>	<u>      </u>
<b>10</b>	<b>Add</b> lines 8 and 9 and enter the total here. If zero or less, enter "-0-". If you plan to use the <b>Two-Earners/Multiple Jobs Worksheet</b> , also enter this total on line 1 of that worksheet on page 4. Otherwise, <b>stop here</b> and enter this total on Form W-4, line 5, page 1 . . . . .	<b>10</b>	<u>      </u>

**Two-Earners/Multiple Jobs Worksheet**

**Note:** Use this worksheet *only* if the instructions under line H from the **Personal Allowances Worksheet** direct you here.

- 1** Enter the number from the **Personal Allowances Worksheet**, line H, page 3 (or, if you used the **Deductions, Adjustments, and Additional Income Worksheet** on page 3, the number from line 10 of that worksheet) . . . . . **1** \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you're married filing jointly and wages from the highest paying job are \$75,000 or less and the combined wages for you and your spouse are \$107,000 or less, don't 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 2019. For example, divide by 18 if you're paid every 2 weeks and you complete this form on a date in late April when there are 18 pay periods remaining in 2019. 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 <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$5,000	0	\$0 - \$7,000	0	\$0 - \$24,900	\$420	\$0 - \$7,200	\$420
5,001 - 9,500	1	7,001 - 13,000	1	24,901 - 84,450	500	7,201 - 36,975	500
9,501 - 19,500	2	13,001 - 27,500	2	84,451 - 173,900	910	36,976 - 81,700	910
19,501 - 35,000	3	27,501 - 32,000	3	173,901 - 326,950	1,000	81,701 - 158,225	1,000
35,001 - 40,000	4	32,001 - 40,000	4	326,951 - 413,700	1,330	158,226 - 201,600	1,330
40,001 - 46,000	5	40,001 - 60,000	5	413,701 - 617,850	1,450	201,601 - 507,800	1,450
46,001 - 55,000	6	60,001 - 75,000	6	617,851 and over	1,540	507,801 and over	1,540
55,001 - 60,000	7	75,001 - 85,000	7				
60,001 - 70,000	8	85,001 - 95,000	8				
70,001 - 75,000	9	95,001 - 100,000	9				
75,001 - 85,000	10	100,001 - 110,000	10				
85,001 - 95,000	11	110,001 - 115,000	11				
95,001 - 125,000	12	115,001 - 125,000	12				
125,001 - 155,000	13	125,001 - 135,000	13				
155,001 - 165,000	14	135,001 - 145,000	14				
165,001 - 175,000	15	145,001 - 160,000	15				
175,001 - 180,000	16	160,001 - 180,000	16				
180,001 - 195,000	17	180,001 and over	17				
195,001 - 205,000	18						
205,001 and over	19						

**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 aren't required to provide the information requested on a form that's 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>	
<p><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></p> <p>1. Alien Registration Number/USCIS Number: _____  <b>OR</b>          2. Form I-94 Admission Number: _____  <b>OR</b>          3. Foreign Passport Number: _____          Country of Issuance: _____</p>	
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;">           QR Code - Section 1            Do Not Write In This Space         </div>	

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.")*

<b>Employee Info from Section 1</b>	Last Name (Family Name)	First Name (Given Name)	M.I.	Citizenship/Immigration Status
-------------------------------------	-------------------------	-------------------------	------	--------------------------------

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 style="border: 1px solid black; padding: 5px;">Additional Information</div>		<div style="border: 1px solid black; padding: 5px; text-align: center;">           QR Code - Sections 2 &amp; 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.)*

<b>A. New Name (if applicable)</b>			<b>B. Date of Rehire (if applicable)</b>	
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
--	---------------------------	---

## 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.

<b>LIST A</b> <b>Documents that Establish Both Identity and Employment Authorization</b>	<b>OR</b>	<b>LIST B</b> <b>Documents that Establish Identity</b>	<b>AND</b>	<b>LIST C</b> <b>Documents that Establish Employment Authorization</b>
<ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For a nonimmigrant alien authorized to work for a specific employer because of his or her status:               <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                   <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(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.</li> </ol> </li> </ol> </li> <li>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</li> </ol>	OR	<ol style="list-style-type: none"> <li>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</li> <li>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</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	AND	<ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:               <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of Birth Abroad issued by the Department of State (Form FS-545)</li> <li>3. Certification of Report of Birth issued by the Department of State (Form DS-1350)</li> <li>4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>5. Native American tribal document</li> <li>6. U.S. Citizen ID Card (Form I-197)</li> <li>7. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>8. Employment authorization document issued by the Department of Homeland Security</li> </ol>

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

**Refer to the instructions for more information about acceptable receipts.**

**COLLECTION/PAYMENT POLICY/ARTWORK POLICY  
EFFECTIVE IMMEDIATELY**

- 1) Payment terms start from the time the field sales order is signed and accepted by the N.A.D.S. sales rep.**
  
- 2) No payment terms will be extended over 90 days to a client unless pre-approved by home office.**
  
- 3) The following payment terms are acceptable for a field sales order turned into the home office:**
  - a) Full payment via check, credit card, or ACH.  
For further clarification on ACH, please call Ryanna Byram (ryanna@guideaguest.com/1.800.638.8445 Ext. 114).**
  - b) Postdated checks. ACH and credit cards should eliminate these for the most part, but we will accept Postdated Checks. Checks must be notated as a post date to avoid problems of cashing check early, which is a state and federal violation. Postdated Checks are the least acceptable form of payment and should be avoided, unless this is the only way to close the deal. Postdated checks will be considered as a receivable until processed and cleared, at which time the rep will get paid. If it becomes a bad check or NSF, rep will be charged back on commissions paid.**
  - c) Payment via terms: Maximum down payment you can get out of client, net 30 with specific payment dates posted for remaining payment in contract billing term section.  
Ex. 1/16/06 sale date ad cost: \$700  
Paid: \$400 balance: \$300 due net 30 days 2/16/06  
Ex. 60 day pay plan 2 payments, \$150 due 2/16/06, \$150 due 3/16/06  
Ex. 90 day pay plan 3 payments, \$100 due 2/16/06, \$100 due 3/16/06, \$100 due 4/16/06**
  - d) No other terms will apply! Any sales (ad sales agreement) not indicating exact due date as shown in 3a-3c will be penalized 5% of total ad price/receivable for each ad or all ads not in compliance with this mandatory procedure.**

**4) Any ad sales for less than \$200 submitted as a billable account will be paid at 10% less than your normal receivable rate due to the amount it costs to chase and bill a sale.**

**5) Any artwork not received from client must have backup or notation of when artwork is e-mailed. Mandatory email address and/or cell phone must accompany any non-artwork and or non-payment upfront. If not supplied, receivable rate will be 10% less than normal receivable rate. We have a great graphic design dept. that can design a great ad with proper literature (brochures, flyers, business card) but as of today's date, they are not mind readers so please provide appropriate instruction.**

**6) Any account that is not in compliance with terms 3a-3c and are considered in default are subject to a third party collection activity. Each sales rep will be given the opportunity to collect an account before the following action takes place. Note: Base and Bonus may be affected by these accounts so an additional 5% or 10% hit may take place.**

**Based on payment terms listed:**

**2 weeks after payment was due-5% deduction off next paycheck**

**4 weeks after payment was due-10% deduction off next paycheck**

**8 weeks after payment was due-20% deduction off next paycheck**

**12 week after payment was due-Full Deduction off next paycheck**

**7) Payment on proof is not an acceptable term. Advertiser claims proof means publication, means 2<sup>nd</sup> proof, so proof is too broad of a term. If payment on proof is notated, must be notated by date (net 30) plus mention of initial proof of ad.**

**8) Contract must consist of advertiser's authorized signature (person who is authorized to sign contract for business), person's name printed (very important if we have to chase for money), plus appropriate title. In summary, specific payment terms are a must in the**

**“Payment Options” box on the contract. We are not trying to take advantage of you or punish you for any reason-You are an integral part of our company and we appreciate the work you do! Collections have become a major issue and we need to get it under control. Also, Ryanna Byram has been assigned as the collection coordinator and is available at the office at Ext.**

**114. Written request to our address, fax requests to 970.635.9115 or 970.663.6156, or e-mail requests to**

**[ryanna@guideaguest.com](mailto:ryanna@guideaguest.com) are very helpful as not to bombard her with phone calls on specific receivable questions. Your**

**questions will be answered in a timely manner. Very helpful**

**idea: Please make a receivable file for yourself. Track your**

**billable clients via a system (15 days, 30 days, 45 days, 60**

**days, and 90 days). This system is necessary to help you on**

**your accounts-It is your money and take care of your income!!!**

**9) The 1<sup>st</sup> week of each calendar month, our credit department will send out reports from each job that you have sold, showing who still owes, so that enables you to follow up with the clients for payment. Also, our credit department in the office will follow up for you on your accounts also.**

**EXCITING NEW CHANGE: Online payments are available for our clients at [www.guideaguest.com](http://www.guideaguest.com).**

\_\_\_\_\_ (Rep’s Signature)

\_\_\_\_\_ (Rep’s Name Printed)

\_\_\_\_\_ Tate Ellinger, General Partner

\_\_\_\_\_ Date



**NORTH AMERICAN DIRECTORY SERVICES, LLLP**

**PLEASE RETURN THIS SHEET WITH YOUR  
EMPLOYMENT INFORMATION.**

**Home Phone No.** \_\_\_\_\_

**Fax Number** \_\_\_\_\_

**Cell Phone Number** \_\_\_\_\_

**Emergency Contact:** \_\_\_\_\_

**Emergency Contact Name and Phone Number:**

\_\_\_\_\_ **Name**

\_\_\_\_\_ **Phone Number**

**Also need a copy of your driver's license and/or social security.**

**We also now do Direct Deposit for your checks so please provide  
a copy of your check that includes your routing number and account  
number.**

**Routing Number:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Type of Account (please circle choice):**    Checking     Savings

**Name Account is under:** \_\_\_\_\_

**Submit**



320 E. 27th Street · Loveland, CO 80538 · 970.663.5445 · Fax 970.635.9115 · [www.guideaguest.com](http://www.guideaguest.com)  
Information E-Mail: [info@guideaguest.com](mailto:info@guideaguest.com) · Artwork E-Mail: [artwork@guideaguest.com](mailto:artwork@guideaguest.com)

**NORTH AMERICAN DIRECTORY SERVICES, LLLP**

**TO:** All Account Executives **DATE:** FEB. 1, 2018

**FROM:** Michael Mummery  
(P) 800-638-8445 EXT. 105 (F) 970-635-9115  
E-MAIL: [mike@guideaguest.com](mailto:mike@guideaguest.com)

cc. Tate Ellinger, General Partner  
cc. Becky Ellinger, General Partner

**RE:** Hold Checks/Credit Cards/ ACH Payments INCENTIVE

**TO BE ELIGIBLE FOR THIS NEW INCENTIVE YOU MUST RETURN THIS FORM, SIGNED INTO THE NADS HOME OFFICE.**

As we move forward in 2019 we have seen overall sales stay consistent across the country and are excited for another strong and successful year for North American Directory Services, LLLP.

Effective immediately we are implementing a program where we will pay you on Hold Checks, ACH and Credit Card payments that you turn in with your weekly sales packages. A "Hold" Check is a check dated for the same day client signed the contract but they ask us to hold off depositing till a certain date. It will be required to make sure that the holds are marked with a note for accounting to make sure we don't deposit the check or run the credit card/ach early. Working together will be the key to making this a successful program for the reps and the office. We will no longer accept a check that has a future date on it, needs to be a hold check; specific dates on when to run ACHs/Credit Cards will be important.

With the above said the following are the rules on submitting Hold items:

Holds must be no more than 30 days out from date of agreement to receive your full commission rate on that paycheck. I.E you turn in a hold check for 4/29/14 for a contract dated 03/29/2014 you will receive full commission due on this account.

To qualify getting paid on holds no more than 30 days upfront, on

that particular week's commission sheet, the collected funds we are allowed to deposit must be 70% or more of total cash received. For example, for a particular week, you sell 6000, collect 5000 with holds, but upfront money we can deposit today is 3000, you would not qualify. Would need to be 3500 or more to be deposited today to get paid on the hold checks.

In regards to collection bonus, hold checks will count towards collection bonus. For Example, a job hits a collection bonus and does \$5000 in sales with \$4000 collected. The collection percentage is 80% which warrants a 3% on the total \$4000.

In regards to bonus #1 and bonus #2. You will only be paid on Bonus #1 or Bonus #2 on what is actually collected and can be deposited and will not be paid bonus #1 or #2 on hold accounts.

Should for some reason when we go to deposit or run a hold account and it comes back as NSF, Stop Payment, closed account or declined, the NADS home office will notify Account Executive via phone, fax or email. At that point the Account Executive will have (1 Week) to rectify. If Account Executive is unable to rectify within that time frame a charge back at the commission rate the account was paid at will occur on the next scheduled payday.

**The above incentive program is in place and can be stopped at any time by the NADS home office for any reason deemed necessary. All past policies regarding hold/postdate programs are now null and void.**

To be eligible for the hold pay program it is also contingent that all Account Executives abide by and follow all NADS home office policies and rules. To be eligible you must abide by the following:

- 1) Follow Employment Agreement/Training Manual
- 2) Report into the office (Mike) with accurate numbers each Tuesday and Thursday by 3:00 pm Colorado time via phone, voicemail, email or fax.
- 3) Report any job issues to the office immediately (either hotel or advertiser)
- 4) Fill out all paperwork completely and thoroughly (agreement, layout, commission sheets, incentive sheets, bonus sheets, etc)

- 5) Help resolve any issues with your accounts not paying and or hold accounts not going through.
- 6) The home office must receive a sales package once a week for payday no matter what sales are on the job and whether the job is complete. Partial packages are expected on multiple week projects. Rest Assured, your commission rate will not be affected by partial packets and you will receive incentives, etc if applicable, at job completion.

The hold program was designed in all Account Executives favor. It is a program to help increase your weekly take home pay. It is at the risk of the home office should these accounts ultimately not pay. We hope that you find this program to be attractive and also motivating to do your best to collect as much money up front as possible and only do a hold when absolutely necessary. If for some reason we feel like we are getting too many holds and not enough collections off Account Executives as a whole or off individual Account Executives we reserve the right to terminate this program as a whole or to the respective Account Executive as an individual.

If you agree to follow all the above terms and conditions and would like to participate in the new Hold Incentive program we need you to sign and date below and return all pages to the home office before the program can be implemented for you.

Should you have any questions please do not hesitate to contact me anytime via phone, fax or email.

Employee Name (Printed): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

NADS Home Office representative: \_\_\_\_\_