

EMPLOYEE VOLUNTARY SELF IDENTIFICATION FORM – EDUCATION

Employee Name:	
Last 4 of SSN:	

Renhill is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, Renhill invites applicants and employees to voluntarily self-identify their race or ethnicity. **Submission of this information is voluntary** and refusal to provide it will not affect your opportunity for employment or terms or conditions of employment and will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

Name: _____

Date: _____

Gender: Male Female

Date of Birth: _____

Race/Ethnicity:

Please check one of the descriptions below corresponding to the ethnic group with which you identify.

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)

A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, or Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original people of North and South America (including Central America) and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above six races.

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.

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 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 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 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. -----

Form W-4 Department of the Treasury Internal Revenue Service		Employee's Withholding Allowance Certificate		OMB No. 1545-0074 2019	
▶ 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.					
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 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 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 ▶					
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 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)	

Notice to Employee

1. For state purposes, an individual may claim only natural dependency exemptions. This includes the taxpayer, spouse and each dependent. Dependents are the same as defined in the Internal Revenue Code and as claimed in the taxpayer's federal income tax return for the taxable year for which the taxpayer would have been permitted to claim had the taxpayer filed such a return.

2. You may file a new certificate at any time if the number of your exemptions **increases**.

You must file a new certificate within 10 days if the number of exemptions previously claimed by you **decreases** because:


- (a) Your spouse for whom you have been claiming exemption is divorced or legally separated, or claims her (or his) own exemption on a separate certificate.
- (b) The support of a dependent for whom you claimed exemption is taken over by someone else.
- (c) You find that a dependent for whom you claimed exemption must be dropped for federal purposes.

The death of a spouse or a dependent does not affect your withholding until the next year but requires the filing of a new certificate. If possible, file a new certificate by Dec. 1st of the year in which the death occurs.

For further information, consult the Ohio Department of Taxation, Personal and School District Income Tax Division, or your employer.

3. If you expect to owe more Ohio income tax than will be withheld, you may claim a smaller number of exemptions; or under an agreement with your employer, you may have an additional amount withheld each pay period.

4. A married couple with both spouses working and filing a joint return will, in many cases, be required to file an individual estimated income tax form IT 1040ES even though Ohio income tax is being withheld from their wages. This result may occur because the tax on their combined income will be greater than the sum of the taxes withheld from the husband's wages and the wife's wages. This requirement to file an individual estimated income tax form IT 1040ES may also apply to an individual who has two jobs, both of which are subject to withholding. In lieu of filing the individual estimated income tax form IT 1040ES, the individual may provide for additional withholding with his employer by using line 5.

 please detach here



**Department of
Taxation**

Employee's Withholding Exemption Certificate

Print full name _____ Social Security number _____

Home address and ZIP code _____

Public school district of residence _____ School district no. _____
(See *The Finder* at tax.ohio.gov.)

- 1. Personal exemption for yourself, enter "1" if claimed _____
- 2. If married, personal exemption for your spouse if not separately claimed (enter "1" if claimed) _____
- 3. Exemptions for dependents _____
- 4. Add the exemptions that you have claimed above and enter total _____
- 5. Additional withholding per pay period under agreement with employer \$ _____

Under the penalties of perjury, I certify that the number of exemptions claimed on this certificate does not exceed the number to which I am entitled.

Signature _____ Date _____

Ohio Public School District Numbers

ADAMS COUNTY

Adams County/Ohio Valley LSD	0101
Manchester LSD	0102

ALLEN COUNTY

Allen East LSD	0201
Bath LSD	0202
Bluffton EVSD	0203
Delphos CSD	0204
Elida LSD	0205
Lima CSD	0206
Perry LSD	0207
Shawnee LSD	0208
Spencerville LSD	0209

ASHLAND COUNTY

Ashland CSD	0301
Hillsdale LSD	0302
Loudonville-Perrysville EVSD	0303
Mapleton LSD	0304

ASHTABULA COUNTY

Ashtabula Area CSD	0401
Buckeye LSD	0402
Conneaut Area CSD	0403
Geneva Area CSD	0404
Grand Valley LSD	0405
Jefferson Area LSD	0406
Pymatuning Valley LSD	0407

ATHENS COUNTY

Alexander LSD	0501
Athens CSD	0502
Federal Hocking LSD	0503
Nelsonville-York CSD	0504
Trimble LSD	0505

AUGLAIZE COUNTY

Minster LSD	0601
New Bremen LSD	0602
New Knoxville LSD	0603
St. Marys CSD	0604
Wapakoneta CSD	0605
Waynesfield-Goshen LSD	0606

BELMONT COUNTY

Barnesville EVSD	0701
Bellaire CSD	0702
Bridgeport EVSD	0703
Martins Ferry CSD	0704
Shadyside LSD	0705
St. Clairsville-Richland CSD	0706
Union LSD	0707

BROWN COUNTY

Eastern LSD	0801
Fayetteville-Perry LSD	0802
Georgetown EVSD	0803
Ripley Union Lewis Huntington LSD	0804
Western Brown LSD	0805

BUTLER COUNTY

Edgewood CSD	0901
Fairfield CSD	0902
Hamilton CSD	0903
Lakota LSD	0904
Madison LSD	0905
Middletown CSD	0906
Monroe LSD	0910
New Miami LSD	0907
Ross LSD	0908
Talawanda CSD	0909

CARROLL COUNTY

Brown LSD	1001
Carrollton EVSD	1002

CHAMPAIGN COUNTY

Graham LSD	1101
Mechanicsburg EVSD	1102

CHAMPAIGN COUNTY (cont'd)

Triad LSD	1103
Urbana CSD	1104
West Liberty-Salem LSD	1105

CLARK COUNTY

Clark-Shawnee LSD	1207
Greenon LSD	1201
Northeastern LSD	1203
Northwestern LSD	1204
Southeastern LSD	1205
Springfield CSD	1206
Tecumseh LSD	1202

CLERMONT COUNTY

Batavia LSD	1301
Bethel-Tate LSD	1302
Clermont-Northeastern LSD	1303
Felicity-Franklin LSD	1304
Goshen LSD	1305
Milford EVSD	1306
New Richmond EVSD	1307
West Clermont LSD	1308
Williamsburg LSD	1309

CLINTON COUNTY

Blanchester LSD	1401
Clinton-Massie LSD	1402
East Clinton LSD	1403
Wilmington CSD	1404

COLUMBIANA COUNTY

Beaver LSD	1501
Columbiana EVSD	1502
Crestview LSD	1503
East Liverpool CSD	1504
East Palestine CSD	1505
Leetonia EVSD	1506
Lisbon EVSD	1507
Salem CSD	1508
Southern LSD	1509
United LSD	1510
Wellsville LSD	1511

COSHOCTON COUNTY

Coshocton CSD	1601
Ridgewood LSD	1602
River View LSD	1603

CRAWFORD COUNTY

Buckeye Central LSD	1701
Bucyrus CSD	1702
Colonel Crawford LSD	1703
Crestline EVSD	1704
Galion CSD	1705
Wynford LSD	1706

CUYAHOGA COUNTY

Bay Village CSD	1801
Beachwood CSD	1802
Bedford CSD	1803
Berea CSD	1804
Brecksville-Broadview Heights CSD	1806
Brooklyn CSD	1807
Chagrin Falls EVSD	1808
Cleveland Hts.-University Hts. CSD	1810
Cleveland Municipal CSD	1809
Cuyahoga Heights LSD	1811
East Cleveland CSD	1812
Euclid CSD	1813
Fairview Park CSD	1814
Garfield Heights CSD	1815
Independence LSD	1816
Lakewood CSD	1817
Maple Heights CSD	1818
Mayfield CSD	1819
North Olmsted CSD	1820
North Royalton CSD	1821
Olmsted Falls CSD	1822
Orange CSD	1823
Parma CSD	1824

CUYAHOGA COUNTY (cont'd)

Richmond Heights LSD	1825
Rocky River CSD	1826
Shaker Heights CSD	1827
Solon CSD	1828
South Euclid-Lyndhurst CSD	1829
Strongsville CSD	1830
Warrensville Heights CSD	1831
Westlake CSD	1832

DARKE COUNTY

Ansonia LSD	1901
Arcanum-Butler LSD	1902
Franklin Monroe LSD	1903
Greenville CSD	1904
Mississinawa Valley LSD	1905
Tri-Village LSD	1906
Versailles EVSD	1907

DEFIANCE COUNTY

Ayersville LSD	2001
Central LSD	2002
Defiance CSD	2003
Hicksville EVSD	2004
Northeastern LSD	2005

DELAWARE COUNTY

Big Walnut LSD	2101
Buckeye Valley LSD	2102
Delaware CSD	2103
Olentangy LSD	2104

ERIE COUNTY

Berlin-Milan LSD	2201
Huron CSD	2202
Kelleys Island LSD	2203
Margaretta LSD	2204
Perkins LSD	2205
Sandusky CSD	2206
Vermilion LSD	2207

FAIRFIELD COUNTY

Amanda-Clearcreek LSD	2301
Berne Union LSD	2302
Bloom-Carroll LSD	2303
Fairfield Union LSD	2304
Lancaster CSD	2305
Liberty Union-Thurston LSD	2306
Pickerington LSD	2307
Walnut Township LSD	2308

FAYETTE COUNTY

Miami Trace LSD	2401
Washington Court House CSD	2402

FRANKLIN COUNTY

Bexley CSD	2501
Canal Winchester LSD	2502
Columbus CSD	2503
Dublin CSD	2513
Gahanna-Jefferson CSD	2506
Grandview Heights CSD	2504
Groveport Madison LSD	2507
Hamilton CSD	2505
Hilliard CSD	2510
Plain LSD	2508
Reynoldsburg CSD	2509
South-Western CSD	2511
Upper Arlington CSD	2512
Westerville CSD	2514
Whitehall CSD	2515
Worthington CSD	2516

FULTON COUNTY

Archbold-Area LSD	2601
Evergreen LSD	2602
Gorham Fayette LSD	2603
Pettisville LSD	2604
Pike-Delta-York LSD	2605
Swanton LSD	2606
Wauseon EVSD	2607

GALLIA COUNTY

Gallia County LSD	2701
Gallipolis CSD	2702

GEAUGA COUNTY

Berkshire LSD	2801
Cardinal LSD	2802
Chardon LSD	2803
Kenston LSD	2804
Ledgemont LSD	2805
Newbury LSD	2806
West Geauga LSD	2807

GREENE COUNTY

Beavercreek LSD	2901
Cedar Cliff LSD	2902
Fairborn CSD	2903
Greeneview LSD	2904
Sugarcreek LSD	2905
Xenia Community CSD	2906
Yellow Springs EVSD	2907

GUERNSEY COUNTY

Cambridge CSD	3001
East Guernsey LSD	3002
Rolling Hills LSD	3003

HAMILTON COUNTY

Cincinnati CSD	3101
Deer Park Community CSD	3102
Finneytown LSD	3103
Forest Hills LSD	3104
Indian Hill EVSD	3106
Lockland CSD	3107
Loveland CSD	3108
Madeira CSD	3109
Mariemont CSD	3110
Mount Healthy CSD	3111
North College Hill CSD	3112
Northwest LSD	3113
Norwood CSD	3114
Oak Hills LSD	3115
Princeton CSD	3116
Reading Community CSD	3117
Southwest LSD	3118
St. Bernard-Elmwood Place CSD	3119
Sycamore Community CSD	3120
Three Rivers LSD	3121
Winton Woods CSD	3105
* Wyoming CSD	3122

HANCOCK COUNTY

Arcadia LSD	3201
Arlington LSD	3202
Cory-Rawson LSD	3203
Findlay CSD	3204
Liberty-Benton LSD	3205
McComb LSD	3206
Van Buren LSD	3207
Vanlue LSD	3208

HARDIN COUNTY

Ada EVSD	3301
Hardin Northern LSD	3302
Kenton CSD	3303
Ridgmont LSD	3304
Riverdale LSD	3305
Upper Scioto Valley LSD	3306

HARRISON COUNTY

Conotton Valley Union LSD	3401
Harrison Hills CSD	3402

HENRY COUNTY

Holgate LSD	3501
Liberty Center LSD	3502
Napoleon Area CSD	3503
Patrick Henry LSD	3504

HIGHLAND COUNTY

Bright LSD	3601
Fairfield LSD	3602
Greenfield EVSD	3603
Hillsboro CSD	3604
Lynchburg-Clay LSD	3605

HOCKING COUNTY

Logan-Hocking LSD	3701
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HOLMES COUNTY

East Holmes LSD	3801
West Holmes LSD	3802

HURON COUNTY

Bellevue CSD	3901
Monroeville LSD	3902
New London LSD	3903
Norwalk CSD	3904
South Central LSD	3905
Western Reserve LSD	3906
Willard CSD	3907

JACKSON COUNTY

Jackson CSD	4001
Oak Hill Union LSD	4002
Wellston CSD	4003

JEFFERSON COUNTY

Buckeye LSD	4101
Edison LSD	4102
Indian Creek LSD	4103
Steubenville CSD	4104
Toronto CSD	4105

KNOX COUNTY

Centerburg LSD	4201
Danville LSD	4202
East Knox LSD	4203
Fredericktown LSD	4204
Mount Vernon CSD	4205

LAKE COUNTY

Fairport Harbor EVSD	4301
Kirtland LSD	4302
Madison LSD	4303
Mentor EVSD	4304
Painesville City LSD	4305
Painesville Township LSD	4306
Perry LSD	4307
Wickliffe CSD	4308
Willoughby-Eastlake CSD	4309

LAWRENCE COUNTY

Chesapeake Union EVSD	4401
Dawson-Bryant LSD	4402
Fairland LSD	4403
Ironton CSD	4404
Rock Hill LSD	4405
South Point LSD	4406
Symmes Valley LSD	4407

LICKING COUNTY

Granville EVSD	4501
Heath CSD	4502
Johnstown-Monroe LSD	4503
Lakewood LSD	4504
Licking Heights LSD	4505
Licking Valley LSD	4506
Newark CSD	4507
North Fork LSD	4508
Northridge LSD	4509
Southwest Licking LSD	4510

LOGAN COUNTY

Bellefontaine CSD	4601
Benjamin Logan LSD	4602
Indian Lake LSD	4603
Riverside LSD	4604

LORAIN COUNTY

Amherst EVSD	4701
Avon Lake CSD	4702
Avon LSD	4703
Clearview LSD	4704
Columbia LSD	4705
Elyria CSD	4706
Firelands LSD	4707
Keystone LSD	4708
Lorain CSD	4709
Midview LSD	4710
North Ridgeville CSD	4711
Oberlin CSD	4712
Sheffield-Sheffield Lake CSD	4713
Wellington EVSD	4715

LUCAS COUNTY

Anthony Wayne LSD	4801
Maumee CSD	4802
Oregon CSD	4803
Ottawa Hills LSD	4804

LUCAS COUNTY (cont'd)

Springfield LSD	4805
Sylvania CSD	4806
Toledo CSD	4807
Washington LSD	4808

MADISON COUNTY

Jefferson LSD	4901
Jonathan Alder LSD	4902
London CSD	4903
Madison-Plains LSD	4904

MAHONING COUNTY

Austintown LSD	5001
Boardman LSD	5002
Campbell CSD	5003
Canfield LSD	5004
Jackson-Milton LSD	5005
Lowellville LSD	5006
Poland LSD	5007
Sebring LSD	5008
South Range LSD	5009
Springfield LSD	5010
Struthers CSD	5011
West Branch LSD	5012
Western Reserve LSD	5013
Youngstown CSD	5014

MARION COUNTY

Elgin LSD	5101
Marion CSD	5102
Pleasant LSD	5103
Ridgedale LSD	5104
River Valley LSD	5105

MEDINA COUNTY

Black River LSD	5201
Brunswick CSD	5202
Buckeye LSD	5203
Cloverleaf LSD	5204
Highland LSD	5205
Medina CSD	5206
Wadsworth CSD	5207

MEIGS COUNTY

Eastern LSD	5301
Meigs LSD	5302
Southern LSD	5303

MERCER COUNTY

Celina CSD	5401
Coldwater EVSD	5402
Fort Recovery LSD	5406
Marion LSD	5403
Parkway LSD	5405
St. Henry Consolidated LSD	5407

MIAMI COUNTY

Bethel LSD	5501
Bradford EVSD	5502
Covington EVSD	5503
Miami East LSD	5504
Milton-Union EVSD	5505
Newton LSD	5506
Piqua CSD	5507
Tipp City EVSD	5508
Troy CSD	5509

MONROE COUNTY

Switzerland of Ohio LSD	5601
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MONTGOMERY COUNTY

Brookville LSD	5701
Centerville CSD	5702
Dayton CSD	5703
Huber Heights CSD	5715
Jefferson Township LSD	5704
Kettering CSD	5705
Mad River LSD	5706
Miamisburg CSD	5707
New Lebanon LSD	5708
Northmont CSD	5709
Northridge LSD	5710
Oakwood CSD	5711
Trotwood-Madison CSD	5712
Valley View LSD	5713
Vandalia-Butler CSD	5714
West Carrollton CSD	5716

MORGAN COUNTY

Morgan LSD	5801
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MORROW COUNTY

Cardington-Lincoln LSD	5901
Highland LSD	5902
Mount Gilead EVSD	5903
Northmor LSD	5904

MUSKINGUM COUNTY

East Muskingum LSD	6001
Franklin LSD	6002
Maysville LSD	6003
Tri-Valley LSD	6004
West Muskingum LSD	6005
Zanesville CSD	6006

NOBLE COUNTY

Caldwell EVSD	6101
Noble LSD	6102

OTTAWA COUNTY

Benton-Carroll-Salem LSD	6201
Danbury LSD	6202
Genoa Area LSD	6203
Middle Bass LSD	6204
North Bass LSD	6205
Port Clinton CSD	6206
Put-In-Bay LSD	6207

PAULDING COUNTY

Antwerp LSD	6301
Paulding EVSD	6302
Wayne Trace LSD	6303

PERRY COUNTY

Crooksville EVSD	6401
New Lexington CSD	6402
Northern LSD	6403
Southern LSD	6404

PICKAWAY COUNTY

Circleville CSD	6501
Logan Elm LSD	6502
Teays Valley LSD	6503
Westfall LSD	6504

PIKE COUNTY

Eastern LSD	6601
Scioto Valley LSD	6602
Waverly CSD	6603
Western LSD	6604

PORTAGE COUNTY

Aurora CSD	6701
Crestwood LSD	6702
Field LSD	6703
James A. Garfield LSD	6704
Kent CSD	6705
Ravenna CSD	6706
Rootstown LSD	6707
Southeast LSD	6708
Streetsboro CSD	6709
Waterloo LSD	6710
Windham EVSD	6711

PREBLE COUNTY

College Corner LSD	6801
Eaton CSD	6803
National Trail LSD	6802
Preble Shawnee LSD	6804
Tri-County North LSD	6806
Twin Valley Community LSD	6805

PUTNAM COUNTY

Columbus Grove LSD	6901
Continental LSD	6902
Jennings LSD	6903
Kalida LSD	6904
Leipsic LSD	6905
Miller City-New Cleveland LSD	6906
Ottawa-Glandorf LSD	6907
Ottoville LSD	6908
Pandora-Gilboa LSD	6909

RICHLAND COUNTY

Clear Fork Valley LSD	7001
Crestview LSD	7002
Lexington LSD	7003
Lucas LSD	7004
Madison LSD	7005
Mansfield CSD	7006
Ontario LSD	7009

RICHLAND COUNTY (cont'd)

Plymouth-Shiloh LSD	7007
Shelby CSD	7008

ROSS COUNTY

Adena LSD	7101
Chillicothe CSD	7102
Huntington LSD	7103
Paint Valley LSD	7104
Southeastern LSD	7105
Union-Scioto LSD	7106
Zane Trace LSD	7107

SANDUSKY COUNTY

Clyde-Green Springs EVSD	7201
Fremont CSD	7202
Gibsonburg EVSD	7203
Lakota LSD	7204
Woodmore LSD	7205

SCIOTO COUNTY

Bloom-Vernon LSD	7301
Clay LSD	7302
Green LSD	7303
Minford LSD	7304
New Boston LSD	7305
Northwest LSD	7306
Portsmouth CSD	7307
Valley LSD	7308
Washington-Nile LSD	7309
Whealersburg LSD	7310

SENECA COUNTY

Bettsville LSD	7401
Fostoria CSD	7402
Hopewell-Loudon LSD	7403
New Riegel LSD	7404
Old Fort LSD	7405
Seneca East LSD	7406
Tiffin CSD	7407

SHELBY COUNTY

Anna LSD	7501
Botkins LSD	7502
Fairlawn LSD	7503
Fort Loramie LSD	7504
Hardin-Houston LSD	7505
Jackson Center LSD	7506
Russia LSD	7507
Sidney CSD	7508

STARK COUNTY

Alliance CSD	7601
Canton CSD	7602
Canton LSD	7603
Fairless LSD	7604
Jackson LSD	7605
Lake LSD	7606
Louisville CSD	7607
Marlington LSD	7608
Massillon CSD	7609
Minerva LSD	7610
North Canton CSD	7611
Northwest LSD	7612
Osnaburg LSD	7613
Perry LSD	7614
Plain LSD	7615
Sandy Valley LSD	7616
Tuslaw LSD	7617

SUMMIT COUNTY

Akron CSD	7701
Barberton CSD	7702
Copley-Fairlawn CSD	7703
Coventry LSD	7704
Cuyahoga Falls CSD	7705
Green LSD	7707
Hudson CSD	7708
Manchester LSD	7706
Mogadore LSD	7709
Nordonia Hills CSD	7710
Norton CSD	7711
Revere LSD	7712
Springfield LSD	7713
Stow-Munroe Falls CSD	7714
Tallmadge CSD	7715
Twinsburg CSD	7716
Woodridge LSD	7717

TRUMBULL COUNTY

Bloomfield-Mespo LSD	7801
Bristol LSD	7802

TRUMBULL COUNTY (cont'd)

Brookfield LSD	7803
Champion LSD	7804
Girard CSD	7807
Howland LSD	7808
Hubbard EVSD	7809
Joseph Badger LSD	7810
LaBrae LSD	7811
Lakeview LSD	7812
Liberty LSD	7813
Lordstown LSD	7814
Maplewood LSD	7815
Mathews LSD	7806
McDonald LSD	7816
Newton Falls EVSD	7817
Niles CSD	7818
Southington LSD	7819
Warren CSD	7820
Weathersfield LSD	7821

TUSCARAWAS COUNTY

Claymont CSD	7901
Dover CSD	7902
Garaway LSD	7903
Indian Valley LSD	7904
Newcomerstown EVSD	7905
New Philadelphia CSD	7906
Strasburg-Franklin LSD	7907
Tuscarawas Valley LSD	7908

UNION COUNTY

Fairbanks LSD	8001
Marysville EVSD	8002
North Union LSD	8003

VAN WERT

Crestview LSD	8101
Lincolnview LSD	8102
Van Wert CSD	8104

VINTON COUNTY

Vinton County LSD	8201
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WARREN COUNTY

Carlisle LSD	8301
Franklin CSD	8304
Kings LSD	8303
Lebanon CSD	8305
Little Miami LSD	8306
Mason CSD	8307
Springboro Community CSD	8302
Wayne LSD	8308

WASHINGTON COUNTY

Belpre CSD	8401
Fort Frye LSD	8402
Frontier LSD	8403
Marietta CSD	8404
Warren LSD	8405
Wolf Creek LSD	8406

WAYNE COUNTY

Chippewa LSD	8501
Dalton LSD	8502
Green LSD	8503
North Central LSD	8504
Northwestern LSD	8505
Orrville CSD	8506
Rittman EVSD	8507
Southeast LSD	8508
Triway LSD	8509
Wooster CSD	8510

WILLIAMS COUNTY

Bryan CSD	8601
Edgerton LSD	8602
Edon-Northwest LSD	8603
Millcreek-West Unity LSD	8604
Montpelier EVSD	8605
North Central LSD	8606
Stryker LSD	8607

WOOD COUNTY

Bowling Green CSD	8701
Eastwood LSD	8702
Elmwood LSD	8703
Lake LSD	8704
North Baltimore LSD	8705
Northwood LSD	8706
Otsego LSD	8707
Perrysburg EVSD	8708
Rossford EVSD	8709

WYANDOT COUNTY

Carey EVSD	8801
Mohawk LSD	8802
* Upper Sandusky EVSD	8803



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: _____ OR 2. Form I-94 Admission Number: _____ OR 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)
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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		Additional Information		QR Code - Sections 2 & 3 Do Not Write In This Space
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 Renhill Group, Inc.	
Employer's Business or Organization Address (Street Number and Name) 2650 N. Reynolds Road		City or Town Toledo	State OH	ZIP Code 43615

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)
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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 	OR	<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 <li style="text-align: center;">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 	AND	<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.

**Pre-Screening Notice and Certification Request for
the Work Opportunity Credit**

► Information about Form 8850 and its separate instructions is at www.irs.gov/form8850.

Job applicant: Fill in the lines below and check any boxes that apply. Complete only this side.

Your name _____ Social security number ► _____

Street address where you live _____

City or town, state, and ZIP code _____

County _____ Telephone number _____

If you are under age 40, enter your date of birth (month, day, year) _____

- 1 Check here if you received a conditional certification from the state workforce agency (SWA) or a participating local agency for the work opportunity credit.
- 2 Check here if **any** of the following statements apply to you.
- I am a member of a family that has received assistance from Temporary Assistance for Needy Families (TANF) for any 9 months during the past 18 months.
 - I am a veteran and a member of a family that received Supplemental Nutrition Assistance Program (SNAP) benefits (food stamps) for at least a 3-month period during the past 15 months.
 - I was referred here by a rehabilitation agency approved by the state, an employment network under the Ticket to Work program, or the Department of Veterans Affairs.
 - I am at least age 18 but **not** age 40 or older and I am a member of a family that:
 - a.** Received SNAP benefits (food stamps) for the past 6 months; **or**
 - b.** Received SNAP benefits (food stamps) for at least 3 of the past 5 months, **but** is no longer eligible to receive them.
 - During the past year, I was convicted of a felony or released from prison for a felony.
 - I received supplemental security income (SSI) benefits for any month ending during the past 60 days.
 - I am a veteran and I was unemployed for a period or periods totaling at least 4 weeks but less than 6 months during the past year.
- 3 Check here if you are a veteran and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 4 Check here if you are a veteran entitled to compensation for a service-connected disability and you were discharged or released from active duty in the U.S. Armed Forces during the past year.
- 5 Check here if you are a veteran entitled to compensation for a service-connected disability and you were unemployed for a period or periods totaling at least 6 months during the past year.
- 6 Check here if you are a member of a family that:
- Received TANF payments for at least the past 18 months; **or**
 - Received TANF payments for any 18 months beginning after August 5, 1997, **and** the earliest 18-month period beginning after August 5, 1997, ended during the past 2 years; **or**
 - Stopped being eligible for TANF payments during the past 2 years because federal or state law limited the maximum time those payments could be made.
- 7 Check here if you are in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period you received unemployment compensation.

Signature—All Applicants Must Sign

Under penalties of perjury, I declare that I gave the above information to the employer on or before the day I was offered a job, and it is, to the best of my knowledge, true, correct, and complete.

Job applicant's signature ► _____

Date _____

TO BE COMPLETED BY EMPLOYER

Company Name 72708 Renhill Staffing	Location Number (If Applicable) RHL	Offer Date / /	Start Date / /
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TAX CREDIT QUESTIONNAIRE

This form is used to identify federal tax credits and is **NOT** intended to determine your work eligibility.

TO BE COMPLETED BY EMPLOYEE (Please Print Clearly)

First Name	Last Name	SSN
Home Address		Date of Birth (if under 40) / /
City	State	Zip Code
Position Applying For		County
Have You Worked for this Company Before? <input type="radio"/> YES <input type="radio"/> NO		Driver's License or State ID Number State

1. Within the past 2 years, have you or a member of your household received any form of cash or voucher assistance, such as Aid to Families with Dependent Children (AFDC), Temporary Assistance for Needy Families (TANF), Child Care or Transportation Assistance (CCT) or Food Stamps (FS)? YES Not Sure NO
If YES or Not Sure, please provide the following information:

Primary Recipient (Name and Social Security Number)	Relation to Yourself	City/ State Where Received
Assistance Type: (Check all that apply) <input type="radio"/> AFDC <input type="radio"/> TANF <input type="radio"/> CCT <input type="radio"/> FS	Date First Received (MM/YY)	Date Last Received (MM/YY)

2. Have you ever served on active duty in the US Military? YES Not Sure NO
If YES or Not Sure, please provide the following information:

2b. Are you eligible to receive compensation for a service connected disability? Yes No
 Date Entered (MM/YY)

Branch of Service:
 Army Navy Air Force Marines Coast Guard National Guard
 Discharge Date (MM/YY)

3. Have you ever been convicted of a felony? (Do NOT include misdemeanors) YES Not Sure NO
If YES or Not Sure, please provide the following information:

Parole/ Probation Officer Name	Parole/ Probation Officer Phone Number	Date Convicted (MM/YY)	Date Released (MM/YY)
Offense Type: <input type="radio"/> State <input type="radio"/> Federal	City/State of Conviction	County of Conviction	

4. Have you ever participated in a State or Veterans Affairs Vocational Rehabilitation Program or have you participated in the Ticket to Work program? YES Not Sure NO
If YES or Not Sure, please provide the following information:

Agency Name/Rehabilitation Program/Employment Network	Date Completed (MM/YY)
Agency City	Agency State
Agency Phone Number	
Program type: <input type="radio"/> Vocational Rehabilitation <input type="radio"/> Veterans Affairs <input type="radio"/> Ticket to Work	

5. Have you received Supplemental Security Income (SSI) benefits for yourself within the last 3 months? Do NOT include Social Security Disability Income (SSDI). YES Not Sure NO
If YES or Not Sure, please provide the following information: Date Last Received (MM/YY) ____/____/____

6. Have you been unemployed, received Unemployment Benefits or been eligible to receive Unemployment Benefits during the past year? YES Not Sure NO
If YES or Not Sure, please provide the following information:
 How many months in the past year were you unemployed? ____
 What was your last day of work with your previous employer? (MM/DD/YY) ____/____/____
 Did you receive unemployment compensation? Yes No In what state did you receive unemployment compensation? ____

EMPLOYEE DECLARATION AND RELEASE

By signing this voluntary form, I hereby authorize the release to Equifax Workforce Solutions or its agents information held by any parties needed to determine my eligibility for federal and/or state tax credit programs. This includes, but is not limited to, information regarding my criminal history, driver records, military service, SSI benefits, vocational rehabilitation services, unemployment benefits, AFDC/TANF benefits or Food Stamp benefits. I further authorize Equifax Workforce Solutions or its agents to complete on my behalf any forms required to obtain this information, including SSA Form 3288.

Employee Signature: _____ **Date:** _____

Review for completeness and mail to:
Equifax Workforce Solutions PO BOX 4920 GREENVILLE, SC 29608



72708

Renhill Staffing

RHL

U.S. Department Labor
Employment and Training Administration

OMB Control No. 1205-0371
Expiration Date: January 31, 2020

**LONG-TERM UNEMPLOYMENT RECIPIENT SELF-ATTESTATION FORM
Work Opportunity Tax Credit (WOTC) Program**

Instructions: This Self-Attestation Form (SAF) is to be completed, signed, and dated by the new hire only. Employers or consultants submit this SAF to the State Workforce Agency with IRS Form 8850 or if filed separately, with ETA Form 9061 (or ETA Form 9062) for each certification request filed for the new target group.

Under penalties of perjury, I declare that this information is true and correct to the best of my knowledge.

New Hire's Signature: _____ **Date** ____ / ____ / ____

New Hire Name: _____

Social Security Number: _____

Employer Name: _____

Please check all the statements that apply to you and provide the requested date. Sign and date this form where indicated.

I declare that I was in a period of unemployment that is at least 27 consecutive weeks and for all or part of that period I received unemployment compensation.

I declare that I have been in a period of unemployment since _____ / _____ / _____.
(Enter start date)

Privacy Act Notice: The Internal Revenue Code of 1986, Section 51, as amended and its enacting legislation, P.L. 104-188, specify that the State Workforce Agencies are the "designated" agencies responsible for administering the WOTC certification procedures of this program. The information you have provided completing this form will be disclosed by your employer to the State Workforce Agency. Provision of this information is voluntary; however the information is required to determine your employer's eligibility for the federal tax credit.

Public Burden Statement: Persons are not required to respond to this collection of information unless it displays a currently valid OMB control number. Respondents' obligation to complete this form is required to obtain or retain benefits (P.L. 111-5). Public reporting burden is estimated to average 10 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate to the U.S. Department of Labor, Division of National Programs Tools Technical Assistance, Room C-4510, Washington, D.C. 20210 (Paperwork Reduction Project 1205-0371). Please do not submit completed forms to this address.

Review for completeness and mail to:
Equifax Workforce Solutions PO BOX 4920 GREENVILLE, SC 29608

ETA Form 9175 (Nov 2016)