



Gustafson & Goudge, Inc.  
46909 State 92 - PO Box 28  
Clearbrook, MN 56634  
(218) 776-3379 Fax (218) 776-3401

Name: \_\_\_\_\_

Hire Date \_\_\_\_\_

# *New Hire Packet*

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## **Time Card and Payroll Information**

- Time cards are to be turned in, emailed, or faxed (218) 776-3401 at the end of each work week or BEFORE NOON the following Monday.
- **Any time turned in after this will be HELD until the following week.**
- Calling-in to the office to turn in time should be viewed as a **last** resort. You may email your timecard to [ss@gg-inc.us](mailto:ss@gg-inc.us)
- Paychecks are usually ready on Wednesday after 5:00 P.M. and are mailed on Thursday. If you choose Direct Deposit it will typically hit your account on either Thursday or Friday. Holidays, and/or technical issues, may impact this.
- Since each union has different language and requirements for subsistence and lodging, it is our policy to treat all trades equally and when an employee travels to a jobsite away from home and must stay overnight, Gustafson & Goudge, Inc., will arrange and pay for lodging and provide a subsistence per-diem in the amount of \$35.00 for each night away from home.



# Gustafson & Goudge, Inc. - Personnel Sheet



## Employee Information

|   |                 |                                  |                               |         |  |           |
|---|-----------------|----------------------------------|-------------------------------|---------|--|-----------|
| Last Name _____   |                 | M.I. _____                       | First _____                   |         | Social Security Number _____             |           |
| Address _____   |                 |                                  | City _____                    |         | State _____                              | Zip _____ |
| Drivers License or State ID Number _____                  |                 | State Issued _____               | License Expiration Date _____ |         | Birth Date _____                         |           |
| Date of Hire _____  |                 | New Hire Re-Hire<br>(Circle One) |                               | ( ) ( ) |  |           |
| Home Phone _____  |                 |                                  | Cell Phone _____              |         | Male Female Other                        |           |
| Email Address _____                                       |                 |                                  |                               |         | EEOC Compliance - Gender<br>(Circle One) |           |
| EEOC Compliance - Race (Circle from those listed below) : |                 |                                  |                               |         |  |           |
| Caucasian   | Native American | African-American                 | Hispanic                      | Asian   | Other _____                              |           |

## Trade / Union Information

|                         |  |              |                           |                  |  |               |  |
|-------------------------|--|--------------|---------------------------|------------------|--|---------------|--|
| Apprentice? Yes No      |  |              |                           |                  |  |               |  |
| Job Title (Trade) _____ |  | (Circle One) | % or Level (If Yes) _____ | Union Name _____ |  | Local # _____ |  |

## Deduction & Tax Information

|                                       |         |                                   |  |    |   |   |
|---------------------------------------|---------|-----------------------------------|--|----|---|---|
| Single                                | Married | Yes                               | No   | \$ | State                                       | Federal   |
| Marital Status on W-4<br>(Circle One) |         | # of Exemptions<br>Claimed on W-4 | Are you a T.E.R.O. Employee?<br>(Circle One) |    | Any additional Tax<br>funds to be withheld? |   |
|                                       |         |                                   |  |    |   | If yes, Indicate preference<br>(Circle one or both) |

► Do you have court ordered Child Support obligations? If yes, disclose the terms of the Order. \$ \_\_\_\_\_.

## Emergency Contact

|               |  |                    |                  |                  |
|---------------|--|--------------------|------------------|------------------|
| Name _____    |  | Relationship _____ | Home Phone _____ | Cell Phone _____ |
| Address _____ |  | City _____         | State _____      | Zip _____        |

## Acknowledgements

I understand and attest that I meet the physical requirements of this job, and can complete them safely.

► \_\_\_\_\_ Date \_\_\_\_\_  
Employee Signature

I understand that any information gathered on this form will be used for personnel, maintenance, and MN Dept of Human Rights - Affirmative Action Compliance purposes only. I also understand that the information provided will be held in confidence and not released to any unauthorized parties, and will in no way effect my employment and/or advancement opportunities.

► \_\_\_\_\_ Date \_\_\_\_\_  
Employee Signature

I am familiar with the Gustafson & Goudge, Inc. Safety Policy and Procedures Manual and am aware that this information is available at the main office located at 46909 State 92 in Clearbrook, and at each jobsite.

I am also aware that the Gas & Oil Pipeline (RSPA) Drug & Alcohol Plan, and the Federal Motor Carrier Safety Association (FMCSA) Drug & Alcohol Plan manuals are available at the main office.

► \_\_\_\_\_ Date \_\_\_\_\_  
Employee Signature

# Employee's Withholding Certificate

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

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

**Caution:** To claim certain credits or deductions on your tax return, you (and/or your spouse if married filing jointly) are required to have a social security number valid for employment. See page 2 for more information.

**TIP:** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to determine the most accurate withholding for the rest of the year if you: are completing this form after the beginning of the year; expect to work only part of the year; or have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), dependents, other income (not from jobs), deductions, or credits. Have your most recent pay stub(s) from this year available when using the estimator. At the beginning of next year, use the estimator again to recheck your withholding.

**Complete Steps 2-4 ONLY if they apply to you; otherwise, skip to Step 5.** See page 2 for more information on each step, who can claim exemption from withholding, and when to use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App).

**Step 2: Multiple Jobs or Spouse Works**

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

Do **only one** of the following.

(a) Use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) for the most accurate withholding for this step (and Steps 3-4). If you or your spouse have self-employment income, use this option; **or**

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

(c) If there are only two jobs total, you may check this box. Do the same on Form W-4 for the other job. This option is generally more accurate than Step 2(b) if pay at the lower paying job is more than half of the pay at the higher paying job. Otherwise, Step 2(b) is more accurate

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

|   |   |                |             |
|---|---|----------------|-------------|
| <b>Step 3:</b><br><b>Claim Dependent and Other Credits</b>  | If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly): |                |             |
|   | (a) Multiply the number of qualifying children under age 17 by \$2,200 . . . . .              | <b>3(a)</b> \$ |             |
|   | (b) Multiply the number of other dependents by \$500 . . . . .                                | <b>3(b)</b> \$ |             |
| Add the amounts from Steps 3(a) and 3(b), plus the amount for other credits. Enter the total here . . . . . |   |                | <b>3</b> \$ |

  

|  |   |                |
|--|---|----------------|
| <b>Step 4:</b><br><b>Other Adjustments</b> | (a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .                         | <b>4(a)</b> \$ |
|  | (b) <b>Deductions.</b> Use the Deductions Worksheet on page 4 to determine the amount of deductions you may claim, which will reduce your withholding. (If you skip this line, your withholding will be based on the standard deduction.) Enter the result here . . . . . | <b>4(b)</b> \$ |
|  | (c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .  | <b>4(c)</b> \$ |

Exempt from withholding  I claim exemption from withholding for 2026, and I certify that I meet **both** of the conditions for exemption for 2026. See *Exemption from withholding* on page 2. I understand I will need to submit a new Form W-4 for 2027

**Step 5: Sign Here**

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

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

\_\_\_\_\_  
Date

|                       |  |                          |  |
|-----------------------|--|--------------------------|--|
| <b>Employers Only</b> | Employer's name and address<br>GUSTAFSON & GOUDGE, INC.<br>PO BOX 28<br>CLEARBROOK, MN 56634 | First date of employment | Employer identification number (EIN)<br><br>41-1560850 |
|                       |  |                          |  |

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

### Future Developments

For the latest information about developments related to Form W-4, such as legislation enacted after it was published, go to [www.irs.gov/FormW4](http://www.irs.gov/FormW4).

### Purpose of Form

Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. If too little is withheld, you will generally owe tax when you file your tax return and may owe a penalty. If too much is withheld, you will generally be due a refund. Complete a new Form W-4 when changes to your personal or financial situation would change the entries on the form. For more information on withholding and when you must furnish a new Form W-4, see Pub. 505, Tax Withholding and Estimated Tax.

**Exemption from withholding.** You may claim exemption from withholding for 2026 if you meet both of the following conditions: you had no federal income tax liability in 2025 and you expect to have no federal income tax liability in 2026. You had no federal income tax liability in 2025 if (1) your total tax on line 24 on your 2025 Form 1040 or 1040-SR is zero (or less than the sum of lines 27a, 28, 29, and 30), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2026 tax return. To claim exemption from withholding, certify that you meet both of the conditions by checking the box in the *Exempt from withholding* section. Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 16, 2027.

**Your privacy.** Steps 2(c) and 4(a) ask for information regarding income you received from sources other than the job associated with this Form W-4. If you have concerns with providing the information asked for in Step 2(c), you may choose Step 2(b) as an alternative; if you have concerns with providing the information asked for in Step 4(a), you may enter an additional amount you want withheld per pay period in Step 4(c) as an alternative.

**When to use the estimator.** Consider using the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) if you:

1. Are submitting this form after the beginning of the year;
2. Expect to work only part of the year;
3. Have changes during the year in your marital status, number of jobs for you (and/or your spouse if married filing jointly), or number of dependents, or changes in your deductions or credits;
4. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
5. Prefer the most accurate withholding for multiple job situations.

**TIP:** Have your most recent pay stub(s) from this year available when using the estimator to account for federal income tax that has already been withheld this year. At the beginning of next year, use the estimator again to recheck your withholding.

**Self-employment.** Generally, you will owe both income and self-employment taxes on any self-employment income you receive separate from the wages you receive as an employee. If you want to pay these taxes through withholding from your wages, use the estimator at [www.irs.gov/W4App](http://www.irs.gov/W4App) to figure the amount to have withheld.

**Nonresident alien.** If you're a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

## Specific Instructions

**Step 1(c).** Check your anticipated filing status. This will determine the standard deduction and tax rates used to compute your withholding.

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work. Submit a separate Form W-4 for each job.

Option (a) most accurately calculates the additional tax you need to have withheld, while option (b) does so with a little less accuracy.

Instead, if you (and your spouse) have a total of only two jobs, you may check the box in option (c). The box must also be checked on the Form W-4 for the other job. If the box is checked, the standard deduction and tax brackets will be cut in half for each job to calculate withholding. This option is accurate for jobs with similar pay; otherwise, more tax than necessary may be withheld, and this extra amount of tax withheld will be larger the greater the difference in pay is between the two jobs.



**Multiple jobs.** Complete Steps 3 through 4(b) on only one Form W-4. Withholding will be most accurate if you do this on the Form W-4 for the highest paying job.

**Step 3.** This step provides instructions for determining the amount of the child tax credit and the credit for other dependents that you may be able to claim when you file your tax return. To qualify for the child tax credit, the child must be under age 17 as of December 31, must be your dependent who generally lives with you for more than half the year, and must have the required social security number. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain credits. You may be able to claim a credit for other dependents for whom a child tax credit can't be claimed, such as an older child or a qualifying relative. For additional eligibility requirements for these credits, see Pub. 501, Dependents, Standard Deduction, and Filing Information. You can also include other tax credits for which you are eligible in this step, such as the foreign tax credit and the education tax credits. To do so, add an estimate of the amount for the year to your credits for dependents and enter the total amount in Step 3. Including these credits will increase your paycheck and reduce the amount of any refund you may receive when you file your tax return.

### Step 4.

**Step 4(a).** Enter in this step the total of your other estimated income for the year, if any. You shouldn't include income from any jobs or self-employment. If you complete Step 4(a), you likely won't have to make estimated tax payments for that income. If you prefer to pay estimated tax rather than having tax on other income withheld from your paycheck, see Form 1040-ES, Estimated Tax for Individuals.

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 15, if you expect to claim deductions other than the basic standard deduction on your 2026 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for qualified tips, overtime compensation, and passenger vehicle loan interest; student loan interest; IRAs; and seniors. You (and/or your spouse if married filing jointly) must have the required social security number to claim certain deductions. For additional eligibility requirements, see Pub. 501.

**Step 4(c).** Enter in this step any additional tax you want withheld from your pay each pay period, including any amounts from the Multiple Jobs Worksheet, line 4. Entering an amount here will reduce your paycheck and will either increase your refund or reduce any amount of tax that you owe when you file your tax return.

Step 2(b) – Multiple Jobs Worksheet (Keep for your records.)



If you choose the option in Step 2(b) on Form W-4, complete this worksheet (which calculates the total extra tax for all jobs) on only ONE Form W-4. Withholding will be most accurate if you complete the worksheet and enter the result on the Form W-4 for the highest paying job. To be accurate, submit a new Form W-4 for all other jobs if you have not updated your withholding since 2019.

Note: If more than one job has annual wages of more than \$120,000 or there are more than three jobs, see Pub. 505 for additional tables; or, you can use the online withholding estimator at www.irs.gov/W4App.

- 1 **Two jobs.** If you have two jobs or you're married filing jointly and you and your spouse each have one job, find the amount from the appropriate table on page 5. Using the "Higher Paying Job" row and the "Lower Paying Job" column, find the value at the intersection of the two household salaries and enter that value on line 1. Then, skip to line 3 . . . . . 1 \$ \_\_\_\_\_
  
- 2 **Three jobs.** If you and/or your spouse have three jobs at the same time, complete lines 2a, 2b, and 2c below. Otherwise, skip to line 3.
  - a Find the amount from the appropriate table on page 5 using the annual wages from the highest paying job in the "Higher Paying Job" row and the annual wages for your next highest paying job in the "Lower Paying Job" column. Find the value at the intersection of the two household salaries and enter that value on line 2a . . . . . 2a \$ \_\_\_\_\_
  - b Add the annual wages of the two highest paying jobs from line 2a together and use the total as the wages in the "Higher Paying Job" row and use the annual wages for your third job in the "Lower Paying Job" column to find the amount from the appropriate table on page 5 and enter this amount on line 2b . . . . . 2b \$ \_\_\_\_\_
  - c Add the amounts from lines 2a and 2b and enter the result on line 2c . . . . . 2c \$ \_\_\_\_\_
  
- 3 Enter the number of pay periods per year for the highest paying job. For example, if that job pays weekly, enter 52; if it pays every other week, enter 26; if it pays monthly, enter 12, etc. . . . . 3 \_\_\_\_\_
  
- 4 **Divide** the annual amount on line 1 or line 2c by the number of pay periods on line 3. Enter this amount here and in **Step 4(c)** of Form W-4 for the highest paying job (plus any other additional amount you want withheld) . . . . . 4 \$ \_\_\_\_\_

**Step 4(b) – Deductions Worksheet** *(Keep for your records.)*



See the Instructions for Schedule 1-A (Form 1040) for more information about whether you qualify for the deductions on lines 1a, 1b, 1c, 3a, and 3b.

|           |  |                    |
|-----------|--|--------------------|
| <b>1</b>  | Deductions for qualified tips, overtime compensation, and passenger vehicle loan interest.   |                    |
| <b>a</b>  | <b>Qualified tips.</b> If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified tips up to \$25,000 . . . . .  | <b>1a</b> \$ _____ |
| <b>b</b>  | <b>Qualified overtime compensation.</b> If your total income is less than \$150,000 (\$300,000 if married filing jointly), enter an estimate of your qualified overtime compensation up to \$12,500 (\$25,000 if married filing jointly) of the “and-a-half” portion of time-and-a-half compensation . . . . . | <b>1b</b> \$ _____ |
| <b>c</b>  | <b>Qualified passenger vehicle loan interest.</b> If your total income is less than \$100,000 (\$200,000 if married filing jointly), enter an estimate of your qualified passenger vehicle loan interest up to \$10,000 . . . . .  | <b>1c</b> \$ _____ |
| <b>2</b>  | Add lines 1a, 1b, and 1c. Enter the result here . . . . .  | <b>2</b> \$ _____  |
| <b>3</b>  | <b>Seniors age 65 or older.</b> If your total income is less than \$75,000 (\$150,000 if married filing jointly):  |                    |
| <b>a</b>  | Enter \$6,000 if you are age 65 or older before the end of the year . . . . .  | <b>3a</b> \$ _____ |
| <b>b</b>  | Enter \$6,000 if your spouse is age 65 or older before the end of the year and has a social security number valid for employment . . . . .   | <b>3b</b> \$ _____ |
| <b>4</b>  | Add lines 3a and 3b. Enter the result here . . . . .   | <b>4</b> \$ _____  |
| <b>5</b>  | Enter an estimate of your student loan interest, deductible IRA contributions, educator expenses, alimony paid, and certain other adjustments from Schedule 1 (Form 1040), Part II. See Pub. 505 for more information . . . . .  | <b>5</b> \$ _____  |
| <b>6</b>  | <b>Itemized deductions.</b> Enter an estimate of your 2026 itemized deductions from Schedule A (Form 1040). Such deductions may include qualifying:  |                    |
| <b>a</b>  | <b>Medical and dental expenses.</b> Enter expenses in excess of 7.5% (0.075) of your total income . . . . .  | <b>6a</b> \$ _____ |
| <b>b</b>  | <b>State and local taxes.</b> If your total income is less than \$505,000 (\$252,500 if married filing separately), enter state and local taxes paid up to \$40,400 (\$20,200 if married filing separately) . . . . .  | <b>6b</b> \$ _____ |
| <b>c</b>  | <b>Home mortgage interest.</b> If your home acquisition debt is less than \$750,000 (\$375,000 if married filing separately), enter your home mortgage interest expense (including mortgage insurance premiums) . . . . .  | <b>6c</b> \$ _____ |
| <b>d</b>  | <b>Gifts to charities.</b> Enter contributions in excess of 0.5% (0.005) of your total income . . . . .  | <b>6d</b> \$ _____ |
| <b>e</b>  | <b>Other itemized deductions.</b> Enter the amount for other itemized deductions . . . . .   | <b>6e</b> \$ _____ |
| <b>7</b>  | Add lines 6a, 6b, 6c, 6d, and 6e. Enter the result here . . . . .  | <b>7</b> \$ _____  |
| <b>8</b>  | <b>Limitation on itemized deductions.</b>  |                    |
| <b>a</b>  | Enter your total income . . . . .  | <b>8a</b> \$ _____ |
| <b>b</b>  | Subtract line 4 from line 8a. If line 4 is greater than line 8a, enter -0- here and on line 10. Skip line 9 . . . . .  | <b>8b</b> \$ _____ |
| <b>9</b>  | Enter: $\left\{ \begin{array}{l} \bullet \$768,700 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$640,600 \text{ if you're single or head of household} \\ \bullet \$384,350 \text{ if you're married filing separately} \end{array} \right\}$ . . . . .               | <b>9</b> \$ _____  |
| <b>10</b> | If line 9 is greater than line 8b, enter the amount from line 7. Otherwise, multiply line 7 by 94% (0.94) and enter the result here . . . . .  | <b>10</b> \$ _____ |
| <b>11</b> | <b>Standard deduction.</b>   |                    |
| Enter:    | $\left\{ \begin{array}{l} \bullet \$32,200 \text{ if you're married filing jointly or a qualifying surviving spouse} \\ \bullet \$24,150 \text{ if you're head of household} \\ \bullet \$16,100 \text{ if you're single or married filing separately} \end{array} \right\}$ . . . . .                         | <b>11</b> \$ _____ |
| <b>12</b> | <b>Cash gifts to charities.</b> If you take the standard deduction, enter cash contributions up to \$1,000 (\$2,000 if married filing jointly) . . . . .   | <b>12</b> \$ _____ |
| <b>13</b> | Add lines 11 and 12. Enter the result here . . . . .   | <b>13</b> \$ _____ |
| <b>14</b> | If line 10 is greater than line 13, subtract line 11 from line 10 and enter the result here. If line 13 is greater than line 10, enter the amount from line 12 . . . . .   | <b>14</b> \$ _____ |
| <b>15</b> | Add lines 2, 4, 5, and 14. Enter the result here and in Step 4(b) of Form W-4 . . . . .  | <b>15</b> \$ _____ |

**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. Internal Revenue Code sections 3402(f)(2) and 6109 and their regulations require you to provide this information; your employer uses it to determine your federal income tax withholding. Failure to provide a properly completed form will result in your being treated as a single person with no other entries on the form; providing fraudulent information may 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, the District of Columbia, and U.S. commonwealths and territories for use in administering their tax laws; and to the Department of Health and Human Services for use 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.

**Married Filing Jointly or Qualifying Surviving Spouse**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$0   | \$0               | \$480             | \$850             | \$850             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,020             | \$1,020             |
| \$10,000 - 19,999                              | 0   | 480               | 1,480             | 1,850             | 2,050             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220             | 2,220               | 2,620               |
| \$20,000 - 29,999                              | 480   | 1,480             | 2,480             | 3,050             | 3,250             | 3,420             | 3,420             | 3,420             | 3,420             | 3,420             | 3,820               | 4,820               |
| \$30,000 - 39,999                              | 850   | 1,850             | 3,050             | 3,620             | 3,820             | 3,990             | 3,990             | 3,990             | 3,990             | 4,390             | 5,390               | 6,390               |
| \$40,000 - 49,999                              | 850   | 2,050             | 3,250             | 3,820             | 4,020             | 4,190             | 4,190             | 4,190             | 4,590             | 5,590             | 6,590               | 7,590               |
| <b>\$50,000 - 59,999</b>                       | 1,020   | 2,220             | 3,420             | 3,990             | 4,190             | 4,360             | 4,360             | 4,760             | 5,760             | 6,760             | 7,760               | 8,760               |
| \$60,000 - 69,999                              | 1,020   | 2,220             | 3,420             | 3,990             | 4,190             | 4,360             | 4,760             | 5,760             | 6,760             | 7,760             | 8,760               | 9,760               |
| \$70,000 - 79,999                              | 1,020   | 2,220             | 3,420             | 3,990             | 4,190             | 4,760             | 5,760             | 6,760             | 7,760             | 8,760             | 9,760               | 10,760              |
| <b>\$80,000 - 99,999</b>                       | 1,020   | 2,220             | 3,420             | 4,240             | 5,440             | 6,610             | 7,610             | 8,610             | 9,610             | 10,610            | 11,610              | <b>12,610</b>       |
| \$100,000 - 149,999                            | 1,870   | 4,070             | 6,270             | 7,840             | 9,040             | 10,210            | 11,210            | 12,210            | 13,210            | 14,210            | 15,360              | 16,560              |
| \$150,000 - 239,999                            | 1,870   | 4,100             | 6,500             | 8,270             | 9,670             | 11,040            | 12,240            | 13,440            | 14,640            | 15,840            | 17,040              | 18,240              |
| \$240,000 - 319,999                            | 2,040   | 4,440             | 6,840             | 8,610             | 10,010            | 11,380            | 12,580            | 13,780            | 14,980            | 16,180            | 17,380              | 18,580              |
| \$320,000 - 364,999                            | 2,040   | 4,440             | 6,840             | 8,610             | 10,010            | 11,380            | 12,580            | 13,860            | 15,860            | 17,860            | 19,860              | 21,860              |
| \$365,000 - 524,999                            | 2,720   | 5,920             | 9,390             | 12,260            | 14,760            | 17,230            | 19,530            | 21,830            | 24,130            | 26,430            | 28,730              | 31,030              |
| \$525,000 and over                             | 3,140   | 6,840             | 10,540            | 13,610            | 16,310            | 18,980            | 21,480            | 23,980            | 26,480            | 28,980            | 31,480              | 33,990              |

**Single or Married Filing Separately**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$90  | \$850             | \$1,020           | \$1,020           | \$1,020           | \$1,070           | \$1,870           | \$1,870           | \$1,870           | \$1,870           | \$1,870             | \$1,970             |
| \$10,000 - 19,999                              | 850   | 1,780             | 1,980             | 1,980             | 2,030             | 3,030             | 3,830             | 3,830             | 3,830             | 3,830             | 3,930               | 4,130               |
| <b>\$20,000 - 29,999</b>                       | 1,020   | 1,980             | 2,180             | 2,230             | 3,230             | 4,230             | 5,030             | 5,030             | 5,030             | 5,130             | 5,330               | 5,530               |
| \$30,000 - 39,999                              | 1,020   | 1,980             | 2,230             | 3,230             | 4,230             | 5,230             | 6,030             | 6,030             | 6,130             | 6,330             | 6,530               | 6,730               |
| \$40,000 - 59,999                              | 1,020   | 2,880             | 4,080             | 5,080             | 6,080             | 7,080             | 7,950             | 8,150             | 8,350             | 8,550             | 8,750               | 8,950               |
| <b>\$60,000 - 79,999</b>                       | 1,870   | 3,830             | 5,030             | 6,030             | 7,100             | 8,300             | 9,300             | 9,500             | 9,700             | 9,900             | 10,100              | 10,300              |
| \$80,000 - 99,999                              | 1,870   | 3,830             | 5,100             | 6,300             | 7,500             | 8,700             | 9,700             | 9,900             | 10,100            | 10,300            | 10,500              | 10,700              |
| \$100,000 - 124,999                            | 2,030   | 4,190             | 5,590             | 6,790             | 7,990             | 9,190             | 10,190            | 10,390            | 10,590            | 10,940            | 11,940              | 12,940              |
| \$125,000 - 149,999                            | 2,040   | 4,200             | 5,600             | 6,800             | 8,000             | 9,200             | 10,200            | 10,950            | 11,950            | 12,950            | 13,950              | 14,950              |
| \$150,000 - 174,999                            | 2,040   | 4,200             | 5,600             | 6,800             | 8,150             | 10,150            | 11,950            | 12,950            | 13,950            | 14,950            | 16,170              | 17,470              |
| \$175,000 - 199,999                            | 2,040   | 4,200             | 6,150             | 8,150             | 10,150            | 12,150            | 13,950            | 15,020            | 16,320            | 17,620            | 18,920              | 20,220              |
| \$200,000 - 249,999                            | 2,720   | 5,680             | 7,880             | 10,140            | 12,440            | 14,740            | 16,840            | 18,140            | 19,440            | 20,740            | 22,040              | <b>23,340</b>       |
| \$250,000 - 449,999                            | 2,970   | 6,230             | 8,730             | 11,030            | 13,330            | 15,630            | 17,730            | 19,030            | 20,330            | 21,630            | 22,930              | 24,240              |
| \$450,000 and over                             | 3,140   | 6,600             | 9,300             | 11,800            | 14,300            | 16,800            | 19,100            | 20,600            | 22,100            | 23,600            | 25,100              | 26,610              |

**Head of Household**

| Higher Paying Job Annual Taxable Wage & Salary | Lower Paying Job Annual Taxable Wage & Salary |                   |                   |                   |                   |                   |                   |                   |                   |                   |                     |                     |
|--|---|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|-------------------|---------------------|---------------------|
|  | \$0 - 9,999                                   | \$10,000 - 19,999 | \$20,000 - 29,999 | \$30,000 - 39,999 | \$40,000 - 49,999 | \$50,000 - 59,999 | \$60,000 - 69,999 | \$70,000 - 79,999 | \$80,000 - 89,999 | \$90,000 - 99,999 | \$100,000 - 109,999 | \$110,000 - 120,000 |
| \$0 - 9,999                                    | \$0   | \$280             | \$850             | \$950             | \$1,020           | \$1,020           | \$1,020           | \$1,020           | \$1,560           | \$1,870           | \$1,870             | \$1,870             |
| \$10,000 - 19,999                              | 280   | 1,280             | 1,950             | 2,150             | 2,220             | 2,220             | 2,220             | 2,760             | 3,760             | 4,070             | 4,070               | 4,210               |
| \$20,000 - 29,999                              | 850   | 1,950             | 2,720             | 2,920             | 2,980             | 2,980             | 3,520             | 4,520             | 5,520             | 5,830             | 5,980               | 6,180               |
| \$30,000 - 39,999                              | 950   | 2,150             | 2,920             | 3,120             | 3,180             | 3,720             | 4,720             | 5,720             | 6,720             | 7,180             | 7,380               | 7,580               |
| \$40,000 - 59,999                              | 1,020   | 2,220             | 2,980             | 3,570             | 4,640             | 5,640             | 6,640             | 7,750             | 8,950             | 9,460             | 9,660               | 9,860               |
| <b>\$60,000 - 79,999</b>                       | 1,020   | 2,610             | 4,370             | 5,570             | 6,640             | 7,750             | 8,950             | 10,150            | 11,350            | 11,860            | 12,060              | 12,260              |
| \$80,000 - 99,999                              | 1,870   | 4,070             | 5,830             | 7,150             | 8,410             | 9,610             | 10,810            | 12,010            | 13,210            | 13,720            | 13,920              | 14,120              |
| \$100,000 - 124,999                            | 1,870   | 4,270             | 6,230             | 7,630             | 8,900             | 10,100            | 11,300            | 12,500            | 13,700            | 14,210            | 14,720              | 15,720              |
| \$125,000 - 149,999                            | 2,040   | 4,440             | 6,400             | 7,800             | 9,070             | 10,270            | 11,470            | 12,670            | 14,580            | 15,890            | 16,890              | 17,890              |
| \$150,000 - 174,999                            | 2,040   | 4,440             | 6,400             | 7,800             | 9,070             | 10,580            | 12,580            | 14,580            | 16,580            | 17,890            | 18,890              | 20,170              |
| \$175,000 - 199,999                            | 2,040   | 4,440             | 6,400             | 8,510             | 10,580            | 12,580            | 14,580            | 16,580            | 18,710            | 20,320            | 21,620              | 22,920              |
| <b>\$200,000 - 249,999</b>                     | 2,720   | 5,920             | 8,680             | 10,900            | 13,270            | 15,570            | 17,870            | 20,170            | 22,470            | 24,080            | 25,380              | 26,680              |
| \$250,000 - 449,999                            | 2,970   | 6,470             | 9,540             | 12,040            | 14,410            | 16,710            | 19,010            | 21,310            | 23,610            | 25,220            | 26,520              | 27,820              |
| \$450,000 and over                             | 3,140   | 6,840             | 10,110            | 12,810            | 15,380            | 17,880            | 20,380            | 22,880            | 25,380            | 27,190            | 28,690              | <b>30,190</b>       |



# 2026 W-4MN, Minnesota Employee Withholding Certificate

## Employees

Complete Form W-4MN so your employer can withhold the correct Minnesota income tax from your pay. Consider completing a new Form W-4MN each year and when your personal or financial situation changes. If no Form W-4MN is in effect, the number of withholding allowances claimed will be zero.

|                        |       |           |   |
|------------------------|-------|-----------|---|
| First Name and Initial |       | Last Name | Social Security Number  |
| Permanent Address      |       |           | Marital Status (Check one):   |
| City                   | State | ZIP Code  | <input type="checkbox"/> Single; Married, but legally separated; or Spouse is a nonresident alien<br><input type="checkbox"/> Married<br><input type="checkbox"/> Married, but withhold at higher Single rate |

**Complete Section 1 OR Section 2, then sign the bottom and give the completed form to your employer.**

**Section 1 — Determining Minnesota Allowances**

- A Enter "1" if no one else can claim you as a dependent . . . . . **A** \_\_\_\_\_
- B Enter "1" if any of the following apply: . . . . . **B** \_\_\_\_\_
  - You are single and have only one job
  - You are married, have only one job, and your spouse does not work
  - Your wages from a second job or your spouse's wages are \$1500 or less
- C Enter "1" if you are married, or 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 the number of dependents you will claim on your tax return. . . . . **D** \_\_\_\_\_
- E Enter "1" if you will use the filing status Head of Household (see instructions). . . . . **E** \_\_\_\_\_
- F Add steps A through E. If you plan to itemize deductions on your 2026 Minnesota income tax return, you may also complete the Itemized Deductions and Additional Income Worksheet. . . . **F** \_\_\_\_\_

**1 Minnesota Allowances.** Enter Step F from Section 1 above or Step 10 of the Itemized Deductions Worksheet . . . . . **1** \_\_\_\_\_

**2** Additional Minnesota withholding you want deducted for each pay period (see instructions) . . . . . **2** \$ \_\_\_\_\_

**Section 2 — Exemption From Minnesota Withholding**

Complete Section 2 if you claim to be exempt from Minnesota income tax withholding (see Section 2 instructions for qualifications). If applicable, check one box below to indicate why you believe you are exempt:

- A** I meet the requirements and claim exempt from both federal and Minnesota income tax withholding.
- B** Even though I did not claim exempt from federal withholding, I claim exempt from Minnesota withholding, because:
  - I had no Minnesota income tax liability last year.
  - I received a refund of all Minnesota income tax withheld.
  - I expect to have no Minnesota income tax liability this year.
- C** All of these apply:
  - My spouse is a military service member assigned to a military location in Minnesota.
  - My domicile (legal residence) is in another state.
  - I am in Minnesota solely to be with my spouse. My state of domicile is \_\_\_\_\_.
- D** I am an American Indian that resides and works on a reservation for which I am enrolled (see instructions).  
Enter the reservation name: \_\_\_\_\_  
Enter your Certificate of Degree of Indian Blood (CDIB)/Enrollment number: \_\_\_\_\_
- E** I am a member of the Minnesota National Guard or an active-duty U.S. military member and claim exempt from Minnesota withholding on my military pay.
- F** I receive a military pension or other military retirement pay as calculated under U.S. Code, title 10, sections 1401 through 1414, 1447 through 1455, and 12733, and I claim exempt from Minnesota withholding on this retirement pay.

I certify that all information provided in Section 1 OR Section 2 is correct. I understand there is a \$500 penalty for filing a false Form W-4MN.

|                      |      |                      |
|----------------------|------|----------------------|
| Employee's Signature | Date | Daytime Phone Number |
|----------------------|------|----------------------|

**Employees:** Give the completed form to your employer.

## Employers

See the employer instructions to determine if you must send a copy of this form to the Minnesota Department of Revenue. If required, enter your information below and mail this form to the address in the instructions. Incomplete forms are considered invalid. We may assess a \$50 penalty for each required Form W-4MN not filed with us. Keep a copy for your records.

|   |   |  |
|---|---|--|
| Name of Employer<br><b>GUSTAFSON &amp; GOUDGE, INC.</b> | Minnesota Tax ID Number<br><b>3678648</b> | Federal Employer ID Number (FEIN)<br><b>41-1560850</b> |
| Address<br><b>PO BOX 28</b>                             | City<br><b>CLEARBROOK</b>                 | State<br><b>MN</b>                                     |
|   |   | ZIP Code<br><b>56634</b>                               |



## Form W-4MN Instructions for Employees

Complete this form for your employer to calculate the amount of Minnesota income tax to be withheld from your pay.

### When must I complete Form W-4MN?

Complete Form W-4MN if any of these apply:

- You begin employment.
- You change your filing status.
- You reasonably expect to change your filing status in the next calendar year.
- Your personal or financial situation changes.
- You claim exempt from Minnesota withholding (see Section 2 instructions for qualifications).

If you have not had sufficient Minnesota income tax withheld from your wages, we may assess penalty and interest when you file your state income tax return.

**Note:** Your employer may be required to submit a copy of your Form W-4MN to the Minnesota Department of Revenue. You may be subject to a \$500 penalty if you provide a false Form W-4MN.

**You must enter your Social Security Number for this Form W-4MN to be valid.**

### What if I have completed federal Form W-4?

If you completed a 2026 Form W-4, you must complete Form W-4MN to determine your Minnesota withholding allowances.

### What if I am exempt from Minnesota withholding?

If you claim exempt from Minnesota withholding, complete only Section 2 of Form W-4MN and sign and date the form to validate it. If you complete Section 2, you must complete a new Form W-4MN by February 15 in each following year in which you claim an exemption from Minnesota withholding.

You cannot claim exempt from withholding if all of these apply:

- Another person can claim you as a dependent on their federal tax return.
- Your annual income exceeds \$1,300.
- Your annual income includes more than \$350 of unearned income.

If you do not complete a new Form W-4MN to claim exempt from Minnesota withholding by February 15, your employer will withhold tax as if your filing status is single with zero withholding allowances.

### What if I am a nonresident alien for U.S. income taxes?

If you are a nonresident alien, you are not allowed to claim exempt from withholding. You will check the single box for marital status regardless of your actual marital status and may enter one personal allowance on Step A of Section 1. Enter zero on steps B, C, and E of Section 1.

If you are resident of Canada, Mexico, South Korea, or India, and are allowed to claim dependents, enter the number of dependents on Step D.

### Section 1 — Minnesota Allowances Worksheet

Complete Section 1 to find your allowances for Minnesota withholding tax. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

If you expect to owe more income tax for the year than will be withheld, you can claim fewer allowances or request additional Minnesota withholding from your wages. Enter the amount of additional Minnesota income tax you want withheld on line 2 of Section 1.

#### Nonwage Income

Consider making estimated payments if you have a large amount of “nonwage income.” Nonwage income (other than tax-exempt income) includes interest, dividends, net rental income, unemployment compensation, gambling winnings, prizes and awards, hobby income, capital gains, royalties, and partnership income.

#### Two Earners or Multiple Jobs

If your spouse works or you have 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-4MN. Usually, your withholding will be more accurate when all allowances are claimed on the Form W-4MN for the highest paying job and zero allowances are claimed on the others.

#### Head of Household Filing Status

You may claim Head of Household as your filing status if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependents. Enter “1” on Step E if you may claim Head of Household as your filing status on your tax return.

#### What if I itemize deductions on my Minnesota return or have other nonwage income?

Use the Itemized Deductions and Additional Income Worksheet to find your Minnesota withholding allowances. Complete Section 1 on page 1, then follow the steps in the worksheet on the next page to find additional allowances.

**Itemized Deductions and Additional Income Worksheet**

- 1 Enter an estimate of your 2026 Minnesota itemized deductions. For 2026, you may have to reduce your itemized deductions if your income is over \$244,500(\$183,350 for Married Filing Separately).....
- 2 Enter one of the following based on your filing status: .....
  - a. \$30,600 if Married Filing Jointly
  - b. \$23,000 if Head of Household
  - c. \$15,300 if Single or Married Filing Separately
- 3 Subtract step 2 from step 1. If zero or less, enter 0 .....
- 4 Enter an estimate of your 2026 additional standard deduction (from page 11 of the Form M1 instructions).....
- 5 Add steps 3 and 4 .....
- 6 Enter an estimate of your 2026 taxable nonwage income .....
- 7 Subtract step 6 from step 5. If zero, enter 0. If less than zero, enter the amount in parentheses.....
- 8 Divide the amount on step 7 by \$5,300. If a negative amount, enter in parentheses. Do not include fractions .....
- 9 Enter the number on step F of Section 1 on page 1 .....
- 10 Add step 8 and 9 and enter the total here. If zero or less, enter 0. Enter this amount on line 1 of page 1. ....

**Section 2 — Minnesota Exemption**

Your employer will not withhold Minnesota taxes from your pay if you are exempt from Minnesota withholding. You cannot claim exempt from withholding if all of these apply:

- Another person can claim you as a dependent on their federal tax return.
- Your annual income exceeds \$1,300.
- Your annual income includes more than \$350 of unearned income.

**Box A**

Check box A of Section 2 to claim exempt if all of these apply:

- You meet the requirements to be exempt from federal withholding.
- You had no Minnesota income tax liability in the prior year and received a full refund of Minnesota tax withheld.
- You expect to have no Minnesota income tax liability for the current year.

**Box B**

Check box B of Section 2 if you are not claiming exempt from federal withholding, but meet the second and third requirements for box A.

**Box C**

Check box C in Section 2 to claim exempt if all of these apply:

- You are the spouse of a military member assigned to duty in Minnesota.
- You and your spouse are domiciled in another state.
- You are in Minnesota solely to be with your active-duty military spouse member.

**Boxes D-F**

If you receive income from the following sources, it is exempt from Minnesota withholding. Your employer will not withhold Minnesota tax from that income when you check the appropriate box in Section 2.

- **Box D:** You receive wages as a member of an American Indian tribe living and working on the reservation of which you are an enrolled member. Enter the name of your reservation and your Certificate of Degree of Indian or Alaskan Blood (CDIB) number/enrollment number. **Members of the Minnesota Chippewa Tribe** can exclude income regardless of which Minnesota Chippewa Tribe reservation you live and work on. This affects members of these tribes:
  - Mille Lacs
  - Nett Lake (Bois Forte)
  - Fond du Lac
  - Leech Lake
  - White Earth
  - Grand Portage
- **Box E:** You receive wages for Minnesota National Guard (MNG) pay or for active-duty U.S. military pay. MNG and active-duty U.S. military members can claim exempt from Minnesota withholding on these wages, even if they are taxable federally. For more information, see Income Tax Fact Sheet 5, *Military Personnel*.
- **Box F:** You receive a military pension or other military retirement pay calculated under U.S. Code title 10, sections 1401 through 1414, 1447 through 1455, and 12733. You may claim exempt from Minnesota withholding on this income even if it is taxable federally.

**Note:** You may not want to claim exempt if you (or your spouse if filing a joint return) expect to have other forms of income subject to Minnesota tax and you want to avoid owing tax at the end of the year.

If you complete Section 2, you must complete a new Form W-4MN by February 15 in each following year.

**Nonresident Alien**

If you are a nonresident alien for federal tax purposes, do not complete Section 2. See IRS Publication 519, *U.S. Tax Guide for Aliens*.

**Line 2 — Additional Minnesota Withholding**

If you would like an additional amount of tax to be deducted per payment period, enter the amount on line 2. Do not enter a percentage of the payment you want to be deducted.

**Use of Information**

All information on Form W-4MN is private by state law. It cannot be given to others without your consent, except to the IRS, other states that guarantee the same privacy, or by court order. Your name, address, and Social Security Number are required for identification. Information about your allowances is required to determine your correct tax. We ask for your phone number so we can call if we have questions.

**Questions?**

- Website: [www.revenue.state.mn.us](http://www.revenue.state.mn.us)
- Email: [withholding.tax@state.mn.us](mailto:withholding.tax@state.mn.us)
- Phone: 651-282-9999 or 1-800-657-3594 (toll-free)

*Employer instructions are on the next page.*



**FORM NDW-R - RECIPROCITY EXEMPTION FROM WITHHOLDING FOR QUALIFYING MINNESOTA AND MONTANA RESIDENTS WORKING IN NORTH DAKOTA**  
 OFFICE OF STATE TAX COMMISSIONER  
 SFN 28729 (12-2023)



For Calendar Year  
**20** \_\_\_\_\_

**COMPLETE THIS FORM ONLY**  
**IF YOU ARE A MINNESOTA RESIDENT WORKING IN NORTH DAKOTA**

- ▶ Please type or print in black or blue ink. Fill in circles completely.
- ▶ See instructions on back before completing.

**Employee information**

|                                   |  |                                 |
|-----------------------------------|--|---------------------------------|
| Employee Name (Last, First, MI)   |  | Employee Social Security Number |
| Employee Permanent Street Address |  |                                 |
| City                              | State <input type="radio"/> Minnesota<br><input type="radio"/> Montana | ZIP Code                        |

**Employee residency information**

|  |
|--|
| I have lived at the above address since (month/day/year) _____   |
| Will you return to the above address at least once a month? . . . . . YES <input type="radio"/> NO <input type="radio"/><br><b>If you are a resident of Minnesota and answer "No" to this question, you do not qualify for this exemption.</b> |
| Were you ever a resident of North Dakota in the past three years? . . . . . YES <input type="radio"/> NO <input type="radio"/><br>If yes, fill in the dates you were a North Dakota resident (month/day/year) _____ to _____                   |
| Fill in the wages you earned in North Dakota during the previous calendar year _____   |

**Employer Information**

|  |                    |   |
|--|--------------------|---|
| Current Employer's Name<br><b>GUSTAFSON &amp; GOUDGE, INC.</b> |                    | Employer's Federal ID Number<br><b>41-1560850</b> |
| Employer's Mailing Address<br><b>PO BOX 28</b>                 |                    | Telephone Number<br><b>218-776-3379</b>           |
| City<br><b>FOSTON</b>  | State<br><b>MN</b> | ZIP Code<br><b>56634</b>                          |

**Employee's Signature**

I declare, under the penalties of North Dakota Century Code § 12.1-11-02, which provides for a Class A misdemeanor for making a false statement in a governmental matter, that this form has been examined by me and to the best of my knowledge and belief is true, correct, and complete.

|                      |             |                             |
|----------------------|-------------|-----------------------------|
| Employee's signature | Date signed | Employee's Telephone Number |
|----------------------|-------------|-----------------------------|

**Employee** - Make a copy for your records. Give this completed form to you employer.

**Employer** - Verify that the Employer's Federal ID is correct. Make a copy for your records.  
 Mail this form to: Office of State Tax Commissioner, 600 E. Boulevard Ave., Dept. 127, Bismarck ND 58505-0599

**Form NDW-R**

SFN 28729 (12-2023)

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**Instructions for employee**

North Dakota has income tax reciprocity agreements with Minnesota and Montana. If you are a resident of one of these states, the agreements provide that you do not have to pay North Dakota income tax on wages you earn for work in North Dakota. If you are a resident of Minnesota, this applies only if you return to your permanent residence in Minnesota at least once a month.

**Note: The wages you earn for work in North Dakota are subject to income tax in your state of residence.**

**If you do not want North Dakota income tax withheld from your wages,** you must complete this form and give it to your employer by February 28 of the calendar year for which you want it to apply, or within 30 days after you begin working or change your permanent residence. You must complete a new form and give it to your employer each year to continue the exemption from withholding.

If you do not complete this form and give it to your employer as explained above, your employer must withhold North Dakota income tax from your wages.

**If North Dakota income tax was already withheld from your wages,** you must complete and file a North Dakota income tax return at the end of the year to obtain a refund.

**Fill out the form completely**

If you do not fill in every item on this form, your employer must withhold North Dakota income tax from your wages. Sign and date the form. Your phone number is not required, but we ask for it so we can contact you if we have questions.

Your employer will be able to provide you with the correct federal ID number if you do not have this information.

Make a copy of this form for your records and give the original to your employer.

**Use of information**

All information on this form is confidential by state law. It may only be given to your state of residence, the Internal Revenue Service, other states that guarantee the same confidentiality, and to other state agencies as provided by law. The information may be compared with other information you furnished to the Office of State Tax Commissioner.

Your name, address and social security number are required for identification. Your address is also required to verify your state of residence. Your employer's name, address, federal ID number and telephone number are required in case we have to contact your employer regarding withholding income tax from your wages. If you do not complete any of this information, your employer is required to withhold North Dakota income tax from your wages.

**Instructions for employer**

Employees who reside in Minnesota or Montana who ask you not to withhold North Dakota income tax from their wages must complete this form and give it to you by February 28 or within 30 days after they begin working for you or change their residence. Employees who live in other states, including North Dakota, cannot use this form.

For forms received by February 28, mail the original on or before March 31 to: Office of State Tax Commissioner  
600 E. Boulevard Ave., Dept. 127  
Bismarck, ND 58505-0599

For new employees or employees who change their permanent home address, mail the original to the above address within 30 days of receipt.

**Please verify your federal ID number is correct.** Make a copy of the completed form for your records.

If an employee does not fill in every item on this form and the employee does not correct the omission, you must withhold North Dakota income tax from the employee's wages.

An employee must complete this form and give it to you each year to continue the exemption from withholding.

---

**Need forms or assistance?**

**Visit our website**

You can download tax forms, ask us a question or send us a message via email, and find other useful information on our website at: [www.tax.nd.gov](http://www.tax.nd.gov).

**Call us**

For additional NDW-R forms, call 701-328-1243.

For questions about this form or about income tax withholding, please call 701-328-1248.

**Write to us**

You may also write to the Office of State Tax Commissioner, 600 E. Boulevard Ave., Dept. 127, Bismarck, ND 58505-0599.



# Employment Eligibility Verification

## Department of Homeland Security

### U.S. Citizenship and Immigration Services

**USCIS**  
**Form I-9**  
OMB No.1615-0047  
Expires 05/31/2027

**START HERE:** Employers must ensure the form instructions are available to employees when completing this form. Employers are liable for failing to comply with the requirements for completing this form. See below and the [Instructions](#).

**ANTI-DISCRIMINATION NOTICE:** All employees can choose which acceptable documentation to present for Form I-9. Employers cannot ask employees for documentation to verify information in **Section 1**, or specify which acceptable documentation employees must present for **Section 2** or Supplement B, Reverification and Rehire. Treating employees differently based on their citizenship, immigration status, or national origin may be illegal.

**Section 1. Employee Information and Attestation:** Employees must complete and sign Section 1 of Form I-9 no later than the **first day of employment**, but not before accepting a job offer.

|  |                             |   |                            |                           |                                |   |
|--|-----------------------------|---|----------------------------|---------------------------|--------------------------------|---|
| Last Name (Family Name)  |                             | First Name (Given Name)   |                            | Middle Initial (if any)   | Other Last Names Used (if any) |   |
| Address (Street Number and Name)   |                             |   | Apt. Number (if any)       | City or Town              |                                | State<br>ZIP Code                               |
| Date of Birth (mm/dd/yyyy)   | U.S. Social Security Number |   | Employee's Email Address   |                           |                                | Employee's Telephone Number                     |
| <p><b>I am aware that federal law provides for imprisonment and/or fines for false statements, or the use of false documents, in connection with the completion of this form. I attest, under penalty of perjury, that this information, including my selection of the box attesting to my citizenship or immigration status, is true and correct.</b></p> |                             | Check one of the following boxes to attest to your citizenship or immigration status (See page 2 and 3 of the instructions.): |                            |                           |                                |   |
|  |                             | <input type="checkbox"/> 1. A citizen of the United States  |                            |                           |                                |   |
|  |                             | <input type="checkbox"/> 2. A noncitizen national of the United States (See Instructions.)                                    |                            |                           |                                |   |
|  |                             | <input type="checkbox"/> 3. A lawful permanent resident (Enter USCIS or A-Number.)  |                            |                           |                                |   |
| <input type="checkbox"/> 4. An alien authorized to work until _____ (exp. date, if any)  |                             |   |                            |                           |                                |   |
| If you check <b>Item Number 4.</b> , enter one of these:   |                             |   |                            |                           |                                |   |
| USCIS A-Number   |                             | OR  | Form I-94 Admission Number |                           | OR                             | Foreign Passport Number and Country of Issuance |
| Signature of Employee  |                             |   |                            | Today's Date (mm/dd/yyyy) |                                |   |
| <b>Employee Sign &gt;</b>  |                             |   |                            |                           |                                |   |

If a preparer and/or translator assisted you in completing Section 1, that person **MUST** complete the [Preparer and/or Translator Certification](#) on Page 3.

**Section 2. Employer Review and Verification:** Employers or their authorized representative must complete and sign **Section 2** within three business days after the employee's first day of employment, and must physically examine, or examine consistent with an alternative procedure authorized by the Secretary of DHS, documentation from List A OR a combination of documentation from List B and List C. Enter any additional documentation in the Additional Information box; see Instructions.

|                           | List A   | OR | List B | AND | List C |
|---------------------------|--|----|--------|-----|--------|
| Document Title 1          |  |    |        |     |        |
| Issuing Authority         |  |    |        |     |        |
| Document Number (if any)  |  |    |        |     |        |
| Expiration Date (if any)  |  |    |        |     |        |
| Document Title 2 (if any) | <p><b>Additional Information</b></p><br><br><br><br><p>Check here if you used an alternative procedure authorized by DHS to examine documents.</p> |    |        |     |        |
| Issuing Authority         |  |    |        |     |        |
| Document Number (if any)  |  |    |        |     |        |
| Expiration Date (if any)  |  |    |        |     |        |
| Document Title 3 (if any) |  |    |        |     |        |
| Issuing Authority         |  |    |        |     |        |
| Document Number (if any)  |  |    |        |     |        |
| Expiration Date (if any)  |  |    |        |     |        |

|  |  |                                       |
|--|--|---------------------------------------|
| <p><b>Certification:</b> I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</p> |  | First Day of Employment (mm/dd/yyyy): |
| Last Name, First Name and Title of Employer or Authorized Representative   |  | Today's Date (mm/dd/yyyy)             |
| Signature of Employer or Authorized Representative   |  | / / 2026                              |
| Employer's Business or Organization Name   | Employer's Business or Organization Address, City or Town, State, ZIP Code |                                       |
| Gustafson & Goudge, Inc.   | PO Box 28 Clearbrook, MN 56634   |                                       |

For reverification or rehire, complete [Supplement B, Reverification and Rehire](#) on Page 4.

Employer to complete this section and sign

## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

\* Documents extended by the issuing authority are considered unexpired.

Employees may present one selection from List A or a combination of one selection from List B and one selection from List C.

**Examples of many of these documents appear in the Handbook for Employers (M-274).**

| LIST A<br>Documents that Establish Both Identity and Employment Authorization   | OR | LIST B<br>Documents that Establish Identity   | AND | LIST C<br>Documents that Establish Employment Authorization  |
|---|----|---|-----|--|
| <ol style="list-style-type: none"> <li>1. U.S. Passport or U.S. Passport Card</li> <li>2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)</li> <li>3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa</li> <li>4. Employment Authorization Document that contains a photograph (Form I-766)</li> <li>5. For an individual temporarily authorized to work for a specific employer because of his or her status or parole:                             <ol style="list-style-type: none"> <li>a. Foreign passport; and</li> <li>b. Form I-94 or Form I-94A that has the following:                                     <ol style="list-style-type: none"> <li>(1) The same name as the passport; and</li> <li>(2) An endorsement of the individual's status or parole as long as that period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form.</li> </ol> </li> </ol> </li> <li>6. Passport from the Federated States of Micronesia (FSM) or the Republic of the Marshall Islands (RMI) with Form I-94 or Form I-94A indicating nonimmigrant admission under the Compact of Free Association Between the United States and the FSM or RMI</li> </ol> | OR | <ol style="list-style-type: none"> <li>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, sex, height, eye color, and address</li> <li>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, sex, height, eye color, and address</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> <li style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></li> <li>10. School record or report card</li> <li>11. Clinic, doctor, or hospital record</li> <li>12. Day-care or nursery school record</li> </ol> | AND | <ol style="list-style-type: none"> <li>1. A Social Security Account Number card, unless the card includes one of the following restrictions:                             <ol style="list-style-type: none"> <li>(1) NOT VALID FOR EMPLOYMENT</li> <li>(2) VALID FOR WORK ONLY WITH INS AUTHORIZATION</li> <li>(3) VALID FOR WORK ONLY WITH DHS AUTHORIZATION</li> </ol> </li> <li>2. Certification of report of birth issued by the Department of State (Forms DS-1350, FS-545, FS-240)</li> <li>3. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (Form I-197)</li> <li>6. Identification Card for Use of Resident Citizen in the United States (Form I-179)</li> <li>7. Employment authorization document issued by the Department of Homeland Security                             <p style="margin-left: 20px;">For examples, see <a href="#">Section 7</a> and <a href="#">Section 13</a> of the M-274 on <a href="http://uscis.gov/i-9-central">uscis.gov/i-9-central</a>.</p> <p style="margin-left: 20px;">The Form I-766, Employment Authorization Document, is a List A, <b>Item Number 4</b>, document, not a List C document.</p> </li> </ol> |
| <p><b>Acceptable Receipts</b></p> <p>May be presented in lieu of a document listed above for a temporary period.</p> <p>For receipt validity dates, see the M-274.</p>  |    |   |     |  |
| <ul style="list-style-type: none"> <li>• Receipt for a replacement of a lost, stolen, or damaged List A document.</li> <li>• Form I-94 issued to a lawful permanent resident that contains an I-551 stamp and a photograph of the individual.</li> <li>• Form I-94 with "RE" notation or refugee stamp issued to a refugee.</li> </ul>  | OR | <p>Receipt for a replacement of a lost, stolen, or damaged List B document.</p>   | AND | <p>Receipt for a replacement of a lost, stolen, or damaged List C document.</p>  |

\*Refer to the Employment Authorization Extensions page on [I-9 Central](#) for more information.



# Supplement A, Preparer and/or Translator Certification for Section 1

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

USCIS  
Form I-9  
Supplement A  
OMB No. 1615-0047  
Expires 05/31/2027

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from <b>Section 1</b> . | First Name ( <i>Given Name</i> ) from <b>Section 1</b> . | Middle initial (if any) from <b>Section 1</b> . |
|--|--|---|

**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|   |                                  |                            |                                  |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|   |                                  |                            |                                  |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|   |                                  |                            |                                  |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |

**I attest, under penalty of perjury, that I have assisted in the completion of Section 1 of this form and that to the best of my knowledge the information is true and correct.**

|   |                                  |                            |                                  |
|---|----------------------------------|----------------------------|----------------------------------|
| Signature of Preparer or Translator       |                                  | Date ( <i>mm/dd/yyyy</i> ) |                                  |
| Last Name ( <i>Family Name</i> )          | First Name ( <i>Given Name</i> ) |                            | Middle Initial ( <i>if any</i> ) |
| Address ( <i>Street Number and Name</i> ) | City or Town                     | State                      | ZIP Code                         |



# Supplement B, Reverification and Rehire (formerly Section 3)

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

**USCIS**  
**Form I-9**  
**Supplement B**  
OMB No. 1615-0047  
Expires 05/31/2027

|  |  |   |
|--|--|---|
| Last Name ( <i>Family Name</i> ) from Section 1. | First Name ( <i>Given Name</i> ) from Section 1. | Middle initial (if any) from Section 1. |
|--|--|---|

**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

| Date of Rehire ( <i>if applicable</i> ) | New Name ( <i>if applicable</i> ) |                         |                |
|---|-----------------------------------|-------------------------|----------------|
| Date ( <i>mm/dd/yyyy</i> )              | Last Name (Family Name)           | First Name (Given Name) | Middle Initial |

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

|                |                          |  |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |
|----------------|--------------------------|--|

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

|   |  |                                    |
|---|--|------------------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> ) |
|---|--|------------------------------------|

|  |   |
|--|---|
| Additional Information (Initial and date each notation.) | Check here if you used an alternative procedure authorized by DHS to examine documents. |
|--|---|

| Date of Rehire ( <i>if applicable</i> ) | New Name ( <i>if applicable</i> ) |                         |                |
|---|-----------------------------------|-------------------------|----------------|
| Date ( <i>mm/dd/yyyy</i> )              | Last Name (Family Name)           | First Name (Given Name) | Middle Initial |

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

|                |                          |  |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |
|----------------|--------------------------|--|

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

|   |  |                                    |
|---|--|------------------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> ) |
|---|--|------------------------------------|

|  |   |
|--|---|
| Additional Information (Initial and date each notation.) | Check here if you used an alternative procedure authorized by DHS to examine documents. |
|--|---|

| Date of Rehire ( <i>if applicable</i> ) | New Name ( <i>if applicable</i> ) |                         |                |
|---|-----------------------------------|-------------------------|----------------|
| Date ( <i>mm/dd/yyyy</i> )              | Last Name (Family Name)           | First Name (Given Name) | Middle Initial |

**Reverification:** If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.

|                |                          |  |
|----------------|--------------------------|--|
| Document Title | Document Number (if any) | Expiration Date (if any) ( <i>mm/dd/yyyy</i> ) |
|----------------|--------------------------|--|

**I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.**

|   |  |                                    |
|---|--|------------------------------------|
| Name of Employer or Authorized Representative | Signature of Employer or Authorized Representative | Today's Date ( <i>mm/dd/yyyy</i> ) |
|---|--|------------------------------------|

|  |   |
|--|---|
| Additional Information (Initial and date each notation.) | Check here if you used an alternative procedure authorized by DHS to examine documents. |
|--|---|





**GUSTAFSON & GOUDGE, INC.**

46909 State 92 / P.O. Box 28  
Clearbrook, MN 56634  
phone: (218) 776-3379 Fax: (218) 776-3401  
www.gg-inc.us

**Gustafson and Goudge, Inc.**

**Policy and Agreement for Operation of Company Vehicles and Equipment (2023)**

All Employees operating a company owned vehicle agree to operate the vehicle according to the following guidelines. Failure to adhere to these guidelines may result in the revocation of the employees' privilege to operate company vehicles or termination under some circumstances.

- Employees will not use a cell phone or other handheld device unless it is equipped with a hands-free accessory that permits safe and lawful operation of the vehicle. At no time will the employee engage in text messaging, emailing, or internet browsing while operating a company vehicle.
- Employees must maintain a proper and current driver's license for the type of company vehicle that they are operating and notify management immediately if they no longer have a valid license.
- Employees will notify the company of any citations received while operating a company vehicle.
- Employees must follow generally accepted safe driving practices and obey all traffic regulations.
- Employees will ensure that all occupants of a company vehicle are properly wearing safety belts while the vehicle is in motion.
- Employees are responsible for ensuring that the vehicle is properly maintained and kept clean. This includes having the vehicle serviced at a regular service interval by a qualified mechanic. The company will reimburse the employee for the cost of vehicle maintenance.
- The employee authorizes the company to obtain and review the motor vehicle record of the employee.
- The employee agrees to operate the vehicle in such a manner that will not expose the company to any out of the ordinary liability or risk.
- Employee is financially responsible for any parking or traffic violations while operating company owned vehicle.
- Employees must report all accidents within 12 hours of the occurrence to management.
- No non-employees are allowed to operate vehicles.
- Employees are responsible for parking vehicles in a safe and legal manner.
- The use and transport of alcohol or controlled substances prior to and during operation of any vehicle is prohibited.
- Employees are to be mindful that Gustafson and Goudge, Inc. vehicles are company advertisements and should be parked in locations and driven in a manner to maintain and promote the company image.
- Company use of vehicles or equipment on weekends must be approved by management.
- I understand that this authorization may be terminated by the company at any time.

**I have read, understand, and agree to comply with the above conditions authorizing me to drive a company vehicle.**

Date \_\_\_\_\_

Employee Signature \_\_\_\_\_

### Applicant Authorization to Release DOT Drug/Alcohol Test Results

#### SECTION 1: TO BE COMPLETED BY APPLICANT

Applicant/Employee: \_\_\_\_\_ SSN: \_\_\_\_\_

Company: **GUSTAFSON & GOUDGE, INC.** # **3509PTC**

I understand that as a condition of hire with the above named "Company", that I must consent to the release of all DOT mandated drug and alcohol information from all of the employers (and, if applicable, their respective agents or consortium/third-party administrators) for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two (2) years as required by DOT Part 40.25, (or three (3) years as required by Part 391.23 for any driver of a commercial motor vehicle). PTC Assist LLC, acting as the service agent/representative for the hiring Company, will receive the information.

**A Commercial Driver's License (CDL) is required for my employment:**  No  Yes

Check boxes only if applicable

- I have NOT worked in a DOT safety-sensitive position for a DOT regulated company in the past 2 years (3 years for CMV drivers, 5 years for pilots). Proceed to sign and date form below.
- I have tested positive, or refused to test, on a DOT pre-employment drug or alcohol test for an employer who did not hire me in the past two years (3 years for CMV drivers, 5 years for pilots). Please specify the company for which this occurred below.

I hereby authorize the following previous employer/company (and, if applicable, their respective agents or consortium/third-party administrators) to furnish to PTC Assist the DOT information requested in section 2 below.

Previous DOT Employer: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact: \_\_\_\_\_ Dates of Employment: \_\_\_\_\_ to \_\_\_\_\_

*(Complete additional form for each previous DOT employer)*

Certification: I have read and fully understand this authorization to release my previous drug and alcohol test information, identified by the questions below, to PTC Assist LLC. I hereby acknowledge that failure to provide accurate information in response to this request for release of information could negatively affect my employment offer or subject me to disciplinary action up to and including termination if later discovered after my employment with the Company begins.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

**E-mail completed forms to [history@ptcassist.com](mailto:history@ptcassist.com)  
or via fax: 620-665-6376**

### Release of Previous Employer's DOT Drug/Alcohol Testing Results

#### SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

In accordance with DOT regulations, the Company, named above, is required to obtain -- and as a Previous Employer you are required to release -- DOT drug and alcohol information, listed below, concerning the Applicant/Employee, named above. This information request covers any period of employment of the Applicant/Employee by you going back 2 years (3 years for CMV drivers), from the date of this request. Please complete the following:

- |            |                          |  |
|------------|--------------------------|--|
| <b>YES</b> | <b>NO</b>                |  |
| _____      | _____                    | 1. Any DOT alcohol test results of 0.04 or greater?  |
| _____      | _____                    | 2. Any DOT positive drug test results?   |
| _____      | _____                    | 3. Refusal to submit to a DOT required drug / alcohol test? (incl. adulterated or substituted results) |
| _____      | _____                    | 4. Other violations of DOT drug and alcohol testing regulations?                                       |
| _____      | _____                    | 5. Did a previous employer report a drug / alcohol rule violation to you?                              |
| _____      | _____                    | 6. If "yes" for any of the above items, did the employee complete the return-to-duty process?*         |
|            | <input type="checkbox"/> | 7. Was the Applicant/Employee employed by you but <b>NOT</b> subject to DOT regulations?               |

\*Note: If "yes" for item 5, you must provide the previous employer's report. If you answered "yes" for item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

\_\_\_\_\_  
**Name of Person Completing Form**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Phone**

\_\_\_\_\_  
**Date**

**FMCSA - Applicant Authorization to Release Safety Performance History**  
(As required by 49 CFR Parts 40.25 and 391.23)

Acct. Code: 3509PTC

Name of Applicant: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

I do hereby authorize you to release the following information to the below named "Company",

**GUSTAFSON & GOUDGE, INC.**

(and, if applicable, its respective agents or consortium/third party administrators) for the purposes of investigation as required by Section 391.23 of the Federal Motor Carrier Safety Regulations.

Check this box if you have NOT driven a commercial motor vehicle in the past three years.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

Previous Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax #: \_\_\_\_\_ Email: \_\_\_\_\_

Position: \_\_\_\_\_ Start Date (mm/yyyy) \_\_\_\_\_ End Date (mm/yyyy) \_\_\_\_\_

In accordance with Section 391.23, we are obligated to request the information below from all previous employers of the applicant that employed him/her to operate a commercial motor vehicle (over 26,000 lbs) within the 3 years preceding the date above. Please complete the information below and return to us within 30 days, as required by Section 391.23(g). Please phone/fax/mail or email the following information to:

**PTC Assist, LLC**  
9 Compound Drive, Hutchinson, KS 67502  
phone: 620-669-4484 fax: 620-665-6376 email: [history@ptcassist.com](mailto:history@ptcassist.com)

**TO BE COMPLETED BY PREVIOUS EMPLOYER**

**Safety Performance History:**

Did he/she drive a commercial motor vehicle for you?  Yes  No

If Yes, what type?  Straight Truck  Tractor-Semi trailer  Bus  
 Cargo Tank  Doubles/Triples  Other (specify) \_\_\_\_\_

Reason for leaving your company:  Discharged  Resignation  Lay Off  Military Duty

Check if there is no safety performance history to report, sign below and return.

**Accidents:** Complete the following for any accidents included on your accident register (390.15(b)) that involved the applicant in the 3 years prior to the application date shown above.

|    | Date  | Location | No. of injuries | No. of fatalities | Hazmat Spill |
|----|-------|----------|-----------------|-------------------|--------------|
| 1. | _____ | _____    | _____           | _____             | _____        |
| 2. | _____ | _____    | _____           | _____             | _____        |
| 3. | _____ | _____    | _____           | _____             | _____        |

Enclosed is other accident information pursuant to the employer's internal policies for retaining minor accident information (391.23(d)(2)(ii)).

Any other remarks: \_\_\_\_\_

\_\_\_\_\_  
Name of Person Completing Form Title Phone Date

Keep a record of this request and the response for one year.

E-mail completed form(s) to [history@ptcassist.com](mailto:history@ptcassist.com) or via fax: 620-665-6376

**GUSTAFSON & GOUDGE, INC.**  
**ACKNOWLEDGMENT AND AGREEMENT**  
**WITH RESPECT TO DRUG AND ALCOHOL TESTING**

I, the undersigned employee of the above referenced company, do hereby certify that I have been furnished with a copy of the DOT Alcohol and Drug Testing Program, including its Employee Assistance Program, and that I have read and understand same. I further certify that I have been provided with informational material, education and training on the dangers and problems of drug and alcohol misuse.

I am fully aware, and agree that I may be discharged or otherwise disciplined for any violation by me of said DOT Alcohol and Drug Policy, for any failure or refusal to provide urine and/or breath specimens when requested by my employer, for the failure or refusal to identify and certify same, for the failure to cooperate with the forms and other documents, and/or for any other failure or refusal to cooperate with my employer in its said DOT Alcohol and Drug Testing Program.

Executed this the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Employee Name (Please Print)

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Social Security Number