



New Employee Wizard

Version 2.9

Burger King Information

Burger King #: 5555
BK Address: 123 Burger Drive
BK City: Bktown BK State: BK BK Postal Code: 55555
Manager Performing Orientation (First and Last): John Manager
Manager Performing Orientation's Title: Assistant Manager

Restaurant Manager (First and Last): Joe Manager
Assistant Manager I (First and Last): Louis Manager
Assistant Manager II (First and Last): Tracy Manager
District Manager (First and Last): Mike Manager

Personal Information

Name: First: Sarah
M.I.: K
Last: Employee
Social Security Number: 123-45-6789
Date of Birth: 01/01/1991
Phone Number: (555) 555-5555
Address: 123 Employee Ave.
City: Employeeville State: EM Postal Code: 5555

General Information

Date of Hire: 01/01/01
Date of Orientation: 01/02/01
Starting Wage: \$9.00

The photo above shows an example of the wizard being filled out in Microsoft Word.

The following pages are examples of the output delivered by the wizard.

Form W-4 (2007)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Because your tax situation may change, you may want to refigure your withholding each year.

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 2007 expires February 16, 2008. See Pub. 505, Tax Withholding and Estimated Tax.

Note. You cannot claim exemption from withholding if (a) your income exceeds \$850 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 adjust your withholding allowances based on

itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations. Complete all worksheets that apply. However, you may claim fewer (or zero) allowances.

Head of household. Generally, you may 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.

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. 919, How Do I Adjust My Tax Withholding, 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. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners/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.

Nonresident alien. If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2007. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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: **B** _____

- You are single and have only one job; or
- You are married, have only one job, and your spouse does not work; or
- Your wages from a second job or your spouse's wages (or the total of both) are \$1,000 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 \$1,500 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. **G** _____

- If your total income will be less than \$57,000 (\$85,000 if married), enter "2" for each eligible child.
- If your total income will be between \$57,000 and \$84,000 (\$85,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have 4 or more eligible children.

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. **H** _____

- 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 have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$25,000 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.

Cut 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	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="margin:0;">▶ 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.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2007</div>
1 Type or print your first name and middle initial. Sarah K.		Last name Employee
Home address (number and street or rural route) 123 Employee Ave.		2 Your social security number 123-45-6789
City or town, state, and ZIP code Employeeville, EM 5555		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.
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 2007, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • 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 (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.) Burger King #5555, 123 Burger Drive, Bktown, BK 55555		9 (Employee #) _____
		10 Employer identification number (EIN) _____

Employment Eligibility Verification

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

Section 1. Employee Information and Verification. To be completed and signed by employee at the time employment begins.

Print Name: Last Employee	First Sarah	Middle Initial K	Maiden Name
Address (Street Name and Number) 123 Employee Ave.		Apt. #	Date of Birth (month/day/year) 01/01/1991
City Employeeville	State EM	Zip Code 5555	Social Security # 123-45-6789
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):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature			Date (month/day/year) 01/02/01

Preparer and/or Translator Certification. (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

Section 2. Employer Review and Verification. To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s)

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

CERTIFICATION - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on **01/02/01** and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name John Manager	Title Assistant Manager
Business or Organization Name Burger King #5555, 123 Burger Drive, Bktown, BK 55555		Address (Street Name and Number, City, State, Zip Code)
		Date (month/day/year) 01/02/01

Starting Wage: \$9.00 Mgr. Initial: _____ BK#5555 Employee#: _____



RESTAURANT CREW MEMBER EMPLOYMENT RECORD



NEW CREW MEMBER CHECKLIST: Supervisor and new crew member must review the following items during the first payroll period. Sign and date when all items are reviewed.

<u>ITEMS FOR REVIEW:</u>	<u>DATE REVIEWED:</u>
1. Provide copy of employee handbook and discuss briefly: (Emphasize grievance procedure - open door policy)	01/02/01
2. Explain work schedule & procedures - schedule, reporting for work, calling in, absences, and days off request.	01/02/01
3. Show how to use time clock.	01/02/01
4. Define employees meal policy & Breaks.	01/02/01
5. Discuss uniform policy & requirements.	01/02/01
6. Discuss payroll procedures - work week, pay period, pay rate & holidays.	01/02/01
7. Discuss evaluation procedures - performance reviews & wage increases.	01/02/01
8. *Discuss smile & politeness program.	01/02/01
9. Discuss rules of conduct (theft procedures).	01/02/01
10. Appearance - uniform, hats, nametag, make-up, jewelry, hair, hands, etc.	01/02/01
11. Restaurant tour - introduce crew, job positions, fire exits, fire extinguishers, first aid kit, storage of personal articles and emergency phone numbers.	01/02/01
12. Arrange appropriate training - follow-up to insure training is conducted properly.	01/02/01
13. Administration - W-4, work permit, parental permission form, attendance calendar and review card.	01/02/01

Supervisor's Signature: _____ Date: 01/02/01

Employee's Signature: _____ Date: 01/02/01

HANDBOOK RECEIPT: New crew member reads, signs and dates the following statement:
 I have attended orientation and understand the rules and regulations by which I agree to follow. Further, it is my responsibility to ask my immediate supervisor if I have questions related to any of the information contained in the Handbook, and the Hourly Employee Policy.

EMPLOYEE'S SIGNATURE: _____ DATE:01/02/01

CASH CONTROL POLICY: New crew member reads, signs and dates the following statement:
 I have read the Cash Control Policy and understand the rules and regulations by which I agree to follow. Further, it is my responsibility to ask my immediate supervisor if I have questions related to any of the information contained in the Cash Control Policy.

EMPLOYEE'S SIGNATURE: _____ DATE:01/02/01

UNIFORM RECEIPT: New crew member reads, signs and dates the following statement:
 I have been issued a Burger King uniform and understand that I am to return a cleaned uniform at the time of termination. In the event that I do not return a uniform at termination of my employment, I hereby authorize Burger King to deduct from my final pay check an amount equal to the cost of the uniform.

EMPLOYEE'S SIGNATURE: _____ DATE:01/02/01

EMPLOYEE NAME: Sarah K. Employee

TELEPHONE NO.: (555) 555-5555

RESTAURANT NO.: Burger King #55555

HIRE DATE: 01/01/01

Date Issue 01/02/01

Pants _____ SIZE _____

Shirt _____

Visor _____

