

NEW HIRE FORM

PERSONAL INFORMATION

Full Name :
(PLEASE USE CAPITAL LETTER)

Place Of Birth : _____ / _____ / _____ Gender : Male Female

Address : _____

Phone Number : _____ E-Mail : _____

Tax ID Number : _____ Social Security Number : _____

Status : Single Married Divorce Others

Occupation : _____ Direct Deposit : Yes No

This space is where you can share notes

Note : _____

EMERGENCY CONTACT DETAILS

Contact Name : _____ Home Number : _____

Relationship : _____ Mobile Number : _____

OFFICE USE ONLY


Hire Date : _____ Position : _____

Hotel of Occupation : _____ Hourly Pay : _____

Manager Name : _____ Staff Signature : _____

More Information :

 3455 Peachtree Road NE, 5th Floor

 +404.965.8283 (Office)

 www.granthotelgroup.com

THANK YOU

Jerod Grant

Jerod Grant



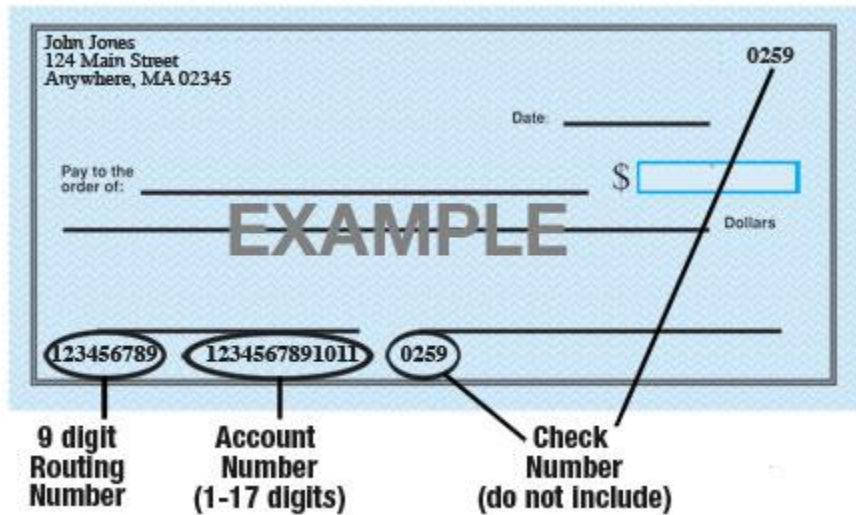
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: _____

Address: _____

City, State, Zip: _____



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Type of Account: Checking Savings (Check One)

Please attach a voided check for each bank account to which funds should be deposited.

Grant Hotel Group is hereby authorized to directly deposit my pay to the account listed above. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____ Date: _____

Employee's Withholding Certificate

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay.

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

Step 1: Enter Personal Information	(a) First name and middle initial	Last name	(b) Social security number
	Address		Does your name match the name on your social security card? If not, to ensure you get credit for your earnings, contact SSA at 800-772-1213 or go to www.ssa.gov .
	City or town, state, and ZIP code		
	(c) <input type="checkbox"/> Single or Married filing separately <input type="checkbox"/> Married filing jointly or Qualifying surviving spouse <input type="checkbox"/> Head of household (Check only if you're unmarried and pay more than half the costs of keeping up a home for yourself and a qualifying individual.)		

Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5. See page 2 for more information on each step, who can claim exemption from withholding, other details, and privacy.

Step 2: Multiple Jobs or Spouse Works

Complete this step if you (1) hold more than one job at a time, or (2) are married filing jointly and your spouse also works. The correct amount of withholding depends on income earned from all of these jobs.

Do **only one** of the following.

(a) Reserved for future use.

(b) Use the Multiple Jobs Worksheet on page 3 and enter the result in Step 4(c) below; **or**

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than (b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, (b) is more accurate

TIP: If you have self-employment income, see page 2.

Complete Steps 3-4(b) on Form W-4 for only ONE of these jobs. Leave those steps blank for the other jobs. (Your withholding will be most accurate if you complete Steps 3-4(b) on the Form W-4 for the highest paying job.)

Step 3: Claim Dependent and Other Credits	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here	3	\$ _____
Step 4 (optional): Other Adjustments	(a) Other income (not from jobs). If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income	4(a)	\$ _____
	(b) Deductions. If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here	4(b)	\$ _____
	(c) Extra withholding. Enter any additional tax you want withheld each pay period	4(c)	\$ _____

Step 5: Sign Here

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

Employee's signature (This form is not valid unless you sign it.)

Date

Employers Only	Employer's name and address	First date of employment	Employer identification number (EIN)

SELF-IDENTIFICATION OF DISABILITY

(Please read the Privacy Act information and additional instructions on Page 2)

Name (Last, First, Middle Initial)	Date of Birth (MM/YYYY)	Social Security Number
------------------------------------	-------------------------	------------------------

Purpose:

Each agency in the Executive Branch of the Federal government has established programs to facilitate the hiring, placement, and advancement of individuals with disabilities. Self-identification of disability status is essential for effective data collection and analysis of the Federal government's efforts. While self-identification is voluntary, your cooperation in providing accurate information is critical to these efforts. Every precaution is taken to ensure that the information provided by each employee is kept in the strictest confidence.

ENTER CODE HERE →

Targeted Disabilities or Serious Health Conditions:	Other Disabilities or Serious Health Conditions:
02- Developmental Disability, for example, autism spectrum disorder 03- Traumatic Brain Injury 19- Deaf or serious difficulty hearing, benefiting from, for example, American Sign Language, CART, hearing aids, a cochlear implant and/or other supports 20- Blind or serious difficulty seeing even when wearing glasses 31- Missing extremities (arm, leg, hand and/or foot) 40- Significant mobility impairment, benefiting from the utilization of a wheelchair, scooter, walker, leg brace(s) and/or other supports 60- Partial or complete paralysis (any cause) 82- Epilepsy or other seizure disorders 90- Intellectual disability 91- Significant Psychiatric Disorder, for example, bipolar disorder, schizophrenia, PTSD, or major depression 92- Dwarfism 93- Significant disfigurement, for example, disfigurements caused by burns, wounds, accidents, or congenital disorders	13- Speech impairment 41- Spinal abnormalities, for example, spina bifida or scoliosis 44- Non-paralytic orthopedic impairments, for example, chronic pain, stiffness, weakness in bones or joints, some loss of ability to use part or parts of the body 51- HIV Positive/AIDS 52- Morbid obesity 59- Nervous system disorder for example, migraine headaches, Parkinson's disease, or multiple sclerosis 80- Cardiovascular or heart disease 81- Depression, anxiety disorder, or other psychiatric disorder 83- Blood diseases, for example, sickle cell anemia, hemophilia 84- Diabetes 85- Orthopedic impairments or osteo-arthritis 86- Pulmonary or respiratory conditions, for example, tuberculosis, asthma, emphysema 87- Kidney dysfunction 88- Cancer (present or past history) 94- Learning disability or attention deficit/hyperactivity disorder (ADD/ADHD) 95- Gastrointestinal disorders, for example, Crohn's Disease, irritable bowel syndrome, colitis, celiac disease, dysphexia 96- Autoimmune disorder, for example, lupus, fibromyalgia, rheumatoid arthritis 97- Liver disease, for example, hepatitis or cirrhosis 98- History of alcoholism or history of drug addiction (but not currently using illegal drugs) 99- Endocrine disorder, for example, thyroid dysfunction
Other Options: 01- I do not wish to identify my disability or serious health condition. 05- I do not have a disability or serious health condition. 06- I have a disability or serious health condition, but it is not listed on this form.	

U.S. Office of Personnel Management Guide to Personnel Data Standards	ETHNICITY AND RACE IDENTIFICATION (Please read the Privacy Act Statement and instructions before completing form.)		
Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month and Year)	
Agency Use Only			
<p>Privacy Act Statement</p> <p>Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation.</p> <p>This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies.</p> <p>Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.</p>			
<p>Specific Instructions: The two questions below are designed to identify your ethnicity and race. Regardless of your answer to question 1, go to question 2.</p>			
<p>Question 1. Are You Hispanic or Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p>Question 2. Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.</p>			
RACIAL CATEGORY (Check as many as apply)	DEFINITION OF CATEGORY		
<input type="checkbox"/> American Indian or Alaska Native	A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.		
<input type="checkbox"/> Asian	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, and Vietnam.		
<input type="checkbox"/> Black or African American	A person having origins in any of the black racial groups of Africa.		
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander	A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		
<input type="checkbox"/> White	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.		

Standard Form 181
Revised August 2005
Previous editions not usable

42 U.S.C. Section 2000e-16

NSN 7540-01-099-3446

VOID CORRECTED

PAYER'S name, street address, city or town, state or province, country, ZIP or foreign postal code, and telephone no.		1 Rents		OMB No. 1545-0115	
		\$		Form 1099-MISC	
		2 Royalties		(Rev. January 2022)	
		\$		For calendar year 20 ____	
		3 Other income		4 Federal income tax withheld	
		\$		\$	
PAYER'S TIN	RECIPIENT'S TIN	5 Fishing boat proceeds		6 Medical and health care payments	
		\$		\$	
RECIPIENT'S name Street address (including apt. no.) City or town, state or province, country, and ZIP or foreign postal code		7 Payer made direct sales totaling \$5,000 or more of consumer products to recipient for resale <input type="checkbox"/>		8 Substitute payments in lieu of dividends or interest	
		\$		\$	
		9 Crop insurance proceeds		10 Gross proceeds paid to an attorney	
		\$		\$	
		11 Fish purchased for resale		12 Section 409A deferrals	
		\$		\$	
		13 FATCA filing requirement <input type="checkbox"/>		14 Excess golden parachute payments	
		\$		\$	
15 Nonqualified deferred compensation					
		\$		\$	
Account number (see instructions)		16 State tax withheld		17 State/Payer's state no.	
		\$			
		\$			
				18 State income	
				\$	
				\$	

Miscellaneous Information

**Copy 1
For State Tax
Department**