

# New Employee Information Form

Client Name: _____
Date Entered: _____
Initials: _____

## Personal Data (name as shown on Social Security Card)

<b>First</b>	<b>Middle</b>	<b>Last</b>
<b>Social Security</b>		<b>Date of Birth</b>
<b>Address</b>		
<b>City / State / Zip</b>		<b>Home Phone</b>
<b>Emergency Contact</b>		<b>Relationship</b>
<b>Address</b>		<b>Phone</b>
<b>Employee Signature</b>		<b>Date</b>

## Payroll Data-For Office Use Only

To be completed by the employee's Manager or Supervisor only

New Hire       Re-Hire      \_\_\_ / \_\_\_ / \_\_\_\_  
Start Date

Employee Number: \_\_\_\_\_ Workers Compensation Class Code: \_\_\_\_\_

Job Description: \_\_\_\_\_

Pay Frequency:     Weekly    Biweekly    Semi-Monthly    Monthly

Pay Type:             Hourly – Rate of Pay \$ \_\_\_\_\_ (Per Hour)

Annual – Salary \$ \_\_\_\_\_

Status                 Full Time    Part Time    Seasonal    Temporary

I understand that the employee is not active until all completed forms are received by Atlas Resources

Authorized Supervisor or Manager Signature	TITLE	DATE
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# Atlas Resources, Inc. Employment Application



## Personal Data

First Name	Middle	Last
Day Time Phone	Evening Phone	Social Security Number
Current Street Address		
City/State/Zip		
Are you at least 18 years of age?		<input type="checkbox"/> Yes <input type="checkbox"/> No

**NOTE: Proof of employment eligibility and identity of all employees is required under The Immigration Reform and Control Act.**

Have you ever been employed by Atlas Resources company/Client?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, indicate name of company, location, dates:		

## Physical Application

Can you safely and productively perform all of the requirements of the job? If No, explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever had an on the job injury?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever filed a Worker's Compensation Claim?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, when: _____ State: _____ Injury: _____		
Was this a loss time accident? If yes, give dates and or amount of time off work: _____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Did you receive a physical Impairment Rating?	<input type="checkbox"/> Yes _____%	<input type="checkbox"/> No

## In Case of Emergency

Name:	Relationship:	Phone:
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## Employee Acknowledgement

- By accepting employment with Atlas Resources/Client, the undersigned agrees to submit any and all previously unasserted claims, disputes, lawsuits or controversies arising out of or relating to his or her application or candidacy for employment, his or her employment, or the cessation of his or her employment to binding arbitration before a neutral and unbiased arbitrator. The term "any and all previously unasserted claims, disputes, lawsuits or controversies" includes, but is not limited to, any and all claims, actions, or lawsuits which are asserted under local, state, or federal ordinances, statutes, regulations, or executive orders or under the common law of any jurisdiction. By way of example only, such claims would include claims for wages and/ or benefits under state and federal wage an hour laws or ERISA; state and federal anti-discrimination laws, including, but not limited to, claims of discrimination under the Age Discrimination In Employment Act, Title VII of the Civil Rights Act of 1964, the Civil Rights Act of 1991, the Americans With Disabilities Act and/ or ORS Chapter 659; state and federal Family and Medical Leave Act; claims under any contract, express or implied; and any tort claims, including claims for wrongful discharge, defamation or any other negligent or intentional conduct. The only claims that are not subject to this agreement to arbitrate are claims for work related injuries or occupational diseases under Worker's Compensation Laws or claims to unemployment compensation which may be brought in the federal or state administrative forum with jurisdiction over said claims.
- By agreeing to submit your employment-related claims as set forth above to binding arbitration, you are waiving your right to have your claims presented to a judge or a jury in both federal and state civil court. However, all claims submitted to arbitration under the Agreement will be decided by a neutral and unbiased arbitrator who will have authority to grant any and all remedies permitted under the statute or common law cause of action being pursued and will further have authority to construe and apply any and all statutory or common law defenses to said cause of action. All parties will be given the right to be represented by counsel of their choice but at their own expense. The arbitrator will have the authority to allow discovery pursuant to his or her discretion in order to allow the claims and defenses or either party to be adequately litigated. All parties will be given the right to establish their claims or defenses through testimony, documentary evidence, and cross examination. The arbitrator will issue a written decision on all claims presented, which will, however briefly, reveal the essential findings and conclusions upon which the award is based.
- To initiate arbitration of claims, either party must notify the other party by personal service or by regular or certified mail and must contain a detailed description of the factual and legal contentions being made. Claims made by an employee shall be delivered or mailed to Atlas Resources C/O of the client company at the following address:  
Atlas Resources, Inc  
2009 Eubank Blvd. N.E.  
Albuquerque, NM 87112
- Upon receipt of a notice of intent to initiate arbitration from employee or upon service of its own notice of intent to arbitrate upon an employee, Atlas Resources, Inc. will contact the American Arbitration Association and request a panel of arbitrators. This will be done within a reasonable time after the notice of intent to arbitrate is served. Upon receipt of a list from the American Arbitration Association pursuant to its arbitration rules, an arbitrator will be jointly selected by the employee and Atlas/Client Company using the strike or elimination method. Atlas Resources/Client will pay the fees and expenses of the arbitration, including the fees and costs of the arbitrator, a meeting room for the arbitration, and the cost of a court reporter, if any; provided, however that the employee who files a notice of intent to arbitration will be required to pay AAA the sum of \$150 (on hundred and fifty dollars) as an arbitration filing fee and \$50 (fifty dollars per day) for each day of arbitration as a reimbursement for the administrative expenses of the arbitration. In no event, however will the employee be required to pay more than a total of \$500 (five hundred dollars).

**The undersigned applicant agrees that he or she has knowingly and voluntarily waived his or her right to judicial resolution of any and all previously unasserted claims as that term is broadly defined in paragraph 1 above. This Application is executed without reliance upon any representations made by Atlas Resources/Client Company.**

APPLICANT SIGNATURE _____	PRINTED NAME _____
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**Form I-9, Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form.

**ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

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

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year)
City	State	Zip Code	Social Security #


<p><b>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.</b></p>	<p>I attest, under penalty of perjury, that I am (check one of the following):</p> <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A lawful permanent resident (Alien #) A _____ <input type="checkbox"/> An alien authorized to work until _____ (Alien # or Admission #) _____
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Employee's Signature	Date (month/day/year)
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**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

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

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

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

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

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address (Street Name and Number, City, State, Zip Code)		Date (month/day/year)

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of Rehire (month/day/year) (if applicable)	
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.		
Document Title: _____	Document #: _____	Expiration Date (if any): _____

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible 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	Date (month/day/year)
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## LISTS OF ACCEPTABLE DOCUMENTS

<b>LIST A</b> Documents that Establish Both Identity and Employment Eligibility	<b>LIST B</b> Documents that Establish Identity	<b>LIST C</b> Documents that Establish Employment Eligibility
<b>OR</b>		<b>AND</b>
1. U.S. Passport (unexpired or expired)	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	1. U.S. Social Security card issued by the Social Security Administration <i>(other than a card stating it is not valid for employment)</i>
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)	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	2. Certification of Birth Abroad issued by the Department of State <i>(Form FS-545 or Form DS-1350)</i>
3. An unexpired foreign passport with a temporary I-551 stamp	3. School ID card with a photograph	3. Original or certified copy of a birth certificate issued by a state, county, municipal authority or outlying possession of the United States bearing an official seal
4. An unexpired Employment Authorization Document that contains a photograph (Form I-766, I-688, I-688A, I-688B)	4. Voter's registration card	4. Native American tribal document
5. An unexpired foreign passport with an unexpired Arrival-Departure Record, Form I-94, bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, if that status authorizes the alien to work for the employer	5. U.S. Military card or draft record	5. U.S. Citizen ID Card <i>(Form I-197)</i>
	6. Military dependent's ID card	6. ID Card for use of Resident Citizen in the United States <i>(Form I-179)</i>
	7. U.S. Coast Guard Merchant Mariner Card	
	8. Native American tribal document	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	9. Driver's license issued by a Canadian government authority	
	<b>For persons under age 18 who are unable to present a document listed above:</b>	
	10. School record or report card	
	11. Clinic, doctor or hospital record	
	12. Day-care or nursery school record	

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

# Form W-4 (2008)

**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.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2008 expires February 16, 2009. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$900 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

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

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

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax

payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

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

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the dollar amount you are having withheld compares to your projected total tax for 2008. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

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

**A** Enter "1" for **yourself** if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_

**B** Enter "1" if:   
 • You are single and have only one job; or   
 • You are married, have only one job, and your spouse does not work; or   
 • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. . . . . **B** \_\_\_\_\_

**C** Enter "1" for your **spouse**. But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . . **C** \_\_\_\_\_

**D** Enter number of **dependents** (other than your spouse or yourself) you will claim on your tax return . . . . . **D** \_\_\_\_\_

**E** Enter "1" if you will file as **head of household** on your tax return (see conditions under **Head of household** above) . . . . . **E** \_\_\_\_\_

**F** Enter "1" if you have at least \$1,500 of **child or dependent care expenses** for which you plan to claim a credit . . . . . **F** \_\_\_\_\_

**G Child Tax Credit** (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information.   
 • If your total income will be less than \$58,000 (\$86,000 if married), enter "2" for each eligible child.   
 • If your total income will be between \$58,000 and \$84,000 (\$86,000 and \$119,000 if married), enter "1" for each eligible child plus "1" **additional** if you have 4 or more eligible children. . . . . **G** \_\_\_\_\_

**H** Add lines A through G and enter total here. (**Note.** This may be different from the number of exemptions you claim on your tax return.) **H** \_\_\_\_\_

For accuracy, complete all worksheets that apply.   
 • If you plan to **itemize or claim adjustments to income** and want to reduce your withholding, see the **Deductions and Adjustments Worksheet** on page 2.   
 • If you have **more than one job** or are **married and you and your spouse both work** and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the **Two-Earners/Multiple Jobs Worksheet** on page 2 to avoid having too little tax withheld.   
 • If **neither** of the above situations applies, **stop here** and enter the number from line H on line 5 of Form W-4 below.

Cut here and give Form W-4 to your employer. Keep the top part for your records.

Form <b>W-4</b>		<b>Employee's Withholding Allowance Certificate</b>		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		<p>► Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>		<b>2008</b>
1 Type or print your first name and middle initial.		Last name		2 Your social security number
Home address (number and street or rural route)			3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.	
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 1-800-772-1213 for a replacement card. ► <input type="checkbox"/>	
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)				5
6 Additional amount, if any, you want withheld from each paycheck				6 \$
7 I claim exemption from withholding for 2008, and I certify that I meet <b>both</b> of the following conditions for exemption. • Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b> • This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability. If you meet both conditions, write "Exempt" here . . . . . ►				7
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ►				Date ►
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional)		10 Employer identification number (EIN)

### Deductions and Adjustments Worksheet

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, or claim adjustments to income on your 2008 tax return.

- 1 Enter an estimate of your 2008 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2008, you may have to reduce your itemized deductions if your income is over \$159,950 (\$79,975 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . 1 \$ \_\_\_\_\_
- 2 Enter:  $\left\{ \begin{array}{l} \$10,900 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,000 \text{ if head of household} \\ \$5,450 \text{ if single or married filing separately} \end{array} \right\}$  . . . . . 2 \$ \_\_\_\_\_
- 3 **Subtract** line 2 from line 1. If zero or less, enter "-0-" . . . . . 3 \$ \_\_\_\_\_
- 4 Enter an estimate of your 2008 adjustments to income, including alimony, deductible IRA contributions, and student loan interest . . . . . 4 \$ \_\_\_\_\_
- 5 **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919) . . . . . 5 \$ \_\_\_\_\_
- 6 Enter an estimate of your 2008 nonwage income (such as dividends or interest) . . . . . 6 \$ \_\_\_\_\_
- 7 **Subtract** line 6 from line 5. If zero or less, enter "-0-" . . . . . 7 \$ \_\_\_\_\_
- 8 **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction . . . . . 8 \_\_\_\_\_
- 9 Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . 9 \_\_\_\_\_
- 10 **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 . . . . . 10 \_\_\_\_\_

### Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1 Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) . . . . . 1 \_\_\_\_\_
- 2 Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than "3." . . . . . 2 \_\_\_\_\_
- 3 If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter "-0-") and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . 3 \_\_\_\_\_

**Note.** If line 1 is *less than* line 2, enter "-0-" on Form W-4, line 5, page 1. Complete lines 4-9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.

- 4 Enter the number from line 2 of this worksheet . . . . . 4 \_\_\_\_\_
- 5 Enter the number from line 1 of this worksheet . . . . . 5 \_\_\_\_\_
- 6 **Subtract** line 5 from line 4 . . . . . 6 \_\_\_\_\_
- 7 Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . 7 \$ \_\_\_\_\_
- 8 **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . 8 \$ \_\_\_\_\_
- 9 Divide line 8 by the number of pay periods remaining in 2008. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2007. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . 9 \$ \_\_\_\_\_

Table 1				Table 2			
Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,500	0	\$0 - \$65,000	\$530	\$0 - \$35,000	\$530
4,501 - 10,000	1	6,501 - 12,000	1	65,001 - 120,000	880	35,001 - 80,000	880
10,001 - 18,000	2	12,001 - 20,000	2	120,001 - 180,000	980	80,001 - 150,000	980
18,001 - 22,000	3	20,001 - 27,000	3	180,001 - 310,000	1,160	150,001 - 340,000	1,160
22,001 - 27,000	4	27,001 - 35,000	4	310,001 and over	1,230	340,001 and over	1,230
27,001 - 33,000	5	35,001 - 50,000	5				
33,001 - 40,000	6	50,001 - 65,000	6				
40,001 - 50,000	7	65,001 - 80,000	7				
50,001 - 55,000	8	80,001 - 95,000	8				
55,001 - 60,000	9	95,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 100,000	12						
100,001 - 110,000	13						
110,001 - 120,000	14						
120,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, and the District of Columbia for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.

**ARIZONA FORM  
A-4**

**Employee's Arizona Withholding  
Percentage Election**

Type or print your full name	Your social security number
Home address (number and street or rural route)	
City or town, state, and ZIP code	

**Arizona Withholding Percentage Election Options**

Choose only one:

- 1  My annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of  
**(check only one box):**  19%  23%  25%  31%  37% of the federal tax withheld.
- 2  My annual compensation is less than \$15,000. I choose to have Arizona withholding at the rate of  
**(check only one box):**  10%  19%  23%  25%  31%  37% of the federal tax withheld.
- 3  I hereby elect an Arizona withholding percentage of zero, and I certify that I meet BOTH of the following qualifying conditions for this election:
  - I had NO Arizona tax liability for the prior taxable year, AND
  - I expect to have NO Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.	
_____	_____
SIGNATURE	DATE

ADOR 91-0041 (06)

**ARIZONA FORM  
A-4**

**Employee's Arizona Withholding  
Percentage Election**

Type or print your full name	Your social security number
Home address (number and street or rural route)	
City or town, state, and ZIP code	

**Arizona Withholding Percentage Election Options**

Choose only one:

- 1  My annual compensation is \$15,000 or more. I choose to have Arizona withholding at the rate of  
**(check only one box):**  19%  23%  25%  31%  37% of the federal tax withheld.
- 2  My annual compensation is less than \$15,000. I choose to have Arizona withholding at the rate of  
**(check only one box):**  10%  19%  23%  25%  31%  37% of the federal tax withheld.
- 3  I hereby elect an Arizona withholding percentage of zero, and I certify that I meet BOTH of the following qualifying conditions for this election:
  - I had NO Arizona tax liability for the prior taxable year, AND
  - I expect to have NO Arizona tax liability for the current taxable year.

I certify that I have made the percentage election marked above.	
_____	_____
SIGNATURE	DATE

ADOR 91-0041 (06)

**EMPLOYEE'S INSTRUCTIONS**

Arizona Revised Statutes (ARS) §43-401 requires your employer to withhold Arizona income tax from your compensation paid for services performed in Arizona for application toward your Arizona income tax liability. Arizona withholding is a percentage of the amount of federal income tax withheld. Complete this form to elect an Arizona withholding percentage.

**New Employees**

Complete this form within the first five days of employment to elect an Arizona withholding percentage. If you do not complete this form, your employer must withhold the minimum withholding percentage based on your annual compensation. If your annual compensation is less than \$15,000, the minimum withholding percentage is 10 percent. If your annual compensation is \$15,000 or more, the minimum withholding percentage is 19 percent.

**Current Employees**

Complete this form to elect a different Arizona withholding percentage. If you want to increase or decrease the amount of Arizona withholding, you must complete this form to change the Arizona withholding percentage.

**Electing a Withholding Percentage of Zero**

You may elect an Arizona withholding percentage of zero if you meet BOTH of the qualifying conditions for the election. You qualify for the election if: (1) you had no Arizona income tax liability for the prior taxable year, AND (2) you expect to have no Arizona income tax liability for the current taxable year. Note that Arizona tax liability is gross tax liability less any tax credits,

ADOR 91-0041 (06)

**EMPLOYEE'S INSTRUCTIONS**

Arizona Revised Statutes (ARS) §43-401 requires your employer to withhold Arizona income tax from your compensation paid for services performed in Arizona for application toward your Arizona income tax liability. Arizona withholding is a percentage of the amount of federal income tax withheld. Complete this form to elect an Arizona withholding percentage.

**New Employees**

Complete this form within the first five days of employment to elect an Arizona withholding percentage. If you do not complete this form, your employer must withhold the minimum withholding percentage based on your annual compensation. If your annual compensation is less than \$15,000, the minimum withholding percentage is 10 percent. If your annual compensation is \$15,000 or more, the minimum withholding percentage is 19 percent.

**Current Employees**

Complete this form to elect a different Arizona withholding percentage. If you want to increase or decrease the amount of Arizona withholding, you must complete this form to change the Arizona withholding percentage.

**Electing a Withholding Percentage of Zero**

You may elect an Arizona withholding percentage of zero if you meet BOTH of the qualifying conditions for the election. You qualify for the election if: (1) you had no Arizona income tax liability for the prior taxable year, AND (2) you expect to have no Arizona income tax liability for the current taxable year. Note that Arizona tax liability is gross tax liability less any tax credits,

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such as the family tax credit, school tax credits, welfare tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date of your election. You should be aware that zero withholding does not relieve you from paying Arizona income taxes that might be due at the time you file your Arizona income tax return. Keep in mind that in order to elect zero withholding, you must meet BOTH conditions listed above. Therefore, if you have an Arizona tax liability when you file your return or if at any time during the current year conditions change so that you expect to have a tax liability, you should immediately complete a new Form A-4 and choose a withholding percentage that is applicable to your situation.

**Voluntary Withholding Election by Certain Nonresident Employees**

Compensation earned by nonresidents while physically performing work or services in Arizona for temporary periods is subject to Arizona income tax. However, under the provisions of ARS §43-403(A)(5), compensation paid to certain nonresident employees is not subject to Arizona income tax withholding. These nonresident employees need to review their situations and determine whether they should elect to have Arizona income taxes withheld from their wages or compensation. Nonresident employees may request that their employer withhold Arizona income taxes from their compensation by completing this form to elect an Arizona withholding percentage.

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# Direct Deposit Authorization Form



Work-Site Employer: \_\_\_\_\_ Telephone Number \_\_\_\_\_

Employee Name \_\_\_\_\_

I hereby authorize Atlas Resources, Inc. to deposit my pay directly into the bank account(s) listed below. I have attached a voided check for my checking account and/or deposit slip for my savings account so bank transit and account numbers can be verified.

Upon notification, I authorize Atlas Resources to correct any erroneous payment or overpayment to my account(s) by withdrawing funds in the amount of the excess payment.

This authorization remains in effect until Atlas Resources, Inc. has received written authorization from me of its termination or change.

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

**Note: You can put a set amount or the whole check to a specific account. For every account setup on direct deposit a voided check is a must to process.**

## Financial Institution/Account Number(s):

Account 1 # \_\_\_\_\_  Checking  Savings Amount to be Deposited \_\_\_\_\_ Routing # \_\_\_\_\_

Account 2 # \_\_\_\_\_  Checking  Savings Amount to be Deposited \_\_\_\_\_ Routing # \_\_\_\_\_

Account 3 # \_\_\_\_\_  Checking  Savings Amount to be Deposited \_\_\_\_\_ Routing # \_\_\_\_\_

Account 4 # \_\_\_\_\_  Checking  Savings Amount to be Deposited \_\_\_\_\_ Routing # \_\_\_\_\_

**Note: In case of direct deposits to joint accounts that both account holders sign checks or authorize payments, other account holder must indicate his/her agreement with the above term and the employee's direct deposit authorization by signing below.**

Name of Joint Account Holder: \_\_\_\_\_

Signature of Joint Account Holder: \_\_\_\_\_

Date: \_\_\_\_\_

**ATTACH VOIDED CHECK (s) HERE:**

# VOIDED CHECK(S)