

Forma de Información de Empleado

Client Name: _____
Date Entered: _____
Initials: _____

Datos personales (como muestra su tarjeta de seguro social)

Primer Nombre	2do Nombre	Apellido
No. de Seguro Social		Fecha de Nacimiento
Domicilio		
Ciudad/Estado/Código Postal		Número Telefónico de Casa
Contacto de emergencia		Relación
Domicilio		Teléfono
Firma del Empleado(a)		Fecha

Datos de Nómina-Para Uso de la Oficina Solamente

Debe ser completado por el Mánager o Supervisor del empleado solamente

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

Atlas Resources, Inc. Aplicación de Empleo



Datos Personales

Primer Nombre	2do Nombre	Apellido
Número de Teléfono (durante el día)	Número de Teléfono (de noche)	No. de Seguro Social

Domicilio Actual

Ciudad/Estado/Código Postal

¿Tiene usted por lo menos 18 años de edad? Sí No

NOTA: *Comprobación de elegibilidad de empleo e identidad de todos los empleados es requerido bajo la Reforma de Inmigración y Acto de Control (The Immigration Reform and Control Act).*

¿Ha sido empleado por Atlas Resources compañía/cliente? Sí No

Si Sí, indique el nombre de la compañía, ubicación, fechas:

Aplicación física

¿Puede realizar de manera productiva y sin peligros todos los requisitos del trabajo? Sí No
Si no, explique:

¿Usted ha sufrido alguna vez una lesión en el trabajo? Sí No

¿Usted ha registrado alguna lesión con la Compensación de Trabajadores? Sí No

Si Sí, cuándo?: _____ Estado: _____ Lesión: _____

¿Fue este un accidente de tiempo perdido? Sí No
Si sí, dé las fechas y/o la cantidad de tiempo que estuvo fuera del trabajo: _____

Recibió una evaluación de deterioro físico permanente? Sí _____% No

En Caso de Emergencia

Nombre:	Relación:	Teléfono:
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Reconocimiento del empleado

- Al aceptar empleo con Atlas Resources/Cliente, el abajo firmante concuerda en someter cualquier y todos los previamente no declarados, reclamos, disputas, pleitos o controversias que surjan fuera de o relacionados a su aplicación o la candidatura para el empleo, para su empleo, o para la interrupción de su empleo al arbitraje vinculante ante un árbitro neutral e imparcial. El término " cualquier y todos los previamente no declarados, reclamos, disputas, pleitos o controversias" incluye, pero no esta limitado a, cualquier y todos los reclamos, acciones, o pleitos que es afirmado bajo local, estado, o las ordenanzas federales, estatutos, regulaciones, u ordenes ejecutivas bajo la ley común de cualquier jurisdicción. Por manera de ejemplo solamente, tales reclamos incluirían los reclamos de sueldos y/o beneficios bajo el estado y sueldo federal en ley de hora o ERISA; leyes de anti discriminación estatales y federales, incluyendo, pero no limitados a, reclamos de discriminación bajo el Acto de Discriminación en el Empleo por razón de Edad, Título VII del Acto de Derechos Civiles de 1964, el Acto Derechos Civiles de 1991, el Acto de Americanos Con Incapacidades y/o Capítulo 659; Acto de Permiso Médico y Familiar estatal y federal; los reclamos bajo cualquier contrato, expreso o implícito; y cualquier reclamo de agravio, inclusive reclamos para despido injusto, difamación o cualquier otro conducta negligente o intencional. Los únicos reclamos que no son sujetos a este acuerdo para arbitrar son los reclamos relacionados a lesiones del trabajo o enfermedades laborales bajo las Leyes de Compensación del Trabajador o reclamos a la compensación de desempleo que puede ser llevado al foro federal o estatal administrativo con la jurisdicción sobre dicho reclamo.
- Al estar de acuerdo en someter sus reclamos relacionados-al empleo como expuesto arriba al arbitraje obligatorio, usted renuncia a su derecho de presentar sus reclamos a un juez o un jurado en ambos tribunales civiles tanto federal y estatal. Sin embargo, todos los reclamos sometidos al arbitraje bajo el Acuerdo serán decididos por un árbitro neutral e imparcial quien tendrá la autoridad para otorgar cualquier y todos los remedios permitidos bajo el estatuto o la ley común de causa de acción siendo ejercidos y tendrá aún más autoridad para interpretar y aplicar cualquier y todo reglamentario o defensas de ley común a dicha causa de acción. Todos los partidos tendrán el derecho de ser representado por el consejo de su elección pero a su propio gasto. El árbitro tendrá la autoridad para permitir el descubrimiento según su discreción para permitir los reclamos y las defensas o cualquier partido para ser litigados adecuadamente. Todos los partidos tendrán el derecho de establecer sus reclamos o las defensas a través de testimonio, evidencia de documentación y por examen de interrogación. El árbitro publicará su decisión escrita respecto a todos los reclamos presentados, que hará, sin embargo brevemente, revelará el fallo fundamental y las conclusiones esenciales sobre la base de la indemnización otorgada.
- Para iniciar arbitración de reclamos, cualquier partido debe notificar al otro partido por servicio personal o por correo regular o certificado y debe contener una descripción detallada de las circunstancias y legalidades de las contiendas siendo manifestadas. Los reclamos hechos por un empleado serán entregados o enviados a Atlas Resources a cargo de C/O de la compañía cliente al siguiente domicilio:
Atlas Resources, Inc
2009 Eubank Blvd. N.E.
Albuquerque, NM 87112
- Tras el recibo de la notificación de intento de iniciar arbitraje del empleado o sobre el servicio de su propia notificación del intento de arbitrar sobre un empleado, Atlas Resources, Inc. contactará la Asociación de Arbitraje Americana (American Arbitration Association) y solicitará una comisión de árbitros. Esto será llevará acabo dentro de un tiempo razonable después de que la notificación de intento de arbitraje es entregada. Tras el recibo de una lista de la Asociación de Arbitraje Americana según sus reglas de arbitraje, un árbitro será escogido colectivamente por el empleado y Atlas/Cliente compañía usando el método de huelga o eliminación. Atlas Resources/Cliente compañía pagará los honorarios y gastos del arbitraje, incluyendo los honorarios y costos del árbitro, el espacio de la reunión para el arbitraje, y el costo de un reportero del tribunal, si cualquiera; ha sido proporcionado, sin embargo que el empleado que archiva una notificación de intento de arbitraje será requerido a pagar a la AAA la suma de \$150 (en ciento cincuenta dólares) como un honorario por archivar arbitración y \$50 (cincuenta diarios) por cada día del arbitración como un reembolso para los gastos administrativos del arbitraje. En ningún caso, sin embargo será requerido el empleado a pagar más que un suma de \$500 (quinientos dólares).

El solicitante abajo firmante esta de acuerdo que el o ella ha renunciado voluntariamente e intencionadamente a su derecho a la resolución judicial de cualquier y todos los reclamos previamente no declarados tal como ese término esta definido en términos generales en el párrafo 1 arriba. Esta Aplicación es ejecutada sin la dependencia sobre cualquier representación hecha por la Atlas Resources/Cliente Compañía.

FIRMA de SOLICITANTE _____ NOMBRE IMPRESO _____

LISTS OF ACCEPTABLE DOCUMENTS

LIST A Documents that Establish Both Identity and Employment Eligibility	LIST B Documents that Establish Identity	LIST C Documents that Establish Employment Eligibility
OR		AND
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	7. Unexpired employment authorization document issued by DHS <i>(other than those listed under List A)</i>
	8. Native American tribal document	
9. Driver's license issued by a Canadian government authority	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	

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 W-4		Employee's Withholding Allowance Certificate		OMB No. 1545-0074
Department of the Treasury Internal Revenue Service		► 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.		2008
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. Note. 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)		6 \$		
7 I claim exemption from withholding for 2008, and I certify that I meet both of the following conditions for exemption. • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ► 7				
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.				
Employee's signature (Form is not valid unless you sign it.) ►		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 <i>Worksheet 2</i> 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 <i>Worksheet 8</i> 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 <i>less than</i> 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 LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST 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,

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.

ADCR 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,

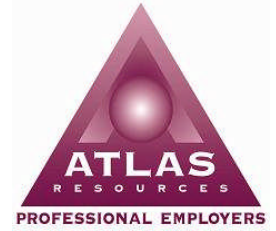
such as the family tax credit, school tax credits, welfare tax credits, or credits for taxes paid to other states. If you make this election, your employer will not withhold Arizona income tax from your wages for payroll periods beginning after the date of your election. You should be aware that zero 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.

ADCR 91-0041 (06)

Forma de Autorización de Depósito Directo



Lugar de Trabajo del Empleador: _____ Número de teléfono _____

Nombre del Empleado _____

Por medio de la presente autorizo a Atlas Resources, Inc. a depositar mi sueldo directamente en la cuenta(s) bancaria(s) detallada(s) abajo. He adjuntado un cheque cancelado para mi cuenta de cheques y/o recibo de depósito para mi cuenta de ahorros para que los números de tránsito y cuenta bancaria puedan ser verificados.

Sobre notificación, autorizo a Atlas Resources a corregir cualquier pago erróneo o pago excesivo a mi cuenta(s) retirando los fondos en la cantidad de exceso de pago.

Esta autorización se queda vigente hasta que Atlas Resources, Inc. reciba autorización escrita de mí de su terminación o cambio.

Firma del empleado: _____ Fecha: _____

Nota: Usted puede poner una cantidad fija o cheque entero a una cuenta específica. Para cada alta de cuenta de depósito directo un cheque cancelado es necesario para procesar.

Institución financiera/Número(s) de cuenta:

Cuenta 1 # _____ Cheques Ahorros Cantidad a Ser Depositada _____ # Ruta _____

Cuenta 2 # _____ Cheques Ahorros Cantidad a Ser Depositada _____ # Ruta _____

Cuenta 3 # _____ Cheques Ahorros Cantidad a Ser Depositada _____ # Ruta _____

Cuenta 4 # _____ Cheques Ahorros Cantidad a Ser Depositada _____ # Ruta _____

Nota: En caso de depósitos directos a cuentas conjuntas que ambos poseedores de cuenta firman cheques o autorizan pagos, el o la otro(a) poseedor(a) de cuenta debe indicar su acuerdo con el término arriba mencionado y autorización del depósito directo del empleado(a) firmando abajo.

Nombre del Poseedor(a) de Cuenta conjunta: _____

Firma del Poseedor(a) de Cuenta conjunta: _____

Fecha: _____

ADJUNTE CHEQUE (s) CANCELADO (s) AQUI :

CHEQUE(s) CANCELADOS(s)