



# First Day Check List

## Bring:

- List A ID Document -or-
- List B & List C ID Documents
- I-9
- Filled out W-4
- Direct Deposit or Pay Card
- Voided Check (If direct dep.)
- Time Off Requests
- Two Emergency Contacts #s
  - \_\_\_\_\_
  - \_\_\_\_\_

## Uniform:

- Pants. Please. No holes or stains.
- Closed toe shoes
- [aramark-uniform.com/MYSITE/customerlogon.html](http://aramark-uniform.com/MYSITE/customerlogon.html)
- Username: \_\_\_\_\_
- Password: Uniforms2023

## Permits:

- Food Handler's Permit  
(Within 2 paychecks.)
- Tobacco/Alcohol Permit  
(Tooele County)

## Pay Stub:

- [cardholder.globalcashcard.com](http://cardholder.globalcashcard.com)
- Full Name
- Employee # = Your complete SSC#
- Employer: Wind River Petroleum
- If using pay card, go to [mywisely.com](http://mywisely.com)

## First Shift:

- Call** for Employee Number
  - If rehire, call for authorization before hiring.
- Email** in before employee starts:  
(To Payroll, CC DM.)
  - I-9
  - W-4
  - Wisely Cash -or-
  - Direct Deposit
- Add Employee to Paychex Website
- Add Employee to Time Clock
- TATM Video & Website Test
- Print TATM Test Email Confirmation
- Watch CAF training videos
- Employee Base Training
- Forms in New Hire packet
- Use Trainee Uniform
- Make name tag
- Till Training (Use Sheet.)
- Referral Form, if applicable
- Sign everything, put in DM bag
- Walk through chore list
- Give Schedule/Paychex Login
- Give Paychex Handbook
- Email DM for Alarm Code

- Employee #: \_\_\_\_\_
- Alarm Code: \_\_\_\_\_
- Till Number: \_\_\_\_\_
- Drug Test: \_\_\_\_\_
- Rehire Stat: \_\_\_\_\_



# Welcome!

Congrats! You got the job! We're excited to have you.

During your first couple months we will work with you as you become excellent. Our teams leave long lasting impressions with friendly and sincere customer service. We take the time to get to know our customers and make long-term friends.

Let us know right off the bat if you have interest in learning manager skills. We always save room to help our team grow into leaders while waiting on management positions to open. Top Stop is a growing company; we want our JV string ready for any opportunity.

Since we're here to enjoy our jobs, we will not tolerate bad attitudes, lateness, absenteeism, or dodging responsibilities. It is our joint responsibility to create and protect an enjoyable environment for ourselves and our customers.

Show up with sufficient time before you clock in to get comfortable, put your stuff away, get your drink, whatever it is that you do to prepare for work. Clock in right on the money and hit the ground running.

Check in with the person you're taking over from. Find out if there's anything you need to know before they leave. Get your drawer traded out, check the store for tidiness and anything that needs stocked. Once you've got yourself situated, find your pace for the shift. Figure out what needs done on the chore list, find yourself an extra project. If you can't come up with a project for your shift, ask management, we usually have something we need worked on.

If you find you're struggling with something, ask for assistance until you're confident that you know what you're doing. Managers are only a phone call away.

If you find yourself having interpersonal issues with a coworker or possibly a customer, don't hesitate to come talk to us. We want you to love this job as much as we do. We can't fix problems we can't see.

Enjoy your time here with us and welcome to the Top Stop Team.

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

Manager Signature \_\_\_\_\_ Date \_\_\_\_\_



# Employment Eligibility Verification

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

USCIS  
Form I-9

OMB No.1615-0047

Expires 07/31/2026

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

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

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

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

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

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

List A		OR	List B	AND	List C
Document Title 1					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
Document Title 2 (if any)		<b>Additional Information</b>			
Issuing Authority		<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.			
Document Number (if any)					
Expiration Date (if any)					
Document Title 3 (if any)					
Issuing Authority					
Document Number (if any)					
Expiration Date (if any)					
<b>Certification: I attest, under penalty of perjury, that (1) I have examined the documentation presented by the above-named employee, (2) the above-listed documentation appears to be genuine and to relate to the employee named, and (3) to the best of my knowledge, the employee is authorized to work in the United States.</b>					First Day of Employment (mm/dd/yyyy):
Last Name, First Name and Title of Employer or Authorized Representative			Signature of Employer or Authorized Representative		Today's Date (mm/dd/yyyy)
Employer's Business or Organization Name			Employer's Business or Organization Address, City or Town, State, ZIP Code		

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



## LISTS OF ACCEPTABLE DOCUMENTS

All documents containing an expiration date must be unexpired.

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

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

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

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

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





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

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

**USCIS**  
**Form I-9**  
**Supplement A**  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement must be completed by any preparer and/or translator who assists an employee in completing Section 1 of Form I-9. The preparer and/or translator must enter the employee's name in the spaces provided above. Each preparer or translator must complete, sign, and date a separate certification area. Employers must retain completed supplement sheets with the employee's completed Form I-9.

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

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

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

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

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

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

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

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







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

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

USCIS  
Form I-9  
Supplement B  
OMB No. 1615-0047  
Expires 07/31/2026

Last Name ( <i>Family Name</i> ) from <b>Section 1</b> .	First Name ( <i>Given Name</i> ) from <b>Section 1</b> .	Middle initial (if any) from <b>Section 1</b> .
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**Instructions:** This supplement replaces Section 3 on the previous version of Form I-9. Only use this page if your employee requires reverification, is rehired within three years of the date the original Form I-9 was completed, or provides proof of a legal name change. Enter the employee's name in the fields above. Use a new section for each reverification or rehire. Review the Form I-9 instructions before completing this page. Keep this page as part of the employee's Form I-9 record. Additional guidance can be found in the [Handbook for Employers: Guidance for Completing Form I-9 \(M-274\)](#)

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.

Date of Rehire ( <i>if applicable</i> )	New Name ( <i>if applicable</i> )		
Date ( <i>mm/dd/yyyy</i> )	Last Name (Family Name)	First Name (Given Name)	Middle Initial
Reverification: If the employee requires reverification, your employee can choose to present any acceptable List A or List C documentation to show continued employment authorization. Enter the document information in the spaces below.			
Document Title	Document Number (if any)	Expiration Date (if any) ( <i>mm/dd/yyyy</i> )	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented documentation, the documentation I examined appears to be genuine and to relate to the individual who presented it.			
Name of Employer or Authorized Representative	Signature of Employer or Authorized Representative	Today's Date ( <i>mm/dd/yyyy</i> )	
Additional Information (Initial and date each notation.)			<input type="checkbox"/> Check here if you used an alternative procedure authorized by DHS to examine documents.



# Employee's Withholding Certificate

Department of the Treasury  
Internal Revenue Service

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

Give Form W-4 to your employer.

Your withholding is subject to review by the IRS.

# 2024

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

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

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

**Multiple Jobs or Spouse Works**

Do **only one** of the following.

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

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

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

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

<b>Step 3:</b> <b>Claim Dependent and Other Credits</b>	If your total income will be \$200,000 or less (\$400,000 or less if married filing jointly):		
	Multiply the number of qualifying children under age 17 by \$2,000 \$ _____		
	Multiply the number of other dependents by \$500 . . . . . \$ _____		
	Add the amounts above for qualifying children and other dependents. You may add to this the amount of any other credits. Enter the total here . . . . .	<b>3</b>	\$ _____
<b>Step 4 (optional): Other Adjustments</b>	(a) <b>Other income (not from jobs).</b> If you want tax withheld for other income you expect this year that won't have withholding, enter the amount of other income here. This may include interest, dividends, and retirement income . . . . .	<b>4(a)</b>	\$ _____
	(b) <b>Deductions.</b> If you expect to claim deductions other than the standard deduction and want to reduce your withholding, use the Deductions Worksheet on page 3 and enter the result here . . . . .	<b>4(b)</b>	\$ _____
	(c) <b>Extra withholding.</b> Enter any additional tax you want withheld each pay period . . . . .	<b>4(c)</b>	\$ _____

**Step 5:** Under penalties of perjury, I declare that this certificate, to the best of my knowledge and belief, is true, correct, and complete.

**Sign Here**

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

\_\_\_\_\_  
Date

<b>Employers Only</b>	Employer's name and address	First date of employment	Employer identification number (EIN)



## General Instructions

Section references are to the Internal Revenue Code.

### Future Developments

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

### Purpose of Form

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

**Exemption from withholding.** You may claim exemption from withholding for 2024 if you meet both of the following conditions: you had no federal income tax liability in 2023 **and** you expect to have no federal income tax liability in 2024. You had no federal income tax liability in 2023 if (1) your total tax on line 24 on your 2023 Form 1040 or 1040-SR is zero (or less than the sum of lines 27, 28, and 29), or (2) you were not required to file a return because your income was below the filing threshold for your correct filing status. If you claim exemption, you will have no income tax withheld from your paycheck and may owe taxes and penalties when you file your 2024 tax return. To claim exemption from withholding, certify that you meet both of the conditions above by writing "Exempt" on Form W-4 in the space below Step 4(c). Then, complete Steps 1(a), 1(b), and 5. Do not complete any other steps. You will need to submit a new Form W-4 by February 15, 2025.

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

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

1. Expect to work only part of the year;
2. Receive dividends, capital gains, social security, bonuses, or business income, or are subject to the Additional Medicare Tax or Net Investment Income Tax; or
3. Prefer the most accurate withholding for multiple job situations.

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

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

## Specific Instructions

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

**Step 2.** Use this step if you (1) have more than one job at the same time, or (2) are married filing jointly and you and your spouse both work.

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

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



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

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

### Step 4 (optional).

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

**Step 4(b).** Enter in this step the amount from the Deductions Worksheet, line 5, if you expect to claim deductions other than the basic standard deduction on your 2024 tax return and want to reduce your withholding to account for these deductions. This includes both itemized deductions and other deductions such as for student loan interest and IRAs.

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



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



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

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

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

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



- 1 Enter an estimate of your 2024 itemized deductions (from Schedule A (Form 1040)). Such deductions may include qualifying home mortgage interest, charitable contributions, state and local taxes (up to \$10,000), and medical expenses in excess of 7.5% of your income
2 Enter: { \$29,200 if you're married filing jointly or a qualifying surviving spouse; \$21,900 if you're head of household; \$14,600 if you're single or married filing separately }
3 If line 1 is greater than line 2, subtract line 2 from line 1 and enter the result here. If line 2 is greater than line 1, enter "-0-"
4 Enter an estimate of your student loan interest, deductible IRA contributions, and certain other adjustments (from Part II of Schedule 1 (Form 1040)). See Pub. 505 for more information
5 Add lines 3 and 4. Enter the result here and in Step 4(b) of Form W-4

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

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

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

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





**Married Filing Jointly or Qualifying Surviving Spouse**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$0	\$780	\$850	\$940	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,020	\$1,370
\$10,000 - 19,999	0	780	1,780	1,940	2,140	2,220	2,220	2,220	2,220	2,220	2,570	3,570
\$20,000 - 29,999	780	1,780	2,870	3,140	3,340	3,420	3,420	3,420	3,420	3,770	4,770	5,770
\$30,000 - 39,999	850	1,940	3,140	3,410	3,610	3,690	3,690	3,690	4,040	5,040	6,040	7,040
\$40,000 - 49,999	940	2,140	3,340	3,610	3,810	3,890	3,890	4,240	5,240	6,240	7,240	8,240
\$50,000 - 59,999	1,020	2,220	3,420	3,690	3,890	3,970	4,320	5,320	6,320	7,320	8,320	9,320
\$60,000 - 69,999	1,020	2,220	3,420	3,690	3,890	4,320	5,320	6,320	7,320	8,320	9,320	10,320
\$70,000 - 79,999	1,020	2,220	3,420	3,690	4,240	5,320	6,320	7,320	8,320	9,320	10,320	11,320
\$80,000 - 99,999	1,020	2,220	3,620	4,890	6,090	7,170	8,170	9,170	10,170	11,170	12,170	13,170
\$100,000 - 149,999	1,870	4,070	6,270	7,540	8,740	9,820	10,820	11,820	12,830	14,030	15,230	16,430
\$150,000 - 239,999	1,960	4,360	6,760	8,230	9,630	10,910	12,110	13,310	14,510	15,710	16,910	18,110
\$240,000 - 259,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$260,000 - 279,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,190
\$280,000 - 299,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,790	16,990	18,380
\$300,000 - 319,999	2,040	4,440	6,840	8,310	9,710	10,990	12,190	13,390	14,590	15,980	17,980	19,980
\$320,000 - 364,999	2,040	4,440	6,840	8,310	9,710	11,280	13,280	15,280	17,280	19,280	21,280	23,280
\$365,000 - 524,999	2,720	6,010	9,510	12,080	14,580	16,950	19,250	21,550	23,850	26,150	28,450	30,750
\$525,000 and over	3,140	6,840	10,540	13,310	16,010	18,590	21,090	23,590	26,090	28,590	31,090	33,590

**Single or Married Filing Separately**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$240	\$870	\$1,020	\$1,020	\$1,020	\$1,540	\$1,870	\$1,870	\$1,870	\$1,870	\$1,910	\$2,040
\$10,000 - 19,999	870	1,680	1,830	1,830	2,350	3,350	3,680	3,680	3,680	3,720	3,920	4,050
\$20,000 - 29,999	1,020	1,830	1,980	2,510	3,510	4,510	4,830	4,830	4,870	5,070	5,270	5,400
\$30,000 - 39,999	1,020	1,830	2,510	3,510	4,510	5,510	5,830	5,870	6,070	6,270	6,470	6,600
\$40,000 - 59,999	1,390	3,200	4,360	5,360	6,360	7,370	7,890	8,090	8,290	8,490	8,690	8,820
\$60,000 - 79,999	1,870	3,680	4,830	5,840	7,040	8,240	8,770	8,970	9,170	9,370	9,570	9,700
\$80,000 - 99,999	1,870	3,690	5,040	6,240	7,440	8,640	9,170	9,370	9,570	9,770	9,970	10,810
\$100,000 - 124,999	2,040	4,050	5,400	6,600	7,800	9,000	9,530	9,730	10,180	11,180	12,180	13,120
\$125,000 - 149,999	2,040	4,050	5,400	6,600	7,800	9,000	10,180	11,180	12,180	13,180	14,180	15,310
\$150,000 - 174,999	2,040	4,050	5,400	6,860	8,860	10,860	12,180	13,180	14,230	15,530	16,830	18,060
\$175,000 - 199,999	2,040	4,710	6,860	8,860	10,860	12,860	14,380	15,680	16,980	18,280	19,580	20,810
\$200,000 - 249,999	2,720	5,610	8,060	10,360	12,660	14,960	16,590	17,890	19,190	20,490	21,790	23,020
\$250,000 - 399,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$400,000 - 449,999	2,970	6,080	8,540	10,840	13,140	15,440	17,060	18,360	19,660	20,960	22,260	23,500
\$450,000 and over	3,140	6,450	9,110	11,610	14,110	16,610	18,430	19,930	21,430	22,930	24,430	25,870

**Head of Household**

Higher Paying Job Annual Taxable Wage & Salary	Lower Paying Job Annual Taxable Wage & Salary											
	\$0 - 9,999	\$10,000 - 19,999	\$20,000 - 29,999	\$30,000 - 39,999	\$40,000 - 49,999	\$50,000 - 59,999	\$60,000 - 69,999	\$70,000 - 79,999	\$80,000 - 89,999	\$90,000 - 99,999	\$100,000 - 109,999	\$110,000 - 120,000
\$0 - 9,999	\$0	\$510	\$850	\$1,020	\$1,020	\$1,020	\$1,020	\$1,220	\$1,870	\$1,870	\$1,870	\$1,960
\$10,000 - 19,999	510	1,510	2,020	2,220	2,220	2,220	2,420	3,420	4,070	4,070	4,160	4,360
\$20,000 - 29,999	850	2,020	2,560	2,760	2,760	2,960	3,960	4,960	5,610	5,700	5,900	6,100
\$30,000 - 39,999	1,020	2,220	2,760	2,960	3,160	4,160	5,160	6,160	6,900	7,100	7,300	7,500
\$40,000 - 59,999	1,020	2,220	2,810	4,010	5,010	6,010	7,070	8,270	9,120	9,320	9,520	9,720
\$60,000 - 79,999	1,070	3,270	4,810	6,010	7,070	8,270	9,470	10,670	11,520	11,720	11,920	12,120
\$80,000 - 99,999	1,870	4,070	5,670	7,070	8,270	9,470	10,670	11,870	12,720	12,920	13,120	13,450
\$100,000 - 124,999	2,020	4,420	6,160	7,560	8,760	9,960	11,160	12,360	13,210	13,880	14,880	15,880
\$125,000 - 149,999	2,040	4,440	6,180	7,580	8,780	9,980	11,250	13,250	14,900	15,900	16,900	17,900
\$150,000 - 174,999	2,040	4,440	6,180	7,580	9,250	11,250	13,250	15,250	16,900	18,030	19,330	20,630
\$175,000 - 199,999	2,040	4,510	7,050	9,250	11,250	13,250	15,250	17,530	19,480	20,780	22,080	23,380
\$200,000 - 249,999	2,720	5,920	8,620	11,120	13,420	15,720	18,020	20,320	22,270	23,570	24,870	26,170
\$250,000 - 449,999	2,970	6,470	9,310	11,810	14,110	16,410	18,710	21,010	22,960	24,260	25,560	26,860
\$450,000 and over	3,140	6,840	9,880	12,580	15,080	17,580	20,080	22,580	24,730	26,230	27,730	29,230





## Direct Deposit Enrollment Form

Employee \_\_\_\_\_ Store \_\_\_\_\_

I authorize Wind River Petroleum to deposit my payroll checks by electronic means to the account and institution named on the attached VOID check. The copy of the "void" check is to provide the correct account and routing numbers required for the process.

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

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

This account is a  Checking Account (Please check one)  
 Savings Account

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

Attach VOID check here  
(Do Not Attach Deposit Slip)





## Pay Card Enrollment Form

Barcode Number \_\_\_\_\_ 15 Digits

Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ 16 Digits

Store: \_\_\_\_\_

Pay Card– Account Owner Information (Please Print Legibly)			
First Name:	Middle Initial:	Last Name	
Street Address:		Apartment #:	
City:	State:	Zip Code:	
Home Telephone: (    )	Date of Birth (MM/DD/YYYY):    /    /		
Cell Number (Optional): (    )	Email Address (Optional):		
**For text messaging confirmations/balances**	**For email notifications**		
Social Security Number:        --        --	Employee ID #:		
Employee Signature		Date	

ATTACH PHOTOCOPY  
OF CARD





## Employee's Agreement of Understanding Alcohol & Tobacco Policy

Employee \_\_\_\_\_ Store# \_\_\_\_\_

Training Date \_\_\_\_\_ Quarterly Re-Train (Circle One) NEW - Q1 - Q2 - Q3 - Q4

**I agree to the following rules and company policies pertaining to the sale of alcohol and tobacco products.**

1. I will not sell alcoholic beverages or tobacco products to any person under the legal age.  
The legal ages are:  
Alcohol \_\_\_\_\_ years old  
Tobacco \_\_\_\_\_ years old
2. I am required to ask for and enter identification for all alcohol and tobacco purchases. I understand I am required to accurately enter the birth date of the customer on the cash register when prompted.
3. I will only sell during hours when it is legal. The hours at this location are:  
Mon- Fri Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_  
Saturday Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_  
Sunday Alcohol \_\_\_\_\_ Tobacco \_\_\_\_\_
4. I will not knowingly sell alcoholic beverages or tobacco products to any adult for use by individuals under the legal age. If I think this may be happening, I will refuse the sale.
5. I understand that entering an incorrect birth date or scanning an ID that does not belong to the customer is fraud. I understand I will be terminated if found to be falsifying dates.
6. I will not sell alcohol to anyone who is obviously intoxicated or otherwise disorderly.

**I have been fully trained and certified to sell alcoholic beverages and tobacco products in the State of Utah and/or Idaho. I have reviewed and understand the Techniques of Alcohol and Tobacco Management (TATM) training program. I fully understand all local and State laws pertaining to Alcohol & Tobacco sales. I understand the company's No Tolerance policies. I understand I will lose my job and pay all fines if I sell alcohol or tobacco if I fail any stings, including government stings and company compliance checks.**

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_







## **Employee Work Agreement**

Top Stop will make every effort to ensure that employees are treated fairly and dealt with honestly. Employees can speak to management at any time, will be considered for all promotions and transfers, if they desire to be considered, and have the right to appeal all disciplinary matters with higher management.

Your signature below guarantees that you understand and agree to comply with the following:

1. I will make sure my personal appearance represents the company well. I will be neatly dressed, hygienic, and well groomed. I will follow the current company uniform policy and dress code.
2. I will give excellent customer service. I will be quick, efficient, friendly, and polite.
3. I will follow the company guidelines on theft and robbery prevention. I understand that I will be fired for participating in any fraud. Including phone scams.
4. I will strive to be accurate on all transactions, such as ringing up all sales, giving change, taking stick readings, preparing reports, etc.
5. I will abide by the rules governing cash and credit card acceptance.
6. I will make every effort to catch and prosecute all violators of the law, such as gas theft, shoplifting, and robberies. I will notify management of any employee theft or any employee wrongful acts.
7. I will notify the manager of any problems or accidents on a timely basis: such as property damage or equipment failure.
8. I will be honest in all dealings with Top Stop. Giving unauthorized discounts, falsifying reports, not ringing up all sales, taking loyalty program points, taking merchandise or gas without paying the full amount due, creating IOUs, lying, stealing money, or not reporting the dishonesty of other employees are all grounds for termination and could lead to prosecution.
9. I will be loyal to Top Stop. I will discuss complaints and criticisms with management. I will not destroy the morale or good will of others in the company by discussing my complaints with anyone other than management.

10. I will keep the store clean and keep it properly maintained. I will always keep the store well stocked and tidy.
11. I will not give competitors any company information about the company, its pricing, or its operations.
12. I will check in all deliveries to be certain that they are accurate and priced properly. I will not accept scan sheets from vendors.
13. I will give my full attention to the job, personal reading, cell phones, all electronic devices, texting, personal phone calls, or activities that distract me are not allowed. Playing loud radios, allowing friends and family to “hang around” are not permitted.
14. I will abide by the company policy concerning the sale of alcohol, tobacco, and other controlled substances. I understand that if I don’t follow this policy, I will lose my job and be fined by authorities. I will pay all fines due to my wrongdoing.
15. I will not work while under the influence of drugs or alcohol.
16. I will be punctual and will not miss work. I will give as much notice as possible for upcoming vacations or desired time off. If I am unable to work a scheduled shift, I will find a replacement and make contact the manager for approval.
17. If I am unable to work, I will give notice by phone call to the manager on duty. If management does not hear from me, it will be considered a no call/no show. As such, it will be documented as job abandonment. Barring medical emergencies.
18. I promise to do my best and work hard. I will give suggestions for improving the company.
19. I will not bring firearms, alcohol, or drugs into the store under any circumstances.
20. I will be prompt and punctual for work. I will not close the store early or shut down during hours of operation without permission from corporate management.
21. I understand that due to the nature of the job, breaks will be taken when available. When taking a break, I understand that I am responsible and will not leave the store unattended. If a break is taken to smoke, I will take it in the designated employee smoking area. Never within 25 feet of the doors/windows, dispensers, drop tubes and propane.

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_







## Employee Drug Testing Consent and Release

I understand that at any time while employed by Wind River Petroleum I may be asked to provide an **observed** blood, breath, and/or urine specimen. For testing to determine if I am under the influence of alcohol, drugs, or a controlled substance in violation of item #15 of my signed Employment Work Agreement. The following consents and releases are given in consideration of my continued employment with Wind River Petroleum.

I hereby give consent to and authorize Wind River Petroleum and its agents, servants, and employees, and/or physicians, testing laboratory, or other person or service chosen by the company, to take a blood, breath, and/or observed urine specimen from me and release such specimen to a testing laboratory, or other testing service chosen by the company for testing.

I hereby give consent and authorize Wind River Petroleum and its agents, servants and employees, and/or any physician, testing laboratory or other person or service (and their agents, servants and employees) chosen by the company to test such a specimen for the presence of alcohol, drugs, or controlled substances and to release the results of such testing and other information concerning the specimen to the Company and/or to any person or entity designated by Wind River Petroleum.

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## **Company Property Return Policy**

I, the undersigned, acknowledge that a portion of my final paycheck will be withheld if all property belonging to Wind River Petroleum, dba Top Stop Convenience Stores is not returned upon my termination of employment. Items include, but are not limited to, store keys, unpaid uniforms, name badges, or any other item given to me by management that is required to be returned. Unreturned keys will bear the full cost of rekeying the affected location.

I hereby understand that any property issued is the responsibility of myself and is not permitted to be loaned to another employee or third party. Loss, misuse, or refusal to return these items can be grounds for termination and prosecution.

I understand and agree that in the event I lose or refuse to return any company owned property, I will pay for its replacement at the billed supplier's cost. This cost will be held from my final paycheck.

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Computer Usage Policy

Computers, computer equipment, computer peripheral devices, computer files/folders, cloud storage and software are the property of Wind River Petroleum and are procured and placed for the sole purpose of business use. These assets are to be used exclusively for business purposes and by those individuals that have been explicitly authorized to do so. Employees should not use a password, access a file, or retrieve any stored communication without authorization. Computer and email usage may be monitored to ensure compliance with this policy. A zero-tolerance stance will be taken with anyone not in compliance.

The establishment of internet accounts in the name of Wind River Petroleum or Top Stop Convenience Stores is prohibited. All accounts representing Wind River Petroleum or Top Stop Convenience Stores must receive corporate authorization. Violation may result in termination.

The display, transmission, or creation of sexually explicit images, messages, and cartoons is not allowed. Other such misuse includes, but is not limited to, ethnic slurs, racial comments, off-color jokes, or anything that may be construed as harassment or showing disrespect for others.

E-mail may not be used for any purpose other than business related communication. Misuse would include, but is not limited to, solicitation for commercial ventures, religious or political causes, outside organizations, or other non-business matters.

All data that is composed, transmitted, stored or received via computer communication and software systems owned and placed by Wind River Petroleum is part of the official records of Wind River Petroleum, as such, is subject to disclosure to law enforcement or other third parties. Consequently, employees should always ensure that the business information contained in any data exchange or transmission is accurate, appropriate, ethical, and lawful.

All issued logins and passwords are for the individual only. If you believe your password has been compromised, report it to your supervisor and immediately update.

Employees must notify their immediate supervisor or any member of management upon learning of violations to this policy. Employees who violate this policy will be subject to disciplinary action, up to and including termination of employment.

I, \_\_\_\_\_, an employee of Wind River Petroleum, acknowledge the reading of and declares understanding of the above written Computer Usage Policy.

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Perx Plus Loyalty Program

Employee \_\_\_\_\_ Store# \_\_\_\_\_

Top Stop offers its customers a comprehensive loyalty program. Points are earned for all purchases. Discounts are exclusively given for members of the program.

Employees are invited to use and enjoy the benefits of this loyalty program. An employee's loyalty account or card may only be used on his or her own purchases.

At no point, may an employee use their own loyalty account or card on any other person's purchase. If a customer has forgotten their card, issue a new card or have them enter their associated phone number. If a customer invites an employee to "take their points" the employee must politely refuse.

Employees may not use their points card on a customer's transaction to show the benefits of using the points card. The employee must sign the customer up for their own loyalty account.

Top Stop has **no tolerance** for employees found in violation of this policy. Top Stop views improper use of the loyalty program as **theft** and **fraud**. As such, any violation will result in immediate termination of employment and forfeiture of any associated loyalty program account.

By signing below, I acknowledge that I have read and fully understand this policy. I understand that any violation of this policy will result in immediate termination of employment.

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## **Security System Agreement**

Wind River Petroleum has installed into this store a camera security system which is intended to be operational 24 hours a day 7 days a week.

This camera system was installed as a theft deterrent device, a protection device, and to help in the reduction of crimes committed on the premises. The recordings will be used to prosecute persons involved in any theft, robbery, damage, or destruction to the property.

I understand that this system may or may not be operational at all times. I understand that the store premises and activities are being recorded for later viewing by management, corporate office personnel, security companies, and local law enforcement agencies. Any portion of any tape may be used at the discretion of Wind River Petroleum for prosecution, termination, training, or any other purposes.

By signing this agreement, I acknowledge the presence and the use of this system.

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## Sexual Harassment Policy

It is the policy of Wind River Petroleum and related companies that sexual harassment in any form will not be tolerated. The Equal Employment Opportunity Commission defines sexual harassment as:

Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when: 1) submission to such conduct is made whether implicitly or explicitly a term or condition of employment; 2) submission or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or 3) such conduct has the purpose or effect of unreasonably interfering with the individual's work performance or creating an intimidating, hostile, or offensive working environment.

Sexual harassment may occur in many forms including physical actions, verbal actions or non-verbal actions. **Physical Actions** that constitute sexual harassment may include touching a person's body, hair, or clothing with a body part or with an object; hugging, kissing, or patting another; standing close to, or brushing up against a person, touching or rubbing oneself in a private area or with sexual overtones near another person. **Verbal Actions** that constitute sexual harassment may include referring to another as a "hunk," "girl," "doll," "babe," or "honey;" whistling or making cat-calls at another; making comments about a person's body, clothes, looks, anatomy, or manner of walking; turning work discussions into sexual topics; telling sexual jokes or stories, discussing one's love life; asking about sexual fantasies, preferences, or history; repeatedly asking a person for a date who is clearly not interested; or telling lies or spreading rumors about a person's sex life. **Non-Verbal Actions** that constitute sexual harassment may include looking a person up and down; staring at someone, making sexual gestures with one's tongue or hands or other body movements; following a person around; giving unwanted personal gifts, displaying sexually-suggestive visuals (calendars, pictures, comics) or requiring an employee to wear provocative clothing as part of his/her work attire. \*\*Whether any of these and other possibly sexually related actions constitute sexual harassment depends not only on their specific severity and whether they were isolated or repeated, but also on whether they were "welcomed" by the recipient.

Supervisors and managers do not have the authority to harass employees, nor do employees have the right to harass one another. All employees are expected to report any harassment that they observe, have heard about, or believe may be occurring. All complaints will be handled in a discrete manner and kept as confidential as possible. Employees that report violations in good faith, or who cooperate with any investigation will not be retaliated against. Violators of this policy will be disciplined, up to and including discharge.

Complaints should be directed first to the store manager. If this is not possible, complaints should be reported to Jim Larson or Jess Kuddes at either their emails or 801-272-9229.

I \_\_\_\_\_, an employee of Wind River Petroleum, have read this policy on sexual harassment and agree to abide by its specification.

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## WC/Transitional Duty Policy Statement Notice to Employees

Our company has instituted a Transitional Duty Program. It is our goal to prevent work-related injuries from happening. We are always concerned when one of our employees is injured or ill due to a work-related condition. We believe that such absences cost both our company and the employee. We want the injured employee to get the best possible medical treatment immediately, to assure the earliest possible recovery and return to work.

We have a workers' compensation program available for employees who have suffered work-related injuries. The program's administrator will determine, based upon their guidelines, whether you are eligible for wage loss or medical expenses under that program.

Our company wants to provide meaningful work activity for all employees who become unable to perform all, or portions, of their regular work assignment. Thus, we have implemented a Transitional Duty program (light duty). Transitional Duty is a temporary program, not to exceed 90 days.

### Employee Procedures

- All work-related injuries should always be reported immediately to your supervisor, no later than the end of the shift on which the injury occurs.
- An Injury Report must be completed and signed by you.
- Where medical treatment is sought, you must advise your supervisor that you are seeking such treatment and obtain a Transitional Duty Evaluation form. Regardless of your choice of physicians, the Transitional Duty Evaluation form must be completed for each practitioner visit.
- Under this program temporary transitional work is available for up to 90 days (with a review frequently) while you are temporarily unable to work in your regular job capacity.
- If you are unable to return to your regular job, but can perform transitional duty, you must return to transitional duty. Failure to do so may result in your not being eligible for full benefits under the workers' compensation program and may result in disqualification for certain employee benefits and in some cases be a basis for termination.
- Employees who are unable to work and whose absences the company approves, must keep us informed on a weekly basis of their status. Failure to do so may result in a reduction in benefits available and discipline, up to and including termination from employment.
- If you are unable to return to your regular job or transitional duty, your absence must be approved under the Family Medical Leave program. For this purpose, you need to complete a Family Medical Leave Request form and submit it to the Human Resources Department. You must also have your practitioner complete both the Transitional Duty Evaluation and Medical Certification forms.
- Employees who are not eligible for leave under the Family Medical Leave Act must return to transitional duty or regular work if possible. If you are unable to return to any available work, your job position may be filled after a reasonable time. When able to do so, you will be entitled to return to a suitable position, if available and consistent with any limitations. However, you must keep us regularly informed of your status and any changes in your condition.
- Employees must provide a Transitional Duty Evaluation form indicating they can return to full duty. Permanent restrictions will be evaluated on a case-by-case basis and relate to the performance of essential job functions. No permanent light duty positions will be created.
- Cooperate with our third-party administrator and provide accurate and complete information as soon as possible so that you receive all benefits to which you are entitled. If you have problems or concerns, please contact the Human Resources Department.

By signing this document, you have read and understood the above and will comply with this policy.

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Revised November 06



## **UST CLASS “C” OPERATOR AGREEMENT**

**As an employee of Wind River Petroleum, I the undersigned, understand and have been trained in the following areas related to Fuel Emergencies and Controls.**

1. I have knowledge of where the emergency shut off is located and have been shown how it operates.
2. I have been trained on the proper response of a fuel spill including:
  - a. Where the spill kit is located.
  - b. How to contain a spill with the spill kit materials.
  - c. Proper step by step emergency procedures for controlling a fuel spill.
  - d. Knowledge of when to contact management and appropriate emergency responders when necessary.
3. I will continually be observant and notify management if any alarms or suspicious events occur.

**I understand that I could be the first line of response to emergency conditions related to fuel spills or overfills.**

**I understand the importance of proper response and how my quick accurate action in responding to emergencies and other situations caused by spill or releases from an UST system could reduce an immediate danger or threat to the public or to the environment.**

**I, \_\_\_\_\_, have thoroughly read and understand the above listed guidelines. I agree that I will always abide by the above. I realize that not complying with the above will result in my termination.**

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_





# Employee Base Training

## 1. Employment Policies and Practices

### a. Required Permits

- i. *Food Handlers (2-week grace)*
- ii. *Tobacco/Alcohol (Tooele Only)*
- iii. *Class C Operator (Fill out Form)*

### b. Rate of Pay, Pay Days, Holidays, & Company Benefits

- i. *Pay Days are every other Thursday.*
- ii. *Paid Company Holidays are: New Year's Day, Memorial Day, Independence Day, Pioneer Day (July 24<sup>th</sup>), Labor Day, Thanksgiving and Christmas. Paid at a rate 1.5x Standard. Christmas is 2.0x standard pay.*
- iii. *For Employees Averaging between 60-72 hours per pay period:*
  1. *1<sup>st</sup> of the month after 60 days, Company Medical Insurance and Dental*
    - a. *(Must reach out to HR to apply.)*
- iv. *For Employees Averaging 72 hours per pay period:*
  1. *The above plus:*
  2. *After 3 pay periods, Automatic 8 hours for Company Holidays*
  3. *After 1 year, access to FLEX at yearly enrollment.*
  4. *After 1 year, access to employee 401(k),*
    - a. *Match of 100% of each \$1 up to 3% of pay*
    - b. *Match of 50% of each \$1 for the next 2% of pay*
    - c. *(Match depends on company profitability.)*
- v. *After 1 year, all employees have access to any earned PTO. Any week an employee works 30+ hours, they will earn 2.45 hours of PTO. An employee who has worked over 30 hours every week will have earned 120 hours of PTO. PTO is awarded every year on an employee's anniversary. Carried PTO caps at 160 hours.*

### c. Scheduling

- i. *Schedule is posted by Wednesday and starts on Sunday*
- ii. *Clock in and out accurately. All schedule variances must be approved by management.*

### d. Desired Time Off

- i. *One week minimum notice is required and is on a first come first served basis. Check with SM before planning trips to ensure another employee has not already requested the time off. We will work around primary jobs and school schedules.*

### e. Tardiness

- i. *Our work requires timeliness to give our customers the best service and to respect our co-workers' time. Habitual tardiness will lead to disciplinary action up to suspension/termination depending on severity.*

**f. Absences**

- i. Employee is responsible for finding coverage for shift and getting approval from management.*
- ii. No Call / No Show is considered job abandonment and will be processed as a quit.*

**g. Uniform Policy**

- i. Uniform and name tag must always be worn when helping customers.*
- ii. Unbranded jackets and hats are **never** allowed.*

**h. Personal Purchases & Personal Loyalty Program Use**

- i. All merchandise must be purchased before consumption or use.*
- ii. Receipt must be labeled with employee's name and set aside for SM.*
- iii. Employee loyalty card only to be used on personal purchases.*

**i. Personal Car Parking**

- i. Employee parking is designated by location and is always away from prime customer parking.*

**j. Radios, Books, TV's (You Tube)**

- i. Store music is required to be on at all time at a reasonable volume. Books, laptops, tablets, or other sources of videos are not permitted.*

**k. Cell Phones & Texting**

- i. Cell phones are not to be seen by customers at any time.*

**l. Smoking Policy (Customer & Employee)**

- i. As a store attendant, it is your responsibility to ensure customers are more than 25 feet away from all building entrances, gas pumps, fuel drops and propane cages.*
- ii. Employee smoking is allowed as customer flow permits and is not to be done within the first three hours of the shift.*

**m. Employee Friends and Family**

- i. Friends and family are some of our best customers. It is fine to share a meal or have a brief visit if customers are never kept waiting. Keep all visits to less than 10 minutes.*

**2. Customer Service Procedures**

**a. Courtesy**

- i. Top Stop is about exceeding expectations in our customer service delivery. We strive to entertain and create friendships with our customers.*

**b. Language, Verbal & Body**

- i. Proper language is important. You never know who is listening. Always choose to stay on the polite side of language.*
- ii. Body language is equally important as the things we verbalize. When a customer is upset, ensure that you keep your posture loose and non-confrontational.*

**c. Asking for ID**

- i. We ID all customers every time. Ensure you see their picture, read their birthdate and then scan the ID. We scan all IDs.*

**d. Refunds**

- i. We only refund carwash and vacuum failures. If a customer has a damaged product with a receipt, invite them to grab an exact replacement. Leave the damaged product and receipt for the SM. If a customer asks for a fuel refund due to equipment failure, politely explain that only the SM can handle such refunds. Offer the SM's work hours and the store phone number.*

**e. Handling an Upset Customer**

- i. When a customer is upset, many times, they just need to vent. Listen and if you can right the wrong, do it. If you can't, offer to leave a message for the SM to resolve the problem. Remain polite and calm even if the customer is misbehaving. You are not required to accept a customer's abuse, you are required to maintain a professional demeanor while you take care of the customer.*

### **3. Housekeeping Policies and Procedures**

#### **a. Eating & Drinking on the Job**

- i. *Eating & Drinking happens during down times in between customer rushes.*
- ii. *All employee receipts must be printed, name written on and set aside.*
- iii. *Employees are allowed an employee refill price in the employee cup. 32 oz refill paid once for drinking while on shift.*

#### **b. Breaks**

- i. *Breaks happen in between customer rushes as chores allow.*

#### **c. Store Cleanliness & Appearance**

- i. *While on shift, you are solely responsible for the cleanliness and tidiness of the store.*

#### **d. Pump Cleaning**

- i. *Pumps are one of our biggest draws, it is important that our pumps are clean from top to bottom. The standard is that they are clean enough to use even in formal attire.*
- ii. *Use CAF chemicals according to given schedule.*

#### **e. Parking Lot Cleanliness**

- i. *Chevron policy states that we can have no more than a sandwich baggy worth of trash on the entire lot. If you see something, you must pick it up. Stains are required to be scrubbed up.*

#### **f. Side Work**

- i. *Each site has a side work list that must be completed daily to maintain our standards.*

#### **g. Floor Cleaning**

- i. *The floor is to be cleaned throughout the day and thoroughly cleaned during the closing or grave shift. Any water must be mopped up and warning signs must be posted any time the floor is wet.*

#### **h. Fast Food Area Cleanliness**

- i. *Per Health Dept requirements, there can be no eating or drinking in the food prep areas.*

#### **i. Restroom Cleanliness**

- i. *Restrooms are one the biggest reasons a customer returns to a convenience store. These must be checked hourly at a minimum and must be thoroughly cleaned and stocked at least once per shift. If anything is damaged or out of order, it needs to be reported immediately so it can be repaired.*

### **4. Control Policies and Procedures**

#### **a. Store Opening & Closing**

- i. *Employees are to arrive no later 15 minutes before the opening hour. A 24-hour store calls each location to ensure the store is opened on time.*
- ii. *Closing should take no longer than 15 minutes after the doors are locked. The chores should be done before we lock the doors. Count down your drawer, check the store for cleanliness and go home.*

#### **b. Deliveries & Vendor Check In**

- i. *All Store Attendants are required to be able to scan in vendors. If an item does not scan in, we cannot accept it into the store. Once a vendor is checked in, put the invoice in the Invoice location for the SM.*

#### **c. Fuel Deliveries**

- i. *Fuel drivers will bring in a form for you to sign and they will hand you a reading slip. Staple the readings to the form and leave in the Invoice location.*

#### **d. Fuel Volume Readings**

- i. *Occasionally the Fuel Director will call asking for the current fuel levels. Press print on the Veeder-Root and read off each tank's current volume reading.*

**e. Merchandise Price Marking**

- i. *If something has a wrong price on it, pull the wrong tag, and call the manager on duty for direction on how to take care of the customer.*

**f. Non-Scanning Items**

- i. *If an item will not scan, call the SM for instruction and then pull the product from the sales floor until it can be added to the system.*

**g. Drive Offs**

- i. *Drive Offs can't happen without your authorization. We are Pre-Pay locations. If a customer doesn't know how much fuel they need, offer to have them pre-pay a higher amount than you suspect they need. Assure the customer that any unused amount is returned to their card.*

**h. Equipment Failure**

- i. *If you can fix what is broken, such as unplugging a toilet, do it. If you cannot fix the issue, call the SM for guidance on what you need to do. Never put-up hand-written signs.*
- ii. *If the fuel pumps fail, bag the handle, clean up any spill and call the SM for further instruction.*

**i. Fuel Spills**

- i. *Fuel spills are covered during the Class C Operator Form*
- ii. *All spills are to be assessed, reported to SM and cleaned up immediately.*

**j. Accident Reporting & Documenting**

- i. *Fill out the accident reporting form. The Store Attendant and Customer fill out their respective sides. It is then given to the SM to be sent into insurance. Do not accept responsibility for damage or promise that we will fix damage. It is entirely up to insurance.*

**k. Confidentiality of Sales Figures**

- i. *Competitors will come in to see if they can gather information about the store. They will ask for information about our sales, whether we are busy or not, our average sales, and other various information. This information is property of Top Stop.*

**l. Handling a Shop Lifter**

- i. *The best proven way to prevent shop lifting is attentive customer service. If someone is acting odd, strike up a conversation. If you see someone being odd in the beer cooler, walk in and start fronting and talk to the customer. If a customer decides to steal something, inform them that we have cameras and the police will be contacted. Do not chase customers down or attempt to remove product from their hands. Immediately inform the SM of any theft. Fill out Theft form.*

**m. What to do During a Robbery**

- i. *Your safety is our priority. Give the robber what they need and leave the premises as soon as possible. We don't want heroes, we want employees who are safe. Call the police as soon as you are safe, call the Store Manager after you have finished calling the police.*

**n. Emergency Store Closures**

- i. *Occasionally we experience power outages or inclement weather. In these cases, the SM must be called to be determine what will be done. The SM will call up the chain to receive instruction.*

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



# Till Training

- Familiarize
  - Show each menu and how to navigate.
  - Explain the difference between cups. Ice, Refill.
  - Explain Hot Food Sales
  - Line Voids/Transaction Voids/No Sales
  - Where to put receipts/Employee Receipts/Odd Transactions (ORs)
- Scripting
  - Greeting at till
  - Anything else?
  - Confirm Total
  - Ask for Perx
  - Parting Remark
- Perx Plus
  - How to sign someone up
  - How it works at the pumps
  - What is in Perx Plus
  - Fraudulent Use
- Tobacco/Alcohol Sales
  - ID all customers / Scan all IDs unless unscannable
  - How to handle an upset customer
  - How to refuse a sale
- Fuel Sales
  - How to ring up a fuel sale
  - How to transfer to a different pump
  - How to stop and void a gas transaction
  - What the errors on pumps mean
  - Explain that tenders cannot be mixed. Including Coupon.
  - Explain buffers.
- Gift Cards
  - Where gift cards are located
  - How to do multiple gift cards in one transaction
  - Show with \$5 gift card. Give to new employee.
  - What to do with failed gift card
- Carwash Sales
  - When to give a Rewash/Refund
  - Upselling Coinless
  - Contact DM to add employee to Fleet
- Propane Sales

- Over Rings
  - First example. Cigs of two different prices.
  - Second Example. One item with multiple items on receipt.
- Price Over Rides
  - Find the wrong price tag/Remove and leave for SM
- Coupons
  - How to enter coupon
  - Emphasize importance of reading and filling out the back
  - Staple with receipt
  - How to do mobile coupons
  - Perx Coupons
- Cash Handling
  - Facing bills into drawer, feel and mark money for counterfeit.
  - What bundle quantities are, always double count
  - Counting back change in a visible manner.
  - Anti-Till Tapping. Lay bill out on register. Do not make further change until first change is returned.
  - Carefully check all large bills for fraud. Blue/Red Threads
  - Immediately drop \$100 bills. They never get placed in your till.
- Shift Log
  - Count till in every shift and record on Shift Log
  - Dip safe tubes at beginning and end of every shift
  - What items to record on Shift Log
- Safe Drops
  - Count twice before dropping.
  - Large bills require immediate drop.
  - Drop as soon as White Safe Drop appears. Large bills or bundles.
- Safe Loans
  - Show how to do and where to put slips/tubes.
  - Keeping dates separated at 12:05.
  - How to fix a mistake.
- Closing out Till
  - How to count down.
  - How to make final safe drop. (Wait 30 seconds.)
  - Close Till.
  - Recount till if not zeroed out.
  - Drop Safe Drop
  - Where to file Till Report/Shift Log/Receipts/ORs/Employee Receipts/Any notes

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Zero Tolerance

Employee \_\_\_\_\_ Store# \_\_\_\_\_

There are a few specific policies that must be highlighted again to ensure all new hires have understood common items that will result in immediate termination.

- Failing to correctly ID for any controlled substance sale.
  - Entering your own birthday.
  - Entering a made-up year.
  - Scanning your own ID.
  - Scanning any ID not belonging to the purchasing customer.
  
- Fraudulently earning points on the Top Stop loyalty program.
  - Entering your loyalty card on any sale you did not purchase with your own money.
  - Entering any loyalty card not associated with the purchasing customer.
  
- Fraud or theft of any sort.
  - Including taking home any excess items from a vendor.
  
- Abuse of any sort.

Top Stop has **no tolerance** for employees found in violation of these policies. As such, any violation will result in immediate termination of employment and may result in a permanent ban from future work with Wind River Petroleum and any of its subsidiaries. By signing below, I acknowledge that I have read and fully understand this policy.

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

Manager Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Revised December 22