

Payroll Service Information and Instructions

General Information

INTUIT has engaged ICon Professional Services (ICon) to provide payroll services for INTUIT projects. As such, you will be paid as a payroll contractor of ICon. ICon will deduct mandated withholding and other taxes as State and Federal laws require and will provide worker's compensation insurance coverage.

- You will be issued a W-2 Form from ICon for your yearly earnings by January 30th.
- In order to be paid, all payroll contractors will need to complete and submit the Payroll Registration Paperwork as well as Weekly Timecards. Attached you will find the Payroll Registration Paperwork.

To begin...

1. Complete the necessary Payroll Registration Paperwork and send to ICon at:

**ICon Professional Services
1065 E. Hillsdale Blvd. #300
Foster City, CA 94404**

or

Scan/Email or Fax to ICon Human Resources at (650) 378-4157. PLEASE ONLY FAX THOSE PAGES THAT REQUIRE YOUR INFORMATION AND/OR SIGNATURE.

Important Note – You MUST mail your completed & originally signed I-9 Form to ICon.

2. Timecards / invoices are to be submitted online for approval no later than noon each Monday for the hours worked the previous week. Expenses are also required to be submitted online for approval and processing by Monday at noon. ICon's pay period is Monday - Sunday.
3. Payroll is processed on a weekly basis.
4. Where applicable, overtime is paid according to State and Federal law.
5. All approved timecards received before Monday 5pm Pacific Time, will be paid on Friday via direct deposit each week.
6. Your Employer-of-Record will be ICon Professional Services as indicated on your paycheck voucher. Any unemployment claim should indicate **ICon Professional Services** as your employer.
7. Paychecks - If you have not received your paycheck or you need to submit a change of address please contact ICon at (888) 426-6937.



ICON REGISTRATION PACKET

PAYROLLED CONTRACTOR’S NAME: _____

The following is a checklist of documents that must be completed and returned to ICon to complete your registration in ICon’s Payroll Service. Completing and submitting these forms promptly will enable ICon to provide payment to you without delay.

Please return your completed Registration Packet to ICon by fax at 650-378-4157 or Scan/Email. You may also mail to ICon Professional Services, 1065 E. Hillsdale Blvd, Suite 300, Foster City, CA 94404.

DOCUMENT:	COMPLETED BY:	SIGNATURE REQUIRED FROM:	Check if Enclosed
Employment Application	Payrolled Contractor	Payrolled Contractor	
Benefits Request/Waiver	Payrolled Contractor	Payrolled Contractor	
Direct Deposit Authorization (Include copy of voided check)	Payrolled Contractor	Payrolled Contractor	
I-9 Employment Eligibility Verification (need original)	Payrolled Contractor	ICon / Client Representative or Notary Public	
I-9 Agent Authorization Form	Client Representative or Notary Public	Client Representative or Notary Public	
Life Insurance Application	Payrolled Contractor	Payrolled Contractor	
W-4 Tax	Payrolled Contractor	Payrolled Contractor	
Background Release	Payrolled Contractor	Payrolled Contractor	
Background Check Consent Form	Payrolled Contractor	Payrolled Contractor	
Intuit Acknowledgement of Receipt	Payrolled Contractor	Payrolled Contractor	
Intuit Confidentiality Agreement	Payrolled Contractor	Payrolled Contractor	
Intuit Privacy & Security Acknowledgement	Payrolled Contractor	Payrolled Contractor	

Failure to return any of the above forms may result in a delay with both your registration and the processing of your payment.



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APPLICATION FOR EMPLOYMENT

****ICon Payrolled Contractor****

ICon does not discriminate in employment on the grounds of sex, age, race, color, religion, marital status, national origin ancestry, disability, sexual orientation or veteran status.

Note to Rhode Island Applicants: ICon is subject to Chapters 29-38 of Title 28 of the General Laws of Rhode Island, and is therefore covered by the state's workers' compensation law.

PERSONAL INFORMATION

Last Name First Name MI

Address Apt.# City State Zip

(_____)_____-_____
Telephone Message Phone Email:

Other Names Under Which You Have Worked:

Are You Over 18 Years of Age? () Yes () No Position:

Type of Employment: () Full-Time Hours () Part-Time Hours () Project Based () Other

What Prompted Your Application to ICon?

Have You Applied Previously for Employment with us? () No () Yes If Yes, When?

Can You, After Employment Begins, Submit Verification of Your Identity and Legal Right to Work in the U.S.?
() Yes () No

Emergency Contact Person:

Name _____ Phone Number () _____

Please note that a "Yes" answer to any of the following questions will not necessarily disqualify you from employment. Factors such as the age and time of the offense, seriousness and nature of the violation, and rehabilitation will be considered when making any employment decisions.



Have you ever been convicted of a crime? **Do not include convictions that were sealed or expunged pursuant to a court order. NOTE: Before answering this question regarding criminal convictions please refer to the instructions below if you reside or are applying for a position in California, Connecticut, District of Columbia, Georgia, Hawaii, Massachusetts or Washington.**

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary.

Are you currently awaiting trial for any criminal offense?

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary.

Have you ever initiated an act of violence in the workplace?

Yes _____ No _____ Please explain any "Yes" answer. Use additional paper if necessary.

INSTRUCTIONS FOR ANSWERING CRIMINAL CONVICTION INQUIRY

California Applicants: Do not identify convictions under California Health & Safety Code §§11357(b) or (c), 11360(b) (formerly subdivision (c) of section 11360), 11364, 11365, or 11550 related to marijuana offenses that occurred two or more years before the instant application. Also, do not identify any conviction for which the record has been judicially ordered sealed, expunged or statutorily eradicated, or any misdemeanor conviction for which probation has been successfully completed or otherwise discharged and the case has been judicially dismissed.

Connecticut Applicants: Applicants are not required to disclose the existence of any arrest, criminal charge, or conviction, the records of which have been erased pursuant to section 46b-146, 54-76o or 54-142a of the Connecticut General Statutes. Criminal records subject to erasure under these sections are records pertaining to a finding of delinquency or the fact that a child was a member of a family with service needs, an adjudication as a youthful offender, a criminal charge that has been dismissed or nolle (not prosecuted), a criminal charge for which the person was found not guilty, or a conviction for which the offender received an absolute pardon. Any person whose criminal records have been erased pursuant to these sections is deemed to have never been arrested within the meaning of the law as it applies to the particular proceedings that have been erased, and may so swear under oath.

District of Columbia: Do not identify convictions that are more than ten (10) years old.

Georgia Applicants: Do not identify any guilty plea that was discharged by the court under Georgia's First Offender Act.

Hawaii Applicants: Do not answer this question at this time. You will only have to answer this question if you receive a conditional offer of employment. At that time you will be asked whether you have been convicted of a crime within the past ten (10) years.



Massachusetts Applicants: An applicant for employment with a sealed record on file with the Commissioner of Probation may answer “no record” with respect to an inquiry herein relative to prior arrests, criminal court appearances, or convictions. In addition, an applicant for employment may answer “no record” with respect to any inquiry relative to prior arrests, court appearances and adjudications in all cases of delinquency or as a child in need of services which did not result in a complaint transferred to the superior court for criminal prosecution. Massachusetts applicants should not disclose information regarding first-time misdemeanor convictions for drunkenness, simple assault, speeding, minor traffic violations, affray or disturbance of the peace. Finally, Massachusetts applicants should not disclose convictions for other misdemeanors where the date of conviction or the end of any period of incarceration was more than five years ago unless there have been subsequent convictions within those five years.

Washington: Do not identify any conviction that is more than ten (10) years old at the time of making this application

Please attach a summary of your work history and education or attach a resume.

CERTIFICATION AND AUTHORIZATION

Initial: _____ I certify that all of the information furnished on this application and during the application process is true, complete and correct to the best of my knowledge. I understand that any misrepresentation or omission of facts called for may result in refusal to hire or, if hired, may result in my dismissal at any time regardless of when the false answer or omissions are discovered.

Initial: _____ I recognize that this employment application is not an offer of employment. I agree that if I am hired by ICon, I will be an at-will employee, meaning that either ICon or I may end the employment relationship at any time with or without cause or notice. I understand that only the President of ICon, and no manager, supervisor, or representative of ICon has authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the at-will employment relationship, and with respect to the President, any such agreements must be in writing.

Initial: _____ I further understand and agree that, except for employment-at-will status, if hired my wages, hours, working conditions, job assignment(s), and compensation rate(s) will be subject to change by ICon.

Initial: _____ I understand that if I am offered employment, I may be required to sign a non-solicitation and non-disclosure agreement, as a condition of the employment.

Initial: _____ I understand that ICon may share the information contained in this application with other ICon employees for employment and administrative purposes and hereby consent to such transfer and disclosure.

Initial: _____ I hereby authorize ICon to conduct any necessary investigation regarding my background as it relates to the position I am seeking and to the extent permitted by federal, state, and local law. I agree to complete the requisite authorization forms for the background investigation. I hereby release all parties from any liability in connection with the provision and use of such information.

Initial: _____ I agree to submit to legally permissible drug testing upon an offer of employment from ICon and prior to starting work. I agree that, when testing is required, any offer of employment is contingent upon my receiving a negative test result.

Initial: _____ I understand and expressly agree that if employed by ICon, storage areas provided for me (locker, desk, etc.) are open to investigation by the company for which I am providing services (“Client Company”) without prior notice to me.

Initial: _____ I agree to undergo a pre-employment physical examination consistent with federal and state law – if asked to do so.



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Initial: _____ I authorize a thorough investigation of all the information contained on this application including but not limited to my prior employment, conviction history and educational background. I agree to cooperate in such an investigation. Also, I hereby release from all liability and responsibility, all persons or corporations requesting or supplying such information.

Initial: _____ I understand that if I am hired and I drive during work hours, I do so at my own risk and liability. I hereby acknowledge that I am responsible for maintaining my own automobile insurance coverage in the course of performing my job. I further verify that I have my own automobile insurance to cover personal injury and property damage in the event of an automobile accident.

Initial: _____ ICon is concerned about the environment our employees work in and does not tolerate sexual harassment. As an ICon employee, I agree that if I am subject to unsolicited, unwelcome sexual advances, sexually suggestive conduct or offensive conduct, either physical, written or verbal from Client Company's management, employee(s), contractors, agents, clients or co-workers I will submit a detailed written complaint to Client Company's Human Resource Department, ICon's local or corporate representative and management within twenty-four (24) hours of the occurrence.

Initial: _____ If I am employed by ICon, I will conduct myself in a professional manner at all times, and will abide by the rules of conduct of the Client Company to which I provide service. If I am employed by ICon, I further acknowledge and understand that I will not be entitled to participate in any of the employee benefit programs offered by the Client Company including, but not limited to, any pension or retirement plans, 401K, profit sharing, stock option, stock purchase, bonus or incentive compensation plans, any life or health insurance plans, any vacation, holiday, sick leave or other paid time off; and any separation payment plans. I also acknowledge that I am an employee of ICon and not an employee of the Client Company.

Initial: _____ I agree to submit each of my timecards/payment requests within thirty (30) days of the relevant week ending date (Sunday).

Initial: _____ I agree that, if within one year of payment, I discover a discrepancy in payment distribution from ICon, or receive a notification from ICon of such a discrepancy, that I will provide documentation to substantiate accurate payment amounts within three (3) business days of notification. If such discrepancy results in an overpayment from ICon for any reason, I will refund the total amount of the overpayment to ICon in no more than three (3) business days of notification. Should payment discrepancy have resulted in an underpayment to me, ICon will distribute total deficient amount in full in no more than three (3) business days.

Initial: _____ I agree not to disclose, use, copy, reverse engineer or retain any confidential business information or trade secrets belonging to ICon or ICon's clients, including suppliers, employees, clients, contractors and subcontractors thereof. I agree to treat any and all company property, property belonging to fellow employees, or any other third party with care and respect. I agree upon termination, whether voluntarily or involuntarily, I will return all Client Company property that was issued or assigned to me for use in performing the functions of my duties. I further agree to abide by all provisions of the California Confidentiality Medical Information Act (California Civil Code Section 56.05 et. seq.) and the Federal Health Insurance Portability and Accountability Act of 1996 ("HIPAA") as referenced in the Agreement between ICon and the Client Company for which I am providing service.

Initial: _____ I agree that any claim or controversy arising out of either this application or my employment, should I be hired, shall be resolved through binding arbitration under the rules of the American Arbitration Association, held in San Francisco, California, with each party to bear its own costs and attorneys fees. The arbitration procedure applies to claims brought by me against ICon or by ICon against me. I agree that any claim arising out of or relating to the application process, including, without limitation, a claim alleging unlawful discrimination and/or harassment, and any claim arising out of or relating to my employment or its termination (if I am offered and accept employment), including, without limitation, a claim of unfair business practices, unlawful employment discrimination, harassment, wrongful demotion and/or wrongful termination, will be presented to a neutral arbitrator for final and binding decision in



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accordance with procedures adopted by ICon. These procedures do not prevent me from filing a claim or charge with the Equal Employment Opportunity Commission or National Labor Relations Board. Nor do these procedures prevent me from making a claim for workers' compensation benefits or unemployment insurance. I understand and agree that I may review ICon's arbitration procedures before submitting this application for employment by making a written request for a copy of those procedures from ICon.

THIS AGREEMENT IS A WAIVER OF ALL RIGHTS TO CIVIL COURT ACTIONS FOR A CLAIM SUBJECT TO ARBITRATION. ONLY THE ARBITRATOR, NOT A JUDGE OR JURY, WILL DECIDE

Initial: _____ **Massachusetts' Applicants:** I understand that it is unlawful in Massachusetts to require or administer a lie detector test as a condition of employment or continued employment. An employer who violates this law shall be subject to criminal penalties and civil liability.

Initial: _____ **Maryland Applicants:** I UNDERSTAND THAT UNDER MARYLAND LAW, AN EMPLOYER MAY NOT REQUIRE OR DEMAND, AS A CONDITION OF EMPLOYMENT, PROSPECTIVE EMPLOYMENT OR CONTINUED EMPLOYMENT, THAT ANY INDIVIDUAL SUBMIT TO OR TAKE A LIE DETECTOR OR SIMILAR TEST. AN EMPLOYER WHO VIOLATES THIS LAW IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE NOT EXCEEDING \$100.

My signature below certifies that I agree to be bound by the terms and conditions stated in this application, which contains all the understandings between ICon and me concerning the topics addressed herein, and supersedes any prior inconsistent understandings between ICon and me on such issues.

Signature of Applicant/Payrolled Contractor: _____

Date: _____



REQUEST FOR BENEFITS INFORMATION/WAIVER

Payrolled Contractor's Name: _____

Benefits are available to all payroll contractors who work an average of 120 hours per month or more. Medical/Dental Enrollment is available within the first thirty (30) days of employment and during the annual open enrollment in the month of March only. Payroll Contractors are also eligible for medical enrollment upon a change in status (i.e. birth, death or divorce). 401(k) Retirement Benefits are available to all payroll contractors regardless of hours worked and such enrollment is open all year. This is not an enrollment form but rather a request for additional information or to waive benefits outright.

To receive detailed benefits information about coverage, initial next to your selections. Alternatively indicate that you waive benefits under each applicable category.

Medical Coverage

_____ Blue Cross of California PPO (Available Nationwide)

Please send me info

_____ Blue Cross of California HMO (California Residents Only)

Please send me info OR

_____ Waive Medical Coverage

__ Provided by spouse __ Private medical plan __ Other: _____

Dental Coverage

_____ Blue Cross of California (Available Nationwide)

Please send me info OR

_____ Waive Dental Coverage

__ Provided by spouse __ Private dental plan __ Other: _____

401 (k) Plan

_____ 401(k) Plan from the ING Group

Please send me info OR

_____ Waive 401(k) Plan

__ I have my own Keogh or 401(k) Plan __ No Retirement Plan

With this signature, I understand that I am either requesting information about, or waiving, the above listed benefits, and I further understand that I have no entitlements or rights to any other benefit plan as an employee of ICon, including any plan of the Client Company to which I provide services.

Signature of Applicant/Payrolled Contractor

Date



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DIRECT DEPOSIT AUTHORIZATION

I hereby authorize ICon to initiate credits (and/or corrections to the previous credits) to the institutions below. The institutions are authorized to credit and/or correct the amounts to my account. This authority is to remain in full force and effect until I revoke it in writing in such time (10 days) and such manner as to afford the institution a reasonable opportunity to act on it.

First Name	Last Name
PRIMARY ACCOUNT INFORMATION	
Financial Institution (Bank, Savings & Loan, Credit Union)	Type of Account
	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>
Address	Financial Routing Number
City, State, Zip Code	Account Number
Phone Number	Amount to be Deposited
	\$
SECONDARY ACCOUNT	
Financial Institution (Bank, Savings & Loan, Credit Union)	Type of Account
	Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other <input type="checkbox"/>
Address	Financial Routing Number
City, State, Zip Code	Account Number
Phone Number	Amount to be Deposited
	\$

NOTE: Please attach a voided check. Deposit slips are not accepted by the bank. Your initial direct deposit will take one pay cycle to begin.

I will notify ICon in writing to cancel my authorization. I understand that should I terminate from ICon, my authorization will automatically be revoked.

Signature of Applicant/Payrolled Contractor

Date

ICon also offers ADP iPayStatements, which enable you to view your pay statements online. With this signature, I agree to accept iPayStatements and would like ICon to forward me registration information for ADP's secure online application.

Signature of Applicant/Payrolled Contractor

Date

EMPLOYMENT ELIGIBILITY VERIFICATION (I-9 FORM) AGENT AUTHORIZATION

Please be aware that the US Citizenship and Immigration Services mandate that we keep the original I-9 form on file for all employees. This includes the AGENT AUTHORIZATION page. Please follow these instructions CAREFULLY to ensure you are in compliance.

PLEASE NOTE: The law states we must have the original form on file by the 3rd day of starting your assignment.

Step 1	The I-9 Form is attached to this document. Complete all blanks in Section 1.
Step 2	Present your original identification documents to an Authorized Agent*.
Step 3	<p>The Agent will examine your documents to ensure that you have presented either:</p> <ul style="list-style-type: none"> ▪ one document from list “A” or ▪ one document from list “B” and one document from list “C <p>(see the I-9 instruction form for the lists)</p>
THE AGENT MUST RECORD THE DOCUMENTS IN SECTION 2 OF THE I-9 FORM	
Step 4	Attach to the I-9 Form, clear and legible copies of the document(s) you presented to the Agent.
Step 5	Return all pages of the completed original I-9 Form and copies of the document(s) to ICon.

If the form is incomplete or the supporting documents are not received, we will return the form to you. Simply faxing a copy of an uncertified I-9 Form to ICon is not acceptable.

*The Citizenship and Immigration Services allow companies to appoint professionals as their agents to complete the I-9 form. Contractually, Client Representatives and Notary Publics can certify I-9 Forms on ICon’s behalf.

If you have questions, contact ICon at (650) 378-4150.



I-9 AGENT AUTHORIZATION

ICon Professional Services (ICon) hereby appoints _____
_____ (“Agent”- Notary Public or Client Representative)
as ICon’s agent solely for the purpose of examining the original documentation required on the
Employment Eligibility Verification I-9 Form, accurately recording such information thereon and
executing such I-9 Form on behalf of ICon for the benefit of:

(ICon Employee-Print Name)

Agent hereby accepts such appoint.

Agent

ICon

By: _____

By: _____

Name: ICon Representative

Date: _____

Position Title: _____

Date: _____

Instructions

Read all instructions carefully before completing this form.

Anti-Discrimination Notice. It is illegal to discriminate against any individual (other than an alien not authorized to work in the United States) in hiring, discharging, or recruiting or referring for a fee because of that individual's national origin or citizenship status. It is illegal to discriminate against work-authorized individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents presented have a future expiration date may also constitute illegal discrimination. For more information, call the Office of Special Counsel for Immigration Related Unfair Employment Practices at 1-800-255-8155.

What Is the Purpose of This Form?

The purpose of this form is to document that each new employee (both citizen and noncitizen) hired after November 6, 1986, is authorized to work in the United States.

When Should Form I-9 Be Used?

All employees (citizens and noncitizens) hired after November 6, 1986, and working in the United States must complete Form I-9.

Filling Out Form I-9

Section 1, Employee

This part of the form must be completed no later than the time of hire, which is the actual beginning of employment. Providing the Social Security Number is voluntary, except for employees hired by employers participating in the USCIS Electronic Employment Eligibility Verification Program (E-Verify). **The employer is responsible for ensuring that Section 1 is timely and properly completed.**

Noncitizen nationals of the United States are persons born in American Samoa, certain former citizens of the former Trust Territory of the Pacific Islands, and certain children of noncitizen nationals born abroad.

Employers should note the work authorization expiration date (if any) shown in **Section 1**. For employees who indicate an employment authorization expiration date in **Section 1**, employers are required to reverify employment authorization for employment on or before the date shown. Note that some employees may leave the expiration date blank if they are aliens whose work authorization does not expire (e.g., asylees, refugees, certain citizens of the Federated States of Micronesia or the Republic of the Marshall Islands). For such employees, reverification does not apply unless they choose to present

in Section 2 evidence of employment authorization that contains an expiration date (e.g., Employment Authorization Document (Form I-766)).

Preparer/Translator Certification

The Preparer/Translator Certification must be completed if **Section 1** is prepared by a person other than the employee. A preparer/translator may be used only when the employee is unable to complete **Section 1** on his or her own. However, the employee must still sign **Section 1** personally.

Section 2, Employer

For the purpose of completing this form, the term "employer" means all employers including those recruiters and referrers for a fee who are agricultural associations, agricultural employers, or farm labor contractors. Employers must complete **Section 2** by examining evidence of identity and employment authorization within three business days of the date employment begins. However, if an employer hires an individual for less than three business days, **Section 2** must be completed at the time employment begins. Employers cannot specify which document(s) listed on the last page of Form I-9 employees present to establish identity and employment authorization. Employees may present any List A document **OR** a combination of a List B and a List C document.

If an employee is unable to present a required document (or documents), the employee must present an acceptable receipt in lieu of a document listed on the last page of this form. Receipts showing that a person has applied for an initial grant of employment authorization, or for renewal of employment authorization, are not acceptable. Employees must present receipts within three business days of the date employment begins and must present valid replacement documents within 90 days or other specified time.

Employers must record in Section 2:

1. Document title;
2. Issuing authority;
3. Document number;
4. Expiration date, if any; and
5. The date employment begins.

Employers must sign and date the certification in **Section 2**. Employees must present original documents. Employers may, but are not required to, photocopy the document(s) presented. If photocopies are made, they must be made for all new hires. Photocopies may only be used for the verification process and must be retained with Form I-9. **Employers are still responsible for completing and retaining Form I-9.**

For more detailed information, you may refer to the *USCIS Handbook for Employers (Form M-274)*. You may obtain the handbook using the contact information found under the header "USCIS Forms and Information."

Section 3, Updating and Reverification

Employers must complete **Section 3** when updating and/or reverifying Form I-9. Employers must reverify employment authorization of their employees on or before the work authorization expiration date recorded in **Section 1** (if any). Employers **CANNOT** specify which document(s) they will accept from an employee.

- A.** If an employee's name has changed at the time this form is being updated/reverified, complete Block A.
- B.** If an employee is rehired within three years of the date this form was originally completed and the employee is still authorized to be employed on the same basis as previously indicated on this form (updating), complete Block B and the signature block.
- C.** If an employee is rehired within three years of the date this form was originally completed and the employee's work authorization has expired **or** if a current employee's work authorization is about to expire (reverification), complete Block B; and:
 - 1.** Examine any document that reflects the employee is authorized to work in the United States (see List A **or** C);
 - 2.** Record the document title, document number, and expiration date (if any) in Block C; and
 - 3.** Complete the signature block.

Note that for reverification purposes, employers have the option of completing a new Form I-9 instead of completing **Section 3**.

What Is the Filing Fee?

There is no associated filing fee for completing Form I-9. This form is not filed with USCIS or any government agency. Form I-9 must be retained by the employer and made available for inspection by U.S. Government officials as specified in the Privacy Act Notice below.

USCIS Forms and Information

To order USCIS forms, you can download them from our website at www.uscis.gov/forms or call our toll-free number at 1-800-870-3676. You can obtain information about Form I-9 from our website at www.uscis.gov or by calling 1-888-464-4218.

Information about E-Verify, a free and voluntary program that allows participating employers to electronically verify the employment eligibility of their newly hired employees, can be obtained from our website at www.uscis.gov/e-verify or by calling 1-888-464-4218.

General information on immigration laws, regulations, and procedures can be obtained by telephoning our National Customer Service Center at 1-800-375-5283 or visiting our Internet website at www.uscis.gov.

Photocopying and Retaining Form I-9

A blank Form I-9 may be reproduced, provided both sides are copied. The Instructions must be available to all employees completing this form. Employers must retain completed Form I-9s for three years after the date of hire or one year after the date employment ends, whichever is later.

Form I-9 may be signed and retained electronically, as authorized in Department of Homeland Security regulations at 8 CFR 274a.2.

Privacy Act Notice

The authority for collecting this information is the Immigration Reform and Control Act of 1986, Pub. L. 99-603 (8 USC 1324a).

This information is for employers to verify the eligibility of individuals for employment to preclude the unlawful hiring, or recruiting or referring for a fee, of aliens who are not authorized to work in the United States.

This information will be used by employers as a record of their basis for determining eligibility of an employee to work in the United States. The form will be kept by the employer and made available for inspection by authorized officials of the Department of Homeland Security, Department of Labor, and Office of Special Counsel for Immigration-Related Unfair Employment Practices.

Submission of the information required in this form is voluntary. However, an individual may not begin employment unless this form is completed, since employers are subject to civil or criminal penalties if they do not comply with the Immigration Reform and Control Act of 1986.

Paperwork Reduction Act

An agency may not conduct or sponsor an information collection and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. The public reporting burden for this collection of information is estimated at 12 minutes per response, including the time for reviewing instructions and completing and submitting the form. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: U.S. Citizenship and Immigration Services, Regulatory Management Division, 111 Massachusetts Avenue, N.W., 3rd Floor, Suite 3008, Washington, DC 20529-2210. OMB No. 1615-0047. **Do not mail your completed Form I-9 to this address.**

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

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

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

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

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

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

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - *month/day/year*)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

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

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

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

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

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

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

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____	Document #: _____	Expiration Date <i>(if any)</i> : _____
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I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
--	------------------------------

LISTS OF ACCEPTABLE DOCUMENTS

All documents must be unexpired

LIST A

**Documents that Establish Both
Identity and Employment
Authorization**

LIST B

**Documents that Establish
Identity**

LIST C

**Documents that Establish
Employment Authorization**

	OR	
1. U.S. Passport or U.S. Passport Card		1. Driver's license or ID card issued by a State or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
2. Permanent Resident Card or Alien Registration Receipt Card (Form I-551)		
3. Foreign passport that contains a temporary I-551 stamp or temporary I-551 printed notation on a machine-readable immigrant visa		2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color, and address
4. Employment Authorization Document that contains a photograph (Form I-766)		2. Certification of Birth Abroad issued by the Department of State (Form FS-545)
5. In the case of a nonimmigrant alien authorized to work for a specific employer incident to status, a foreign passport with Form I-94 or Form I-94A bearing the same name as the passport and containing an endorsement of the alien's nonimmigrant status, as long as the period of endorsement has not yet expired and the proposed employment is not in conflict with any restrictions or limitations identified on the form		3. School ID card with a photograph
		3. Certification of Report of Birth issued by the Department of State (Form DS-1350)
		4. Voter's registration card
		4. Original or certified copy of birth certificate issued by a State, county, municipal authority, or territory of the United States bearing an official seal
		5. U.S. Military card or draft record
		5. Native American tribal document
		6. Military dependent's ID card
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		6. U.S. Citizen ID Card (Form I-197)
		7. U.S. Coast Guard Merchant Mariner Card
		7. Identification Card for Use of Resident Citizen in the United States (Form I-179)
		8. Native American tribal document
		9. Driver's license issued by a Canadian government authority
	For persons under age 18 who are unable to present a document listed above:	8. Employment authorization document issued by the Department of Homeland Security
	10. School record or report card	
	11. Clinic, doctor, or hospital record	
	12. Day-care or nursery school record	

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

Form W-4 (2011)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2011 expires February 16, 2012. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

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

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

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

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

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

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

Check your withholding. After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2011. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>
B	Enter "1" if: { <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. }	B	<u> </u>
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> • If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then less "1" if you have three or more eligible children. • If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" additional if you have six or more eligible children 	G	<u> </u>
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>
	For accuracy, complete all worksheets that apply. { <ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below. }		

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

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 2011
1 Type or print your first name and middle initial.	Last name	2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)	6 Additional amount, if any, you want withheld from each paycheck	5 <u> </u> 6 \$ <u> </u>
7 I claim exemption from withholding for 2011, and I certify that I meet both of the following conditions for exemption. <ul style="list-style-type: none"> • Last year I had a right to a refund of all federal income tax withheld because I had no tax liability and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶		7 <u> </u>
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (This form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)

Deductions and Adjustments Worksheet

Note. Use this worksheet *only* if you plan to itemize deductions or claim certain credits or adjustments to income.

1	Enter an estimate of your 2011 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions	1	\$ _____
2	Enter: $\left\{ \begin{array}{l} \$11,600 \text{ if married filing jointly or qualifying widow(er)} \\ \$8,500 \text{ if head of household} \\ \$5,800 \text{ if single or married filing separately} \end{array} \right\}$	2	\$ _____
3	Subtract line 2 from line 1. If zero or less, enter “-0-”	3	\$ _____
4	Enter an estimate of your 2011 adjustments to income and any additional standard deduction (see Pub. 919)	4	\$ _____
5	Add lines 3 and 4 and enter the total. (Include any amount for credits from the <i>Converting Credits to Withholding Allowances for 2011 Form W-4 Worksheet</i> in Pub. 919.)	5	\$ _____
6	Enter an estimate of your 2011 nonwage income (such as dividends or interest)	6	\$ _____
7	Subtract line 6 from line 5. If zero or less, enter “-0-”	7	\$ _____
8	Divide the amount on line 7 by \$3,700 and enter the result here. Drop any fraction	8	_____
9	Enter the number from the Personal Allowances Worksheet , line H, page 1	9	_____
10	Add lines 8 and 9 and enter the total here. If you plan to use the Two-Earners/Multiple Jobs Worksheet , also enter this total on line 1 below. Otherwise, stop here and enter this total on Form W-4, line 5, page 1	10	_____

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

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

1	Enter the number from line H, page 1 (or from line 10 above if you used the Deductions and Adjustments Worksheet)	1	_____
2	Find the number in Table 1 below that applies to the LOWEST paying job and enter it here. However , if you are married filing jointly and wages from the highest paying job are \$65,000 or less, do not enter more than “3”	2	_____
3	If line 1 is more than or equal to line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. Do not use the rest of this worksheet	3	_____
Note. If line 1 is less than line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4 through 9 below to figure the additional withholding amount necessary to avoid a year-end tax bill.			
4	Enter the number from line 2 of this worksheet	4	_____
5	Enter the number from line 1 of this worksheet	5	_____
6	Subtract line 5 from line 4	6	_____
7	Find the amount in Table 2 below that applies to the HIGHEST paying job and enter it here	7	\$ _____
8	Multiply line 7 by line 6 and enter the result here. This is the additional annual withholding needed	8	\$ _____
9	Divide line 8 by the number of pay periods remaining in 2011. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2010. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck	9	\$ _____

Table 1

Table 2

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from LOWEST paying job are—	Enter on line 2 above	If wages from LOWEST paying job are—	Enter on line 2 above	If wages from HIGHEST paying job are—	Enter on line 7 above	If wages from HIGHEST paying job are—	Enter on line 7 above
\$0 - \$5,000 -	0	\$0 - \$8,000 -	0	\$0 - \$65,000	\$560	\$0 - \$35,000	\$560
5,001 - 12,000 -	1	8,001 - 15,000 -	1	65,001 - 125,000	930	35,001 - 90,000	930
12,001 - 22,000 -	2	15,001 - 25,000 -	2	125,001 - 185,000	1,040	90,001 - 165,000	1,040
22,001 - 25,000 -	3	25,001 - 30,000 -	3	185,001 - 335,000	1,220	165,001 - 370,000	1,220
25,001 - 30,000 -	4	30,001 - 40,000 -	4	335,001 and over	1,300	370,001 and over	1,300
30,001 - 40,000 -	5	40,001 - 50,000 -	5				
40,001 - 48,000 -	6	50,001 - 65,000 -	6				
48,001 - 55,000 -	7	65,001 - 80,000 -	7				
55,001 - 65,000 -	8	80,001 - 95,000 -	8				
65,001 - 72,000 -	9	95,001 -120,000 -	9				
72,001 - 85,000 -	10	120,001 and over	10				
85,001 - 97,000 -	11						
97,001 -110,000 -	12						
110,001 -120,000 -	13						
120,001 -135,000 -	14						
135,001 and over	15						

Privacy Act and Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States. 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 who claims no withholding allowances; 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 possessions 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.

Company Name _____ Account Number _____

A. Employee Information

Your name (last, first, middle initial)			Social security number		
Address (street or P.O. Box)		City	State	ZIP code	
Date of birth (mo/day/yr)	<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> single <input type="checkbox"/> married	Phone number	County	
Date of Full-Time employment	Job position/location				
Present salary excluding overtime and bonuses \$ _____	<input type="checkbox"/> yr	<input type="checkbox"/> mo	<input type="checkbox"/> wk	<input type="checkbox"/> hr	Hours per week

B. Beneficiary Designation: Complete only if your coverages include group term life insurance.

Beneficiary for employee group term life insurance (Print as "Doe, Mary A.", not "Mrs. John Doe")

last name	first name	middle initial	relationship to you
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Unless otherwise provided herein, if two or more beneficiaries are named, the proceeds shall be paid in equal shares to the named beneficiaries surviving the insured. If no beneficiary has been designated, any proceeds will be payable as provided by the group policy.

C. Benefit Election: *Ask your employer what coverages the policy has. Check your election option(s) below.

From the coverage options available that apply, I elect the following coverage(s):*

supplemental life amount _____ medical all coverages

supplemental AD&D amount _____ dental

I elect medical coverage for:*

myself spouse child(ren) _____ (indicate number of child(ren) to be covered)

I elect dental coverage for:*

myself spouse child(ren) _____ (indicate number of child(ren) to be covered)

I elect vision coverage for:*

myself spouse child(ren) _____ (indicate number of child(ren) to be covered)

*If you do not elect any/all coverage for yourself and any/all eligible Dependents, complete the next page.

D. Dependent Information: Please list your spouse and all eligible children.

Spouse's name	Social security number			Date of birth (mo/day/yr)						
Full name of Dependent child(ren)	Social security number	Date of birth			Full-Time student	Foster child	Step child	Handicapped child	Male	Female
		mo	day	yr						
1.										
2.										
3.										
4.										

Dependents must meet eligibility requirements. Foster child and stepchild eligibility is subject to approval by The Principal. Complete a Foster Child and Stepchild Questionnaire. If you have Developmentally Disabled/Physically Handicapped children over age 19 (over age 20 for Life Insurance), complete an Application to Continue Handicapped Child. Contact your employer for assistance with any questions.

E. Employee Signature

If the group policy requires that contributions be made by me, I authorize my employer to deduct them from my pay. I have read the notice regarding the Preexisting Condition Exclusion and Special Enrollment Rights, located on the back page of this form, and I understand these provisions. I declare that the information given on this enrollment form is complete and true. I understand an agent cannot guarantee coverage, revise rates, benefits, or provisions without written approval by an officer of The Principal.

Your signature (Do not print) _____ Date signed _____

F. The Principal to Complete

Employee effective date _____ Dependent effective date _____

BACKGROUND CHECK DISCLOSURE AND AUTHORIZATION FORM

In the interest of maintaining the safety and security of their employees, clients, and their clients' employees, our client has requested that we, ICon Professional Services ("the Company"), procure a consumer report and/or investigative consumer report ("background check report") on you in connection with your employment application, and if you are hired, may procure additional background check reports on you for employment purposes.

You may request more information about the nature and scope of any background check reports by contacting ICon Human Resources Department on 650.378.4156. A summary of your rights under the Fair Credit Reporting Act is also being provided to you with this form.

State Law Notices: If you live, or are seeking work, in California, Maine, N.Y. or Washington State, please note the following information:

CALIFORNIA: Under Section 1786.22 of the California Civil Code, you have the right to request from Acxiom, upon proper identification, the nature and substance of all information in its files on you, including the sources of information, and the recipients of any reports on you, which Acxiom has previously furnished within the two-year period preceding your request. You may view the file maintained on you by Acxiom during normal business hours. You may also obtain a copy of this file upon submitting proper identification and paying the costs of duplication services. Upon making a written request, you may receive a summary of your report via telephone.

MAINE: Under Chapter 210 Section 1314 of Maine Revised Statutes, you have the right, upon request, to be informed within 5 business days of such request of whether or not an investigative consumer report was requested. If such report was obtained, you may contact the Consumer Reporting Agency and request a copy.

NEW YORK: Under Article 25 Section 380-c (b) (2) of the New York General Business Law, you have the right, upon written request, to be informed of whether or not an investigative consumer report was requested.

Under Article 25 Section 380-g of the New York General Business Law, should a consumer report received by an employer contain criminal conviction information, the employer must provide to the applicant or employee who is the subject of the report, a printed or electronic copy of Article 23-A of the New York Correction Law, which governs the employment of persons previously convicted of one or more criminal offenses.

WASHINGTON STATE: You have the right, upon written request made within a reasonable period of time after your receipt of this disclosure, to receive from the Company a complete and accurate disclosure of the nature and scope of the investigation we requested. You also have the right to request from the consumer reporting agency a written summary of your rights and remedies under the Washington Fair Credit Reporting Act.

CONSENT FOR DISCLOSURE OF BACKGROUND CHECK INFORMATION

Workplace safety and security is of fundamental importance for ICon Professional Services and its clients. As part of the efforts to promote safety and security, many clients require ICon to verify and/or disclose employee BACKGROUND CHECK INFORMATION, particularly when employees are performing on-site services. Requests for such information have increased considerably due to recent events, including the events of September 11, 2001.

BACKGROUND CHECK INFORMATION includes, but is not limited to: civil and criminal court records; credit history information; educational records; driving records; reference checks; military records; and, pre-employment drug test results.

ICon respects your privacy. However, ICon must balance your privacy interests with the realities of doing business with our clients. For that reason, ICon is asking you to consent to the disclosure of your BACKGROUND CHECK INFORMATION to Intuit by marking the box below and signing and returning the form. Information will only be disclosed when required by the client, and disclosure will be limited to authorized individuals at the client's facilities. Measures will be taken to preserve your privacy.

Questions about this form should be directed to ICon Human Resources Department at (650) 378-4150.

- I consent to the disclosure of my BACKGROUND CHECK INFORMATION to authorized personnel at Intuit and understand that my consent will be good throughout my employment.

Signature of Applicant/Payrolled Contractor: _____

Date: _____

TEMPORARY CONTRACT WORKER ASSIGNMENT AND CONFIDENTIALITY AGREEMENT

This Temporary Contract Worker Assignment and Confidentiality Agreement (“**Agreement**”) is made as of the date indicated below, by and between Intuit Inc. (“**Intuit**”), with its principal place of business at 2535 Garcia Avenue, Mountain View, California 94043 and the Temporary Contract Worker identified below (“**Contract Worker**”). Intuit desires to protect certain confidential and proprietary information and therefore Contract Worker agrees as follows:

1. Contract Worker understands that Intuit is engaged in a continuous program of research, development, production and marketing in connection with its business and that it is critical for Intuit to preserve and protect its Proprietary Information (as defined below), its rights to Inventions (as defined below) and to all intellectual property (collectively referred to as “**Intellectual Property**”) owned now or in the future. Accordingly, Contract Worker enters into this Agreement as a condition of providing services (the “**Services**”) to Intuit, whether or not Contract Worker is expected to create Intellectual Property of value for Intuit.
2. Contract Worker understands that during the course of providing Services to Intuit it is likely that Contract Worker will gain access to information of a confidential or secret nature, including but not limited to Inventions (as defined below), marketing plans, product plans, business strategies, financial information, forecasts, personnel information, customer lists, and trade secrets (“**Proprietary Information**”). Such information may relate to the business of Intuit or to the business or any subsidiary, affiliate or any party with whom Intuit is bound to hold information of such party confidential.
3. Contract Worker agrees that, at all times, both during the time he/she is providing Services to Intuit and thereafter, to keep and hold any Proprietary Information in strict confidence and trust, and not to use or disclose any Proprietary Information without first receiving Intuit’s express written consent, unless compelled by government or court order to do so, in which case Contract Worker will promptly notify Intuit of receipt of such government request or court order before providing the information. Upon completing the Services for Intuit, Contract Worker will promptly give to Intuit all documents, materials or property in his/her possession related to Intuit. Contract Worker will not take any property, copies of work, or any other Intuit related documents or materials that he/she received or used in the course of providing the Services, including Proprietary Information.
4. During the course of providing Services for Intuit, Contract Worker agrees to promptly disclose in confidence to Intuit all inventions, improvements, designs, original works of authorship, formulas, processes, compositions of matter, computer software programs, databases, mask works and trade secrets (“**Inventions**”) that Contract Worker makes, conceives, creates or first reduces to practice, either alone or jointly with others, whether or not in the course and scope of providing the Services, and whether or not such Inventions, or components thereof, are patentable, copyrightable or protectible as trade secrets.
5. Contract Worker understands that, under the copyright laws, any copyrightable works prepared by Contract Worker within the course and scope of performing the Services are “works for hire”. Consequently, Intuit will be considered the author and owner of such works.
6. Contract Worker agrees that all Inventions that (a) are developed using equipment, supplies, facilities, or trade secrets of Intuit, (b) result from work performed by Contract Worker for Intuit, or (c) relate to Intuit’s business or current or anticipated research and development, will be the sole and exclusive property of Intuit. Contract Worker hereby assigns and agrees to transfer to Intuit any and all rights that it may have in any such Inventions and in any associated Intellectual Property. This section does not apply to any inventions qualify fully under the provisions of Section 2870 of the California Labor Code, which states as follows:

ANY PROVISION IN AN EMPLOYMENT AGREEMENT WHICH PROVIDES THAT AN EMPLOYEE SHALL ASSIGN, OR OFFER TO ASSIGN, ANY OF HIS OR HER RIGHTS IN AN INVENTION TO HIS OR HER EMPLOYER SHALL NOT APPLY TO AN INVENTION THAT THE EMPLOYEE DEVELOPED ENTIRELY ON HIS OR HER OWN TIME WITHOUT USING THE EMPLOYER'S EQUIPMENT, SUPPLIES, FACILITIES, OR TRADE SECRET INFORMATION EXCEPT FOR THOSE INVENTIONS THAT EITHER: (1) RELATE AT THE TIME OF CONCEPTION OR REDUCTION TO PRACTICE OF THE INVENTION TO THE EMPLOYER'S BUSINESS, OR ACTUALLY OR DEMONSTRABLY ANTICIPATED RESEARCH OR DEVELOPMENT OF THE EMPLOYER, OR (2) RESULT FROM ANY WORK PERFORMED BY THE EMPLOYEE FOR THE EMPLOYER. TO THE EXTENT A PROVISION IN AN EMPLOYMENT AGREEMENT PURPORTS TO REQUIRE AN EMPLOYEE TO ASSIGN AN INVENTION OTHERWISE EXCLUDED FROM BEING REQUIRED TO BE ASSIGNED UNDER CALIFORNIA LABOR CODE SECTION 2870(a), THE PROVISION IS AGAINST THE PUBLIC POLICY OF THIS STATE AND IS UNENFORCEABLE.

7. Contract Worker agrees to assist Intuit in every proper way to obtain and enforce the intellectual property protection for any Intellectual Property in any and all countries. Contract Worker will sign documents that Intuit may reasonably request to obtain such protection. Contract Worker's obligations under this paragraph will continue even after Contract Worker is no longer providing Services to Intuit, provided Intuit will reimburse Contract Worker at a reasonable rate for time or expenses actually spent by Contract Worker on Intuit's behalf.

8. Contract Worker understands that providing Services to Intuit requires Contract Worker's undivided attention and effort. As a result, while providing Services to Intuit, Contract Worker will not, without Intuit's express written consent, engage in any other employment or business that (i) directly or indirectly competes with the current or future business of Intuit; (ii) uses any Intuit information, equipment, supplies, facilities or materials; or (iii) otherwise interferes or conflicts with Intuit's business interest, causes a disruption of Intuit's operations, or interferes in any way with providing Services to Intuit.

9. While providing Services for Intuit and for a period of one year thereafter, Contract Worker will not directly or indirectly solicit or take away employees or consultants of Intuit for Contract Worker's own benefit or for the benefit of any other person or entity. While providing Services for Intuit and thereafter, Contract Worker will not directly or indirectly solicit or take away suppliers or customers of Intuit if, in doing so, Contract Worker accesses, uses or discloses any Proprietary Information of Intuit. Contract Worker acknowledges and agrees that the names and addresses of all of Intuit's customers and suppliers, and all other confidential information related to them, including their buying and selling habits and special needs, whether obtained by or disclosed to Contract Worker in the course of providing services to Intuit, constitute trade secrets of Intuit.

10. Contract Worker represents that his/her performance of all the terms of this Agreement and responsibilities as a Contract Worker of Intuit will not breach any invention assignment/proprietary information agreement with any former employer or other party and that he/she will not use or disclose any trade secrets or proprietary information from any former employer or third party in the course of providing Services to Intuit. Contract Worker also represents that he/she will not bring to Intuit or use in the performance of his/her responsibilities for Intuit any property of a former employer, client or other party, that would not generally be available to the public or has not been legally transferred to Intuit. Contract Worker hereby authorizes Intuit to notify appropriate parties, after Contract Worker is no longer providing Services to Intuit, of the terms of this Agreement and Contract Worker's responsibilities detailed in this Agreement.

11. Contract Worker understands that any breach or threatened breach of this Agreement by Contract Worker will likely result in irreparable harm and Intuit will be entitled to injunctive relief to enforce this Agreement and shall have the right to recover the reasonable attorney's fees and court costs expended in connection with any litigation instituted to enforce this Agreement

12. Contract Worker agrees to return to Intuit upon its request or immediately upon termination of Contract Worker providing Services to Intuit any property or assets made available to Contract Worker during the course of providing Services to Intuit.

13. This Agreement will be governed and interpreted in accordance with the internal laws of the State of California, without regard to or application of choice of law rules or principles. In the event that any provision of this Agreement is found by a court or other competent tribunal to be illegal, invalid or unenforceable, then that provision will not be voided but enforced to the maximum extent allowed, and the remainder of the Agreement will remain in full force and effect.

14. Notwithstanding anything to the contrary contained in this Agreement, Contract Worker agrees to comply with the Rules of Conduct as in effect from time to time (the current version of which is attached as **Exhibit A**). Contract Worker shall also comply with all applicable laws and regulations. Contract Worker shall also comply with the Intuit policies, procedures and requirements that relate to the nature of the transaction between Intuit and Contract Worker. Intuit will provide copies of the relevant Intuit policies, procedures or requirements to Contract Worker. Compliance with Intuit's policies, procedures and requirements shall not relieve Contract Worker of his/her obligation to comply with applicable laws and regulations.

15. Federal and state securities laws prohibit the purchase or sale of securities of a company by any party who knows material, nonpublic information about such company and the communication of material, nonpublic information about a company to any other party who may purchase or sell the securities of such company. In addition to the provisions of this Agreement regarding confidentiality of Proprietary Information, Contract Worker agrees that he/she will not purchase or sell securities of Intuit while Contract Worker knows material, nonpublic information about Intuit and that Contract Worker will not purchase or sell securities of any other entity while Contract Worker knows material, nonpublic information about that entity that Contract Worker learns in the performance of Contract Worker's duties for Intuit. Contract Worker further agrees not to disclose material nonpublic information about Intuit or any other entity that Contract Worker learns in the performance of Contract Worker's duties for Intuit to any other party.

AGREED TO BY:

Temporary Contract Worker:

Signature: _____

Name: _____

Date: _____

Exhibit A
Rules of Conduct for Temporary Contract Workers of Intuit

When performing services for Intuit we expect that Temporary Contract Workers performing services for Intuit will adhere to our values and standards of conduct as set forth in Intuit's Code of Conduct & Ethics. For reference, Intuit's Code of Conduct & Ethics can be found at www.Intuit.com under "*Investor Relations*." In addition to general standards set forth in the Code, the following are some key provisions that Temporary Contract Workers should keep in mind with respect to Intuit's Rules of Conduct.

1. Workplace Conduct

a. **Prohibition of Harassment**: Intuit strictly prohibits harassment or discrimination of any kind, including harassment on the basis of sex, race, color, religion, gender, age, mental or physical disability, medical condition, national origin, gender identity, marital status, veteran status, sexual orientation, or any other characteristic protected under applicable laws. If a Temporary Contract Worker experiences, knows of, or suspects any discriminatory or harassing conduct, they should immediately report the incident to the manager, the HR Business Partner, or Intuit's Employee Relations, Center of Excellence at Employee_RelationsCOE@intuit.com.

b. **No Retaliation**: Retaliation against an individual for reporting issues or participating in investigations will not be tolerated and Intuit will make every effort to protect Temporary Contract Workers who report matters of concern in good faith.

c. **Prohibition of Threats or Acts of Violence**: Intuit will not tolerate and strictly prohibits violence, threats of violence, or other conduct that harms or threatens the safety of employees or others in the workplace. This policy applies to both on-site and off-site locations where Intuit business is conducted, and to Intuit-sponsored events.

Prohibited conduct includes but is not limited to:

- Any act or threat of violence towards person or property
- Actions or statements that, either directly or indirectly, tend to cause another to reasonably fear for his or her safety or the safety of family, friends, associates, or property
- Actions or statements, including harassment, epithets, and intimidation, that have the purpose or effect of creating fear in a reasonable person
- Participation in or encouragement of a fight
- The use of any instrument to injure, threaten, or intimidate
- The sale of weapons via Intuit Public Folders (Classified Ads)
- Use or possession of any firearm, explosive, or weapon of any kind, regardless of whether the person has a lawfully issued permit to carry concealed weapons

Any possible violations of this policy affecting anyone in the workplace should be immediately reported to the site Human Resources Manager or Intuit Security. You can reach an Intuit Security team member 24 hours a day/7 days a week by calling 650-944-6911. **Emergencies and imminent threats of harm should immediately be reported to the police or other emergency personnel.**

d. **Drug-Free Workplace**: Temporary Contract Workers are prohibited from engaging in the unlawful possession, use, manufacture, sale, trade, transfer or offering for sale of illegal drugs while on Intuit property (including parking area and grounds), while performing any duties on behalf of Intuit or engaging in any activity connected with

their Intuit assignment. Temporary Contract Workers are also prohibited from having any illegal or unauthorized controlled substances in their systems while performing any duties on behalf of Intuit or engaging in any activity connected with their Intuit assignment. Temporary Contract Workers are prohibited from having excessive amounts of otherwise lawful, controlled substances in their systems (including alcohol and over-the-counter medications), such that the Temporary Contract Worker's abilities to function is impaired or the Temporary Contract Worker is "under the influence" while performing any duties on behalf of Intuit or engaging in any activity connected with their Intuit assignment. Temporary Contract Workers are prohibited from illegal use of prescription drugs. However, nothing in this policy precludes the appropriate use of legally prescribed medications. This policy applies to all Temporary Contract Workers.

e. No Smoking: For reasons of safety, legal compliance, public relations, and other concerns, smoking is prohibited inside Intuit buildings. Temporary Contract Workers who want to smoke may do so outside of buildings in designated smoking areas approved by site management.

f. Use of Intuit Electronic Communication Systems: In connection with the temporary assignment, Temporary Contract Workers may be given Intuit-owned computers and have access to Intuit's network, email, the Internet, and telephone/voice mail/call log systems (collectively referred to as "Electronic Communications"). Temporary Contract Workers are responsible for ensuring that their use of Intuit's Electronic Communications is professional, courteous, does not violate any laws, and maintains the security of Intuit's confidential information. Intuit's Electronic Communications systems are for business use. Intuit has the technical capability to access, review, copy, modify and delete any Electronic Communications transmitted through or stored on Intuit's equipment, or on the network. Intuit reserves the right to monitor, access, review, copy, disclose, modify or delete all such Electronic Communications at any time. All Electronic Communications are the property of Intuit. Temporary Contract Workers should treat the network like a shared file system - with the expectation that files sent, received or stored anywhere in the network, as well as the Internet sites viewed by Temporary Contract Workers, will be available for review by any authorized representative of Intuit. The Electronic Communication systems are provided, at Intuit's expense, for Temporary Contract Workers to use on Intuit business. All Electronic Communications, whether internal or external, and all use of Intuit's equipment and the network, including Internet access, should be conducted in a professional manner. Temporary Contract Workers may not use Intuit's Electronic Communications to engage in communications that are in violation of Intuit policy. The following are examples of inappropriate use of Intuit's Electronic Communications systems: (1) transmitting or posting defamatory, obscene, pornographic, offensive, threatening or harassing messages on servers or electronic bulletin boards or by voice mail; (2) copying or transmitting software or other information protected by copyright without an appropriate license; (3) accessing another employee's or contractor's email or voicemail without authorization; (4) downloading offensive or pornographic material off the Internet; (5) sending chain letters; (6) offering weapons for sale via Intuit Public Folders (Classified Ads).

2. Standards of Conduct

a. Intuit's business should be conducted at all times with integrity and in compliance with applicable governmental laws, rules and regulations and Intuit's Code of Conduct & Ethics.

b. Temporary Contract Workers are generally free to engage in personal business and financial transactions and other activities outside of Intuit provided that these transactions and activities do not conflict, or appear to conflict, with the interests of Intuit. A conflict of interest occurs when the prospect of direct or indirect personal gain interferes with the objectivity of your judgments or actions, and conflicts with the responsibilities you owe to Intuit in connection with the Services you are providing.

c. Temporary Contract Workers are prohibited from accepting simultaneous employment as an employee, independent contractor, consultant with, or member of the board of directors of, an outside business concern (particularly, an Intuit customer, partner, distributor, supplier), if such affiliation could give rise to an actual or potential conflict of interest with Services Temporary Contract Worker is providing to Intuit. Possible examples include serving as a director or an officer of a firm that sells to or purchases from Intuit, or working for a supplier. Temporary Contract Workers are also prohibited from taking part in any activity that enhances or supports a competitor's position, including accepting simultaneous employment with a competitor.

d. Temporary Contract Workers and members of their immediate family may not give or accept any gift or entertainment, which might indicate an intention to improperly influence the normal business relationship between Intuit and any supplier, customer, partner, distributor or other third party. Permissible gifts and entertainment are given openly, directly, come with no strings attached, are not solicited, are not in the form of cash or a cash equivalent, such as a cash or gift card, are not significant in value, are not accepted as part of or during a business negotiation and comply with all applicable laws and with the policies of both the giver and receiver. Temporary Contract Workers are prohibited from accepting any gift or entertainment from an Intuit competitor. Temporary Contract Workers and their immediate family members are also prohibited from accepting any personal discount from any Intuit supplier, customer or competitor, unless the same discount is available to all Intuit Temporary Contract Workers or is publicly available. Please refer to Intuit's Code of Conduct & Ethics for further details on Gifts & Entertainment or contact Intuit's Ethics & Compliance Program Office at: AskEthics&Compliance@intuit.com.

e. Neither a Temporary Contract Worker, nor any member of their immediate family may hold a financial interest in an outside business concern (e.g., with any of Intuit's suppliers, partners, distributors or competitors) that might give rise to an actual or potential conflict of interest with Intuit.

3. Seeking Guidance and Reporting Concerns

a. Any questions or concerns regarding the above can be directed to Intuit's Ethics & Compliance Program Office at AskEthics&Compliance@intuit.com. If you prefer, you can seek guidance or report a concern anonymously by contacting Intuit's Integrity Line at 877-379-3939. Intuit's Integrity Line is an external, third-party service available for reporting 24 hours a day, 7 days a week, and 365 days a year.

b. In addition to seeking guidance and clarification as needed, Intuit expects Temporary Contract Workers to report suspected violations of the law, Intuit's Code of Conduct & Ethics, other corporate policies and standards, and improper accounting and financial reporting practices to one of the reporting channels identified above.



REIMBURSABLE EXPENSE GUIDELINES

Intuit will reimburse Consultant for its reasonable actual expenses, in accordance with these Reimbursable Expense Guidelines, provided Intuit has approved such expenses in writing in advance. Consultant shall invoice Intuit for the expenses twice each month and provide Intuit with the expense reports and other documentation necessary to substantiate the statement. Such reimbursable expenses shall not include fixed overhead, salaries and employee benefit costs associated with Consultant's professional employees or agents or wage and employee benefit costs associated with Consultant's other employees or agents for hourly work. The following guidelines set forth the standards to be applied in reimbursing Consultant for the actual cost of expenses incurred in the performance of Services under this Agreement:

1. **Out-of-State Employees or Contractors.** All employees and contractors assigned by Consultant to provide Services under this Agreement shall be located in the state where the Services are to be performed unless Intuit has reviewed the resumes and agreed in writing in advance to the use of out-of-state employees or contractors. Therefore, Intuit will not pay Consultant for out-of-state travel expenses, unless Intuit has approved the use of the out-of-state employees or contractors and the related travel expenses.
2. **Airfare.** If air travel is required, Intuit will reimburse Consultant for coach or economy airfare, provided Intuit authorizes the airfare in advance. Intuit reserves the right to arrange the airfares through its arrangement with American Express Travel Agency. Consultant shall submit the used airline tickets to Intuit for reimbursement.
3. **Ground Transportation.** Intuit will reimburse Consultant for travel from Consultant's principal place of business, provided Intuit has authorized such ground transportation in advance. Consultant shall submit car rental vouchers or receipts, if applicable. Reimbursement shall be provided as follows:
 - a. At the current mileage reimbursement rate set by the Internal Revenue Service for use of the personal automobile of Consultant's personnel from Consultant's principal place of business to Intuit's facility, provided however Intuit will not reimburse Consultant's personnel for local travel to Intuit's facility;
 - b. For reasonable car rental charges from the airport to Intuit's facility and during the assignment;
 - c. For use of public transportation, such as bus or rapid transit or for reasonable taxi usage.
4. **Incidental Transportation Expenses.** Intuit will reimburse Consultant for incidental transportation expenses such as parking fees for travel to and from Consultant's principal place of business and Intuit's facility.
5. **Lodging and Meals.** Intuit will reimburse Consultant for reasonable lodging and meal expenses when Consultant's personnel are assigned to a work location requiring an overnight stay or longer, provided such travel is authorized in advance by Intuit. Consultant shall not be entitled to reimbursement for meals purchased for persons other than Consultant's personnel assigned to the project. Unless otherwise authorized by Intuit, meals shall not exceed US \$30.00 per day.
6. **Telephone.** Intuit will reimburse Contractor for long distance and toll telephone calls placed by Contractor in the performance of Services.
7. **Delivery.** Intuit will reimburse Contractor for messenger services, overnight delivery and other express mail type services when such services are specifically requested by Intuit or are reasonably necessary for Contractor's performance of Services.
8. **Entertainment.** Intuit will not reimburse Contractor for entertainment expenses.

In no event shall the total reimbursable expenses exceed 10% of the total amount paid for a Statement of Work.

ACKNOWLEDGMENT OF RECEIPT AND AGREEMENT

I acknowledge receipt of the attached Intuit Inc. documents:

- (1) Rules of Conduct;
- (2) Reimbursable Expense Guidelines;
- (3) Intuit Motor Vehicle Program;
- (4) Intuit Mandatory Privacy and Security Training

In consideration of, and as a condition to my providing services as a payrolled contractor to Intuit Inc. and/or any of its present and future subsidiaries or affiliates or their respective successors, successors-in-interest and assigns (all of which herein are referred to, both individually and collectively, as “Intuit”), I agree to carefully read, consider, and be bound by the policies, rules and guidelines contained therein.

The attached documents shall be effective as of the date set forth below, or the date I commence performing services for Intuit Inc., whichever is earlier.

Signature

Date: _____

Name (Please Print)

Intuit's Privacy and Security Acknowledgment Combined Form

Intuit establishes internal corporate Privacy and Security Policies that all workers must acknowledge and abide by, including contractors, temporary employees, and others working on behalf of Intuit.

I hereby acknowledge:

- I have completed Intuit's "Inspector March" Privacy Training and the "Security Awareness" Training. I am now familiar with Intuit's Privacy Zone Triggers and the importance of information security and ways I can protect corporate information assets.
- I understand it is my responsibility to research and comply with Intuit's Privacy and Security Policies and Procedures as these relate to my job function.
- I understand it is my responsibility to report any known or suspected violations of Intuit Privacy and Security Policies to my Manager and/or the appropriate Privacy or Information Security corporate team members as soon as I am aware of such a situation.

In addition, if I am a Manager, I also acknowledge my responsibility to:

- Allocate sufficient on-the-job time for employee and non-employee staff to acquaint themselves with the Privacy and Security Policies as relevant to their job and to complete any necessary training.
- Allocate sufficient resources and staff attention to address Intuit privacy and security issues at Intuit.
- Ensure compliance with all Privacy and Security Policies and Procedures that are within the scope of my employees' job functions.

I understand that failure to comply with the above may result in disciplinary action up to and including termination.

Signature

Print Name

Date



**Intuit Motor Vehicle Program
Driver Safety Requirements**

Purpose: Establish adequate controls over the drivers of Intuit owned or leased vehicles by requiring the driver have an acceptable motor vehicle driving record

Policy:

1. All drivers of Intuit owned and leased vehicles must present certified proof of an acceptable driving record prior to being authorized to drive these vehicles.
2. On an annual basis, the driver will be required to re-certify the acceptable driving record.
3. Intuit may at anytime, and at the discretion of management, require the driver to provide proof of acceptable driving record.

Acceptable Driving Record Criteria:

Covers a three year time frame prior to the date of application

1. Red – (Automatic denial regardless of point value): Currently suspended or revoked license, DUI/DWI conviction; leaving the scene of an accident; fleeing or eluding police; reckless driving conviction; using a vehicle to commit a felony (vehicular manslaughter).
Denial based on any other moving violations: 4 or more moving violations (if the state does not use a point system).
2. Yellow – (Requires further review/investigation) Case Pending for the any of the following: DUI/DWI; leaving the scene of an accident; fleeing or eluding police; reckless driving; using a vehicle to commit a felony (vehicular manslaughter).
3. Green – 3 or less moving violations.

State Requirements:

State	Access to Record by Driver	Access to Record by 3 rd Party	Years maintained on record	Infractions leading to suspension or revocation
Arizona	3 year uncertified (\$3) or 5 year certified (\$5) by form	Requires "permissible use" under the Federal Driver's Privacy Protection Act (DPPA)	5 (major violations, 6-8 points, stay on for 10 years)	13 points or more in one year will result in suspension/revocation. Major violations (6-8 points) include: Failure to stop at the scene of an accident, Failure to control vehicle, racing, aggressive driving, reckless driving, DUI. A complete list of violations and point value is not available to the public.
California	\$5 fee by form	\$5 fee by form, but driver is notified and is given 10 days to object to the release of information. The objection is reviewed by the DMV, which decides whether the information will be released based on what is stated in the objection.	Driver's license records are retained for 10 years. 2 point violations remain on the driving record for 7 years from the violation date and 1 point violations remain on the driving record for 3 years from the violation date.	4 points in a 12 month period, 6 points in a 24 month period, or 8 points in a 36 month period may result in suspension/revocation. Hit and run, reckless driving, and DUI are 2 point violations. Most others are 1 point violations.
Nevada	3 years, \$7 fee for certified copy, or on-line and no fee	3 years, \$7 fee for certified copy (requires 3 rd Party form – IR002)	Convictions remain part of the permanent driving record, but points are removed after 12 months from the date of the conviction.	12 points or more in any 12 month period will result in suspension. Violations include: reckless driving, careless driving, failure to render aid, DUI.
Ohio	3 years, \$2 fee by form (1173)	3 years, \$2 fee by form (1173) and requires a notarized release of information form (5008) signed by the driver	3	12 points within a two year period; refusal to submit to blood, breath, or urine testing; DUI conviction.
Texas	Available only on Form by Mail, \$10 fee (3 year certified record check)	Available with or without consent of the license holder (if special conditions are met)	5	4 or more moving violations in 12 months, 7 or more moving violations in 24 months; DWI conviction; failure of or refusal to take a breath test; drug conviction (does NOT have to occur while operating a motor vehicle); and out of state driving offenses.
Virginia	Available by phone or form, \$8 fee for 7 year check, \$13 fee for 7 year certified check.	Available by form (CRD 93) but requires driver's authorization, \$8 fee for 7 year check, \$13 fee for 7 year certified check.	Convictions remain on a driving record up to 11 years, but points are removed after 2 years from the date of the violation.	18 points within a twelve month period can result in suspension.



Intuit Mandatory Privacy and Security Training

Protecting customer privacy and ensuring strong security are critical elements of Intuit's success. They are part of everyone's jobs, including temporary employees and contractors. We have developed a privacy and security online training module that will help you understand Intuit's privacy and security policies and practices. Please view the online training modules within 5 days of your start date.

After you have completed viewing the module, sign and date the attached acknowledgement form and fax to ICon at (650) 378-4157.

To take the training: You may complete the following module as your schedule permits.

<http://learning.intuit.com/elms/learner/authenticate.do>

- You will need audio, Windows Media Player, Internet Explorer 5.0 or higher and Flash 6.0 or higher.
- Disable pop up blockers or you will not be able to view the module.
- If you stop the privacy module before completion, you will need to start from the beginning of module when you restart it and manually advance to where you left off.

For this training, you will need access to the Intuit corporate intranet. Type your User ID and password as prompted. Your User ID is usually the name you use to access the network and the password is the one you use to access the corporate intranet directory. **Note: most contractors and temporary employees are assigned corporate directory IDs. If you are unsure of your login and password, please contact the Help desk for assistance.**

- Click "sign in."
- A welcome screen will begin the course.
- The program should immediately launch. If not, you may be prompted to install the latest version of FLASH. Complete the installation, return to this e-mail message and click again on the above URL.

Submit the online acknowledgement at the end of the module in addition to completing the following form. If you do not submit the online acknowledgement form, you will not be certified as having completed the training in Intuit's tracking database.

Questions or problems:

If you have technology questions or problems accessing the training module, please contact your local Help Desk or go to <http://hdrequest.intuit.com> to submit a request for assistance.

Benefit Options

Geared toward the professional, ICon has designed a comprehensive benefits package that is available to our network of professionals. With less than a month's waiting period before the benefits take effect, ICon's package of benefits is affordable and quickly attainable.

Medical Coverage

Health Insurance is available through a PPO and an HMO (HMO available for California residents only) with an extensive network of physicians. Monthly premiums qualify for pre-tax deductions from wages under Section 125, resulting in substantial savings. In addition, ICon contributes 50% of the premium for individuals who work an average 30 hours or greater per week.

Life Insurance

ICon provides \$25,000 life insurance coverage for all IPCs at ICon's expense, without cost to the contractor for the duration of their employment with ICon.

Dental Coverage

Two dental plans are also available for ICon Payrolled Professionals.

Cafeteria 125 Plan

Under this plan, employees may have their health insurance premiums and dependent care expenses deducted from their gross pay before taxes are withheld. This benefit allows individuals to realize substantial savings each year.

401(k) Plan

ICon offers retirement planning through our 401(k) plan. There is no waiting period for participation and employees may contribute up to 100% of their earnings, via a payroll deduction plan.

Direct Deposit

All ICon Professionals are encouraged to take advantage of our direct deposit option. Direct deposit eliminates the possibility of US Mail delays and guarantees that payments will be posted on payday (Friday). Employees also have the option of splitting the amount to several accounts.