

# Forma de Información de Empleado

Client Name: _____
Date Entered: _____
Initials: _____

## Datos personales (como muestra su tarjeta de seguro social)

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

## 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 \_\_\_\_\_

Department of Homeland Security  
U.S. Citizenship and Immigration Services

## 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 #

**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):

- A citizen or national of the United States  
 A lawful permanent resident (Alien #) A \_\_\_\_\_  
 An alien authorized to work until \_\_\_\_\_

(Alien # or Admission #) \_\_\_\_\_

Employee's Signature

Date (month/day/year)

**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)

## 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	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	<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> Department of the Treasury Internal Revenue Service	<h2 style="margin:0;">Employee's Withholding Allowance Certificate</h2> <p style="font-size: small; margin: 5px 0;">► 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>	OMB No. 1545-0074 <h1 style="margin:0;">2008</h1>
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 . . . . . ►		
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						

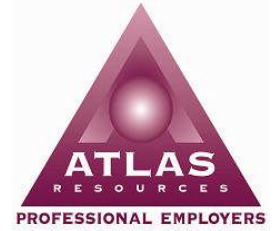
**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed 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.

# 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)

LIBERTY MUTUAL GROUP MPN  
Forma B – Confirmación de Notificación al Empleado

Con el fin de confirmar que usted ha recibido la notificación adecuada acerca de la Red de Profesionales de Servicios Médicos del Grupo Liberty Mutual (MPN) (*Liberty Mutual Group Medical Provider Network (MPN)*) por favor llene y firme la forma adjunta. Esta forma debe ser entregada a su empleador o su Gerente de Casos de Reclamaciones al momento en que reciba información de la notificación para empleados acerca de la MPN. Esto puede ocurrir al momento de la presentación de la MPN de su empleador, al momento de contratación, al momento de su reporte de lesión o al momento de su traslado a la MPN.

\_\_\_\_\_  
(Firma del empleado(a))

\_\_\_\_\_  
(Fecha)

\_\_\_\_\_  
(Nombre completo impreso)

\_\_\_\_\_  
(Nombre del Empleador)

"Cualquier persona que haga a sabiendas o induzca a que se hagan declaraciones o testimonios significativos falsos o fraudulentos o representación material con el fin de obtener beneficios de compensación a trabajadores o pagos es culpable de un delito grave"



## DESIGNACION PREVIA DE MEDICO PARTICULAR

En caso de que usted sufra una lesión o enfermedad relacionada con su empleo, usted puede recibir tratamiento médico por esa lesión o enfermedad de su médico particular (M.D.), médico osteópata (D.O) o grupo médico si:

- su empleador le ofrece un plan de salud grupal
- el médico es su médico familiar o de cabecera, que sera un médico que ha limitado su práctica médica a medicina general o que es un internista certificado o elegible para certificación, pediatra, gineco-obstreta, o médico de medicina familiar y que previamente ha estado a cargo de su tratamiento médico y tiene su expediente médico.
- su « médico particular » puede ser un grupo médico si es una corporación o sociedad o asociación compuesta de doctores certificados en medicina u osteopatía, que opera un integrado grupo médico multidisciplinario que predominantemente proporciona amplios servicios médicos para lesiones y enfermedades no relacionadas con el trabajo.
- antes de la lesión su médico está de acuerdo en proporcionarle tratamiento médico para su lesión o enfermedad de trabajo
- antes de la lesión usted le proporcionó a su empleador por escrito lo siguiente :  
(1) notificación de que quiere que su médico particular le brinde tratamiento para una lesión o enfermedad de trabajo y (2) el nombre y dirección comercial de su médico particular.

Puede usar este formulario para notificarle a su empleador que desea que su médico particular o médico osteópata le proporcione tratamiento médico para una lesión o enfermedad de trabajo y que los requisitos mencionados arriba han sido cumplidos.

### NOTICIA DE DESIGNATION PREVIA DE MEDICO PARTICULAR

**Empleado : Rellene esta sección.**

A: \_\_\_\_\_ (nombre del empleador) Si sufro una lesión o enfermedad de trabajo, yo elijo recibir tratamiento médico de :

-----  
(nombre del médico)(M.D., D.O., o grupo médico)

----- (dirección, ciudad, estado, código postal)

----- (número de teléfono)

Nombre del empleado (en letra de molde, por favor) :

-----  
Domicilio del Empleado :

Firma del empleado \_\_\_\_\_ Fecha : \_\_\_\_\_

Médico: Estoy de acuerdo con esta Designación Previa:

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_  
(Médico o Empleado Designado del Médico o Grupo Médico)

El médico no está obligado a firmar este formulario, sin embargo, si el médico o empleado designado por el médico o grupo médico no firma será necesario presentar documentación sobre el consentimiento del médico de ser designado previamente de acuerdo al Código de Reglamentos de California, Título 8, sección 9780.1 (a)(3).

Código de Reglamentos de California, Título 8 sección 9783.  
(Formulario Opcional 9783 de la DWC 1 de marzo 2007)