



Saturday, March 09, 2024

sam shah

,

Dear sam:

It is my pleasure to formally offer you the **Partner** position within our company's **Department 1** department. If you accept this offer you will be reporting to us. We suggest a starting date of **03-09-2024**. Your regular working hours will be from 8:00am to 4:30pm. Your position is located at . Below, I have outlined some of the terms and conditions of this offer for your new position. The offer being extended to you is valid for 60 days from above.

RESPONSIBILITIES

Your main responsibilities as **Partner** include:

COMPENSATION

Your base salary, which will be payable bi-weekly, is equivalent to **\$75,000.00** annually. Your first three months is an introductory period and at the end of that time, you will be eligible for your first informal performance review. After the completion of 12 months of service you will receive a formal performance review with merit consideration.

BENEFITS

As a full time employee of our company, your benefits include 10 days of vacation time available after completing 6 months of full time employment. All full time employees of our company are eligible for Health benefits. There is a 30 day waiting period for these benefits, and therefore you will be eligible for enrollment after completing 30 days of full time employment. You will be responsible for 70% of the health benefit costs we will be responsible for the other 30%.

OTHER EMPLOYMENT INFORMATION

In making this offer of employment, our company has relied on your representations (a) that you are not currently party to any contract of employment that might impede your ability to accept this offer or to perform the services completed thereby; and (b) that you are not subject to any non-competition arrangement or other restrictive covenants that might restrict your employment by our company as contemplated by this offer.

EMPLOYEE (CONFIDENTIALITY) AGREEMENT and OTHER NEW HIRE FORMS

If you decide to accept this offer of employment, you will be expected to sign an Employee (confidentiality) Agreement in order to protect our company against the release of confidential client and company information. Our clients regard the information they provide to us as very sensitive, and require assurances of confidentiality.

In addition, if you decide to accept this offer of employment, there will be a few other personnel forms that we will send to you that should be completed and returned on your start date including providing identification to verify your identity and eligibility to work in the United States in accordance with the Federal Immigration Reform Act of 1986.

GENERAL INFORMATION

sam, we are enthusiastic about your joining our company, and our expectation is that you will make a tremendous contribution to the continued growth and success of our company. We look forward to working with you in support of our mission, "To be the Leader in helping businesses to apply technological solutions to grow and achieve their goals." We work hard and enjoy our work. We look to add members to our team who share our philosophies and who derive satisfaction from the contributions they make towards the growth and success of our organization.

Sincerely,



Ken Doit
President

ACCEPTED BY:

sam shah

Date

Enclosures

**AGREEMENT RELATING TO CONFIDENTIAL
INFORMATION, INTELLECTUAL PROPERTY & ADDITIONAL TERMS**

In consideration of your employment with Our Company, Inc., this Agreement Relating to Confidential Information, Intellectual Property and Additional Terms (the "Agreement") is agreed to between you and Our Company, as of the date you sign on page 5, for good and valuable consideration.

1. *You Agree to Protect Our Company's' Confidential Information.* You acknowledge that, during your employment, Our Company may provide you with valuable proprietary, non-public or confidential information of Our Company and other entities (all defined as "Confidential Information"). Such Confidential Information, whether oral or written, may include by way of example and not limitation, processes, contracts/licenses, customer lists, financial and employee information, methods of operation, software and marketing plans and/or strategies. In addition, Our Company may provide you with specialized training to assist you in the performance of your job requirements and responsibilities with Our Company. You agree that Confidential Information is the exclusive property of Our Company and that the unauthorized use or disclosure of Confidential Information could harm Our Company and/or others. Therefore, during your employment and at all times after it, you agree to maintain the confidentiality of the Confidential Information, and not to use or disclose any Confidential Information without the written consent of Our Company. You may disclose Confidential Information as required by law or court order, provided that, upon receiving such a requirement, you will promptly notify Our Company so that Our Company may seek an appropriate remedy. On or before the last day of your employment, you agree to return to Our Company all Confidential Information, including all copies of it that are in your possession, custody or control. During your employment with Our Company and for twelve months after it, you agree not to engage in any activity or employment in which it could be reasonably likely that you would use or disclose, or be expected or required to use or disclose, Confidential Information.

2. *Our Company Will Not Use Confidential Information from Your Previous Employment.* You confirm that you have not, and will not, disclose or use during your employment with Our Company, any confidential information that you acquired as a result of any previous employment or under a contractual obligation of confidentiality. You represent to Our Company that this Agreement, your employment with Our Company and the performance of your duties for Our Company, will not violate any obligations that you may have to any such previous entity.

3. *Inventions and Developments While Working for Our Company are the Property of Our Company.* During the term of your employment with Our Company, you will maintain current written records of all inventions, developments, creative works and useful ideas of any description which you conceive of, reduce to practice or develop (all defined as "Inventions and Development(s)") and promptly disclose them in writing to Our Company. You agree to attach to this Agreement a list of all Inventions and Developments, which relate in any way to Our Company' business, that you believe you own in whole or in part or created prior to your employment with Our Company. You agree that "Our Company Inventions and Developments" (as defined below) that you create or develop during your employment are the sole and exclusive property of Our Company. To the extent that any Invention and Development is copyrightable, it will be deemed a "work made for hire" under applicable copyright law. To the extent that Our

Company is found not to be the exclusive owner of any Our Company Invention and Development, this Agreement will operate as an assignment of your entire right, title and interest in such Our Company Invention and Development to Our Company, retroactive to the date of creation. You will fully cooperate with Our Company in obtaining and maintaining the fullest legal protection that Our Company elects to pursue for any Our Company Invention and Development. In the event that Our Company is unable to obtain your signature on any document reasonably necessary to obtain this protection, you hereby irrevocably designate and appoint Our Company and its duly authorized officers as your attorneys-in-fact solely for the purposes of executing and filing any documents and taking other acts to obtain this protection. For purposes of this Agreement, the phrase "Our Company Inventions and Developments" will mean all Inventions and Developments which either: (i) relate to Our Company' business or to its research and development efforts, whether or not developed by you during normal business hours; (ii) are developed by you on Our Company' time; or (iii) are developed by you through the use of Our Company' Confidential Information, equipment and software, or other facilities or resources.

4. You Agree Not to Compete with Our Company. Recognizing that your position with Our Company may change over time, and to align the non-competition obligations under this Paragraph 4 with your work while employed by Our Company, you agree, as applicable, as follows:

a. Professional or managerial employees agree they are subject to the following: If you are ever a professional or managerial employee, *i.e.*, an executive, officer, vice president or other employee with management or supervisory responsibilities, at any time during your employment with Our Company, in addition to any other obligations under this Paragraph 4, you agree that during your employment with Our Company, and for twelve months after it, you will not directly or indirectly engage, participate or invest in or be employed by any business which: (i) develops or manufactures products that are competitive with or similar to products developed or manufactured by Our Company; (ii) distributes, markets or otherwise sells products manufactured by others that are competitive with or similar to products distributed, marketed or sold by Our Company; or (iii) provides services that are similar to services provided by Our Company, including, in each case, any products or services Our Company has under development or that were the subject of active planning at any time during your employment with Our Company. This restriction will apply with regard to each state and territory of the United States and each other country in which the Our Company has developed, marketed, sold and/or distributed products and/or services within the last two years of your employment with Our Company.

b. Salespersons agree they are subject to the following: If you are ever a salesperson at any time during your employment with Our Company, in addition to any other obligations under this Paragraph 4, you agree that during your employment with Our Company, and for twelve months after it, you will not directly or indirectly engage, participate or invest in or be employed by any business which distributes, markets or otherwise sells products manufactured or services provided by others that are competitive with or similar to products or services distributed, marketed or sold by the Our Company, including any products or services Our Company has under development or that were the subject of active planning at any time during your employment with Our Company. This restriction will apply with regard to each state and territory of the United States and each other country in which you directly or indirectly had marketed, sold and/or distributed Our

Company' products and/or services within the last two years of your employment with Our Company.

c. Non managerial employees engaged in sourcing/procurement or research and development activities agree they are subject to the following: If you are ever a non-managerial contributor involved in sourcing/procurement or research and development activities at any time during your employment with Our Company, in addition to any other obligations under this Paragraph 4, you agree that during your employment with Our Company, and for twelve months after it, you will not, individually or through employment with another business, directly or indirectly, assist in the sourcing/procurement, research, development or manufacture of products which are competitive with or similar to products or product lines you participated, directly or indirectly, in the sourcing/procurement, research, development or manufacturing of during your employment, including, but not limited to, products or product lines which were under research, development or which were the subject of active planning at any time during your employment. This restriction will apply with regard to the entire world.

5. *You Agree Not to Solicit Our Company Customers.* During your employment with Our Company and for twelve months after it, you will not, individually or through employment with another business, directly or indirectly, solicit the business of any customer, supplier and/or vendor of Our Company for whom you had sales, sales management, customer service, customer service management, business systems consulting, product sourcing and/or product management responsibility during the last two years of your employment with Our Company for products or services which Our Company provides.

6. *You Agree Not to Solicit Our Company Employees.* During your employment with Our Company and for twelve months after it, you will not directly, indirectly or through third parties, (i) employ, hire, solicit, induce or identify for employment, or (ii) attempt to employ, hire, solicit, induce or identify for employment, any employee(s) of Our Company to leave his/her employment with Our Company in order to become an employee, consultant or representative of any other entity including, but not limited to, your new employer.

7. *You Agree To Inform Subsequent Employers of this Agreement.* For twelve months after your employment, you will inform each new employer, prior to accepting employment, of the existence of this Agreement and provide that employer with a copy of this Agreement.

8. *Governing Law; Jurisdiction; Venue.* This Agreement will be governed by, and construed in accordance with, the laws of the Commonwealth of New York, without regard to its conflict of law rules. In any action brought by Our Company under or relating to this Agreement, you consent to exclusive jurisdiction and venue in the federal and state courts in, at the election of Our Company, (a) the Commonwealth of New York and (b) any state and county in which you have been employed or in which Our Company contends that you have breached this Agreement. In any action brought by you under or relating to this Agreement, Our Company consents to the exclusive jurisdiction and venue in the federal and state courts of the Commonwealth of New York.

9. *Reasonableness of Restrictions.* You acknowledge that the time, geographic area and scope of activity limitations set forth in this Agreement are reasonable and necessary to protect

Our Company' legitimate business interests. However, if in any jurisdiction a court will refuse to enforce this Agreement, whether because the time limitation is too long or because the restrictions contained in this Agreement are more extensive (whether as to geographic area, scope of activity or otherwise) than is deemed necessary to protect the legitimate business interests of Our Company, it is expressly understood and agreed that this Agreement is deemed modified to the extent necessary to permit this Agreement to be enforced in any such proceedings. In the event that any one or more of the provisions of this Agreement is held to be invalid, illegal or unenforceable, the validity, legality and enforceability of the remaining provisions will not in any way be affected or impaired thereby. Furthermore, a determination in any jurisdiction that this Agreement, in whole or in part, is invalid, illegal or unenforceable will not in any way affect or impair the validity, legality or enforceability of this Agreement in any other jurisdiction.

10. Equitable Relief. You acknowledge that compliance with Paragraphs 1 through 7 of this Agreement is necessary to protect the goodwill and other legitimate business interests of Our Company and that a breach of those provisions will give rise to irreparable and continuing injury to Our Company which is not adequately compensable in monetary damages or at law. Accordingly, you agree that Our Company may obtain injunctive relief, and may recover its reasonable attorneys' fees and costs, against the breach or threatened breach of this Agreement, in addition to any other legal or equitable remedies which may be available to Our Company under this Agreement.

11. Not a Contract of Employment. You agree that this Agreement does not constitute or create a contract or commitment for your employment with Our Company for any fixed term. You acknowledge and agree that your employment with Our Company may be terminated by either Our Company or you at any time and for any reason.

12. Entire Agreement; No Oral Modifications. You acknowledge and agree that this Agreement constitutes the entire Agreement between you and Our Company with respect to the subject matter hereof, and supersedes all prior representations and agreements (oral or written) with respect to such subject matter; *provided, however*, that this Agreement does not supersede any obligations under Our Company' most current Code of Conduct or other policies and under any equity awards; and *provided, further*, that in the event that you are party to an employment, severance or similar agreement with Our Company that imposes additional obligations including, but not limited to any post-employment covenants that are longer or more restrictive than the covenants set forth in this Agreement (an "Individual Agreement"), then the obligations imposed under such Individual Agreement will remain binding and enforceable. This Agreement may not be amended, modified or waived except in a writing signed by both parties.

13. Termination of Employment and Assignment. The termination of your employment with Our Company, for any reason, will not relieve you of any obligations, and will not diminish any rights of Our Company, under this Agreement, all of which will survive the termination of your employment. You further acknowledge and agree that Our Company will have the right to assign its rights under this Agreement to any person or any entity without restriction.

14. Waiver. The failure of Our Company to enforce any terms, provisions or covenants of this Agreement against you or any other employee will not be construed as a waiver of Our Company' rights.

15. Waiver of Right to Trial by Jury. In the event of any dispute regarding this Agreement or its application to you, you agree, to the extent allowed by applicable law, to waive any right to a trial by jury and instead to have such dispute decided by a single judge sitting without a jury.

EMPLOYEE:

Signature: _____ DATE: _____

Printed Name: sam shah

Address: _____

OUR COMPANY:

By: John Smith DATE: 03/09/2024

Name: Todd Jusas

Title: President

This form is provided as a sample and may not be suitable for every situation. This form should not be considered legal advice or legal opinion. There may be state or municipality specific information that would affect your use of this form. You should review applicable law in your jurisdiction and consult experienced counsel for legal advice. If you use this form (either "as is" or by modifying the form), you are responsible for all content.

YOU SHOULD REMOVE THIS TEXT BEFORE USING THE FORM IN YOUR WORKPLACE

Employee Acknowledgement of Handbook

I acknowledge that I have received and reviewed the employee handbook. I understand and recognize that there may be changes to the information, policies, and benefits in the handbook. I understand that Juiced Technologies may add new policies to the handbook as well as replace, change, or cancel existing policies. I understand that I will be told about any handbook changes and I understand that handbook changes can only be authorized by Juiced Technologies management.

I understand that I became an employee of Juiced Technologies voluntarily. I understand and acknowledge that there is no specified length to my employment and that my employment is at will. I understand and acknowledge that "at will" means that I may terminate my employment at any time, with or without cause or advance notice. I also understand and acknowledge that "at will" means that Juiced Technologies may terminate my employment at any time, with or without cause or advance notice, as long as they do not violate federal or state laws.

I understand that it is my responsibility to read and comply with all policies included within the employee handbook. I further understand that I should consult my supervisor regarding any questions I may have.

Employee Signature

Employee signature

Date

Printed Name

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Emergency Contact Form

Employee Name	<u>sam shah</u>	Address	<u>_____</u>
Phone Number	<u>63 (1-6) 17--5060</u>		<u>, , _____</u>

Special Instructions:

In the event of a medical emergency, are there any emergency procedures or restrictions on medications of which emergency personnel should be aware? If yes, please explain.

Emergency Contacts:

Primary Contact in case of emergency:			
Name	<u>_____</u>	Relationship	<u>_____</u>
		Phone Number	<u>_____</u>
Secondary Contact in case of emergency:			
Name	<u>_____</u>	Relationship	<u>_____</u>
		Phone Number	<u>_____</u>

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Physician Contact

Doctor's Name _____

Phone Number _____

Employee Authorization

I have voluntarily provided the above contact information and authorize Juiced Technologies and its representatives to contact any of the above individuals on my behalf in the event of an emergency.

Employee signature

Date



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) shah		First Name (Given Name) sam		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 123-45-6789		Employee's E-mail Address sam.shah@nemicare.com		Employee's Telephone Number 63 (1-6) 17--5060	

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following boxes):

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

Signature of Employee	Today's Date (mm/dd/yyyy)
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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) shah	First Name (Given Name) sam	M.I.	Citizenship/Immigration Status Citizen
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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 Univ of Ark for Medical Sciences	
Employer's Business or Organization Address (Street Number and Name) UAMS 4301 West Markham			City or Town Little Rock	State AR	ZIP Code 72205

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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Employee's Withholding Allowance Certificate

New York State • New York City • Yonkers

First name and middle initial sam	Last name shah	Your social security number 123-45-6789
Permanent home address (number and street or rural route)		Apartment number
City, village, or post office		State ZIP code
Single or Head of household <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher single rate <input type="checkbox"/> Note: If married but legally separated, mark an X in the <i>Single or Head of household</i> box.		
Are you a resident of New York City? Yes <input type="checkbox"/> No <input type="checkbox"/> Are you a resident of Yonkers? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Complete the worksheet on page 3 before making any entries.		
1 Total number of allowances you are claiming for New York State and Yonkers, if applicable (from line 20)		1
2 Total number of allowances for New York City (from line 35)		2
Use lines 3, 4, and 5 below to have additional withholding per pay period under special agreement with your employer.		
3 New York State amount		3
4 New York City amount		4
5 Yonkers amount		5

I certify that I am entitled to the number of withholding allowances claimed on this certificate.

Employee's signature	Date
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Penalty – A penalty of \$500 may be imposed for any false statement you make that decreases the amount of money you have withheld from your wages. You may also be subject to criminal penalties.

Employee: detach this page and give it to your employer; keep a copy for your records.

Employer: Keep this certificate with your records.

Mark an **X** in box A and/or box B to indicate why you are sending a copy of this form to New York State (see instructions):

A Employee claimed more than 14 exemption allowances for NYS A

B Employee is a new hire or a rehire ... B First date employee performed services for pay (mm-dd-yyyy) (see instr.):

Are dependent health insurance benefits available for this employee? Yes No

If Yes, enter the date the employee qualifies (mm-dd-yyyy):

Employer's name and address (Employer: complete this section only if you are sending a copy of this form to the NYS Tax Department.)	Employer identification number
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Instructions

Changes effective for 2019

Form IT-2104 has been revised for tax year 2019. Additional allowances are allowed for covered employees of employers who elected to pay the employer compensation expense tax and for employees who made contributions to a New York Charitable Gifts Trust Fund during 2018. The worksheet on page 3 and the charts beginning on page 4, used to compute withholding allowances or to enter an additional dollar amount on line(s) 3, 4, or 5, have been revised. If you previously filed a Form IT-2104 and used the worksheet or charts, you should complete a new 2019 Form IT-2104 and give it to your employer.

Who should file this form

This certificate, Form IT-2104, is completed by an employee and given to the employer to instruct the employer how much New York State (and New York City and Yonkers) tax to withhold from the employee's pay. The more allowances claimed, the lower the amount of tax withheld.

If you do not file Form IT-2104, your employer may use the same number of allowances you claimed on federal Form W-4. Due to differences in tax law, this may result in the wrong amount of tax withheld for New York State, New York City, and Yonkers. Complete Form IT-2104 each year and file it with your employer if the number of allowances you may claim

is different from federal Form W-4 or has changed. Common reasons for completing a new Form IT-2104 each year include the following:

- You started a new job.
- You are no longer a dependent.
- Your individual circumstances may have changed (for example, you were married or have an additional child).
- You moved into or out of NYC or Yonkers.
- You itemize your deductions on your personal income tax return.
- You claim allowances for New York State credits.
- You owed tax or received a large refund when you filed your personal income tax return for the past year.
- Your wages have increased and you expect to earn \$107,650 or more during the tax year.
- The total income of you and your spouse has increased to \$107,650 or more for the tax year.
- You have significantly more or less income from other sources or from another job.
- You no longer qualify for exemption from withholding.

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This form is provided as a sample and may not be suitable for every situation. This form should not be considered legal advice or legal opinion. There may be state or municipality specific information that would affect your use of this form. You should review applicable law in your jurisdiction and consult experienced counsel for legal advice. If you use this form (either "as is" or by modifying the form), you are responsible for all content.

YOU SHOULD REMOVE THIS TEXT BEFORE USING THE FORM IN YOUR WORKPLACE

Receipt & Return of Company Property

Employee Name	<u>sam shah</u>	Date of Hire	<u>3/9/2024</u>
ID Number	<u>654987</u>	Department	<u>Department 1</u>

I acknowledge receipt of the company property listed below. I will maintain the property in good condition and will return it upon termination of employment from Juiced Technologies or earlier upon request. I will report any loss or damage immediately. I agree that I will use the property for work-related purposes only.

Received			Returned	
Item	Qty	Number or ID	Returned To	Date
Building Key	1			
Identification Badge	1			
Laptop	1	JT-WIN10-LAP837		
Computer	1	JT-WIN10-CMP123		
Credit Card	1	6011 9011 5678 1234		
Parking Pass	1	PK-1233456		
Phone	1	AllWorx 9224 VoIP POE		

Employee Signature

/s/
Employee Signature

/d/
Date

/p/
Printed Name

Page intentionally left blank

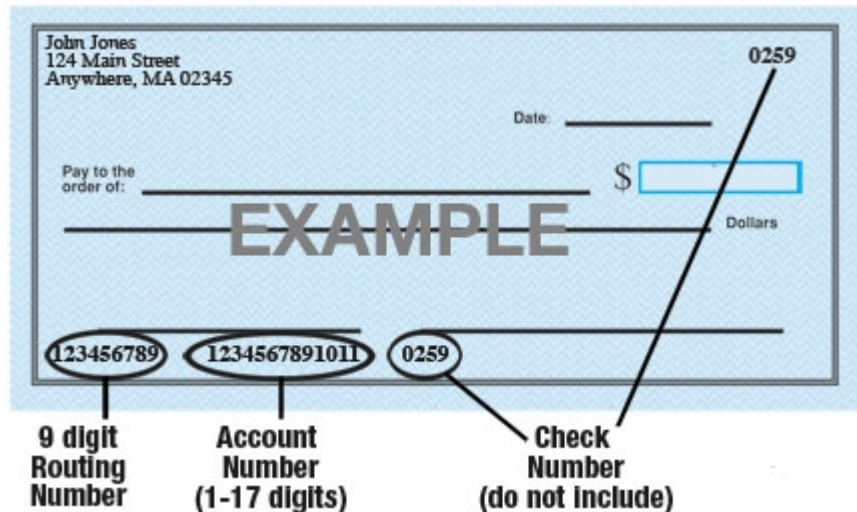
Direct Deposit Authorization Form

Please print and complete ALL the information below.

Name: sam shah _____

Address: _____

City, State, Zip: _____,



Name of Bank: _____

Account #: _____

9-Digit Routing #: _____

Amount: \$ _____ _____% or Entire Paycheck

Type of Account: Checking Savings (Check One)

Attach a voided check for each bank account to which funds should be deposited (if necessary)

Juiced Technologies 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's Signature: _____

Date: _____



DMV

CALIFORNIA

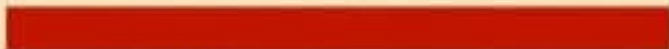
DMV

DRIVER LICENSE

Placeholder for license information, consisting of six horizontal light blue bars.



Placeholder for license information, consisting of a single light blue bar.



Signature